

**C. SAMPLE: 40-HOUR DOMESTIC VIOLENCE CERTIFICATE OF COMPLETION**

(Name of Agency)  
(Street/PO of agency, City, state, zip)

**Certificate Of Completion**

For the  
**40-hour Domestic Violence training**

**Training Dates:**

**Location of Training:**

**Completed by: (name of participant)**

**Professional License Number:**

Hours Attended: 40

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**(Name Training Coordinator), CDVP #:**

**(Agency name)** is approved as a 40-hour Domestic Violence training Site by the Illinois Certified Domestic Violence Professionals