

FORM 2 – 40-HOUR TRAINING SITE APPLICATION

40-HOUR TRAINING SITE APPLICATION			
Name of Agency:			
Address:			
Training Contact Person:			
Telephone:	Email		
Name(s) of all persons providing oversight of training.	Title	CDVP Certification # and Expiration Date	Number of Years in Position
Checklist of Items to include in application			
	1. Application form filled out completely, signed and postmarked by deadline.		
	2. Job Descriptions of person(s) providing oversight for trainings. Job description needs to specifically include oversight of trainings as a job responsibility.		
	3. Copy of 501C(3) letter		
	4. Copy of the agency's proposed 40-hour in person Domestic Violence training schedule/agenda, which includes days and times.		
	5. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes.		
	6. Copy of 40-hour training attendance monitoring documentation.		
	7. Sample of 40-hour in-person completion certificate.		
	8. Statement of tardiness/make-up policy for the training		
	9. Bibliography of training material used for 40-hour in-person training.		
	10. Statement on how your agency incorporates victim/survivor empowerment and social activism/social change in your training.		
	11. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/survivor services provided for the past 5 years.		
	12. Copy of agency mission statement.		
	13. Proof that the 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.		
	14. Copy of CDVP certificate of person(s) overseeing the training.		

15. 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 2 continued		
<input type="checkbox"/> 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.		
Do you provide training in any language other than English: If so, which language(s)		
Is your domestic violence program a member of a domestic violence network or domestic violence coalition? Yes or No If yes which one(s): For how many years:		
Prior to approval of a new training site, a site visit may be conducted by a least two ICDVP board members.		
<i>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> <i>I certify that my agency will provide documentation to individuals upon completion of trainings and will maintain and store documentation of all training participants for at least 5 years.</i> <i>I certify that our agency will adhere to the ICDVP Code of ethics, standards and policies set forth by ICDVP, Inc.</i>		
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:	