D. SAMPLE: 20-HOUR VIRTUAL / 20-HOUR IN-PERSON 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

(Combining the 20-hour virtual & 20-hour in-person domestic violence training)

Training Dates:

Location of Training:

Completed by: (name of participant)

Professional License N	umber:		
Hours Attended: 40 TOTA	AL		
_		Spiriture and residence of the spiriture	
		(Name), CDVP #:	

(Agency name) is approved as a 20-hour virtual / 20-hour in-person Domestic Violence training Site by the Illinois Certified Domestic Violence Professionals