

FORM 5 – PETITION FOR APPROVAL OF CEUs FOR COMMITTEE/BOARD PARTICIPATION

Petition For Approval of CEUs For Committee/Board Participation

One meeting/participation hour equals one CEU hour. A maximum of 6 hours of CEUs may be earned per renewal period. This form is to be used by individuals who are applying for CEU approval for the following types of active service as: (1) ICDVP Board or committee member; (2) Officer/member of an approved local or national domestic violence network; (3) Chair or committee member of a major domestic violence conference/ convention; (4) Chair or committee member of the following organizations: The Network Advocating Against Domestic Violence, the Illinois Coalition Against Domestic Violence or Illinois Department of Human Services Domestic Violence Advisory committee. One petition form and one fee are required for a single committee/board participation that occurs at various times during the renewal period.

To petition for more than one committee or Board membership participation, a separate petition form and fee is required for each. (Example: 4 ICDVP Standards meetings and 3 ICADV Membership meetings count as 2 separate activities so require 2 separate petitions and fees.)

Name:	
Address:	
Telephone:	E-Mail Address:
Certification Number:	Date of Request:

Checklist of Items to include in application

1. Petition form filled out completely, signed, included with renewal application and postmarked by deadline.
 2. Attach documentation of attendance (copy of minutes which lists committee attendees, date, and time frame of meeting).
 3. Petition Fee \$10 in the form of a check or money order 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

Provide the following information

Name of Organization sponsoring group/committee/board:
Dates of Participation:
Role on Committee or Board:
Number of CEUs Requested (subject to approval by ICDVP Board):
Brief Summary of Committee/Board content and goals:

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.

<i>Signature</i>	<i>Date</i>
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STAFF USE ONLY

APPROVED	DENIED	PENDING
Date:	Reviewer Signature:	