

Form 2A – VIRTUAL TRAINING

Application for 20-hour virtual/20-hour in-person training site

Name of Agency:

Address:

Training Contact Person:

Telephone:

Fax:

E-Mail:

Person(s) providing oversight for trainings.

Years in Position

CDVP#

Expiration Date:

Person(s) providing oversight for trainings.	Years in Position	CDVP#	Expiration Date:

Checklist of Items to include in application

Check whether current certified 40-hour Training Site or applying as new site

Current Certified 40-hour Training Site New Site – no current ICDVP training site certification

	1. Application form filled out completely, signed and postmarked by the deadline.
	2. Job description for the staff member/trainer responsible for the coordination and oversight of the 40-hour Domestic Violence training. (NEW SITE only)
	3. Copy of 501©(3) letter. (NEW SITE only)
	4. Copy of the agency's proposed 20-hour virtual/20-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is virtual or in-person.
	5. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes and whether the topic is virtual or in-person.
	6. Copy of 20-hour virtual/20-hour in-person attendance monitoring documentation for both the in-person and virtual portions.
	7. Sample of 20-hour virtual/20-hour in-person completion certificate or letter.
	8. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 20-hour virtual/20-hour in-person training.
	9. Bibliography of training material used for 20-hour virtual/20-hour in-person Domestic Violence training.
	10. Statement on how your agency incorporates Victim/Survivor Empowerment and Social Activism/Social Change in your training. (NEW SITE only)

	11. A description of agency programs and services, relationship within the DV community, and statistical data (for example, Infonet report or annual report) of the domestic violence victim/survivor services provided for the past 5 years. (NEW SITE only)	
	12. Copy of agency mission statement. (NEW SITE only)	
	13. Copy of Executive Director or Domestic Violence Program Director's 40-hour certificate. (NEW SITE only)	
	14. Copy of CDVP certificate of person(s) overseeing the 40-hour training. (NEW SITE only)	
	15. Agency check for \$200 made payable to ICDVP, Inc. (NEW SITE only)	
Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or email to ilcdvp@ilcdvp.org .		
I certify that my agency provides documentation to individuals that complete 40 hours of training and will maintain and store documentation of all training participants for at least 5 years. Yes or No		
I certify that our agency will adhere to standards and policies set forth by ICDVP, Inc. Yes or No		
Prior to approval of a 20-hour virtual/20-hour in-person training site , a site visit may be conducted by a least two ICDVP board members.		
<i>Print Name of Person Completing Form:</i>	<i>Print Name of Executive Director or Domestic Violence Program Director:</i>	
<i>Signature:</i>	<i>Signature:</i>	
<i>Title:</i>	<i>Date:</i>	
Approved:	Date:	Signature: