

F. SAMPLE: 20-HOUR PAIP CERTIFICATE OF COMPLETION

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

Certificate Of Completion

For the
20-hour PAIP Training

Training Dates:

Location of Training:

Completed by: (name of participant)

Professional License Number:

Hours Attended: 20

(Name Training Coordinator), CPAIP #:

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