

## E. SAMPLE: 20-HOUR MODULE / 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 module & 20-hour in-person domestic violence training)

**Training Dates:**

**Location of Training:**

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

- If this box is checked, the above participant completed the 20-hour online components with ICADV and the 20-hour in person component with **(agency name)** and has therefore completed the 40-hour Domestic Violence training in its entirety.
- If this box is checked, the above participant completed both the 20-hour online components and the 20-hour in person component with **(agency name)** and has therefore completed the 40-hour Domestic Violence training in its entirety.

**Professional License Number:**

Hours Attended: 40

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**(Name)**, CDVP #:

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