

FORM 1 – CDVP SUPERVISION SITE APPLICATION

CDVP Supervision Site Application

Name of Agency:

Address:

Contact Person:

Telephone:

E-Mail:

All Domestic Violence Direct Service
Supervisor(s) Name(s)

Title

CDVP Certification # and
Expiration Date

Number of Years
in Position

Checklist of Items to include in application

Application form filled out completely, signed and postmarked by deadline.

Job Descriptions of all persons who will be providing supervision of direct service staff.

Copy of 501(c)(3) letter

Complete Agency Organizational Chart, with clear direct lines of supervision/authority, which includes:

a. Name/title of all CDVP/CPAIP certified staff

b. Certification number and expiration dates of all CDVP/CPAIP certified staff

Explanation of how supervision will take place and how trainees will interface with domestic violence victim/survivors.

Sample documentation for tracking of the 150 hours of satisfactory and documented services with victim/survivors

Statement on victim/survivor empowerment and activism/social change and how it is addressed in supervision

A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/survivors services provided for the past 5 years.

Copy of agency mission statement.

Proof that Executive Director is 40-hour trained or DV Program Director in a multi-program agency. Proof can be either the 40-hour training certificate, or a current CDVP certificate.

Check or money order for \$200.00 made payable to ICDVP, Inc.

Mail the completed application and requested materials to ICDVP, P.O. Box 429, LaGrange, IL 60525.
Any questions can be e-mailed to ilcdvp@ilcdvp.org

FORM 1 continued

☐ **Check box to confirm the following statement.**

Signature on form indicates that the agency's Executive Director (or in the case of multi-program agencies the Domestic Violence Program Director) be 40-hour trained even if they do not have client contact and are not required to be certified.

Does your agency charge a fee to victim/survivors of domestic violence? Yes or No
If yes, please explain:

Is your domestic violence program a member of a network or coalition? Yes or No
If yes which one(s):
For how many years:

Prior to approval of a new supervision site, a site visit may be conducted by a least two ICDVP board members.

I certify that to my knowledge; the above information is correct. I understand that submitting false information can result in my application being denied and may affect my status as an Illinois Certified Domestic Violence Professional training site.

I certify that my agency will provide documentation to individuals upon completion of supervision and will maintain and store documentation of all supervision participants for at least 5 years.

I certify that our agency will adhere to the ICDVP Code of ethics, standards and policies set forth by ICDVP, Inc.

Print Name of Person Completing Form:

Print Name of Executive Director or Domestic Violence Program Director:

Signature:

Signature:

Title:

Date:

~~~~~STAFF USE ONLY~~~~~

**APPROVED**

**DENIED**

**PENDING**

**Date:**

**Reviewer Signature:**