

FORM 7 – PETITION FOR TEACHING/TRAINING AT A DV CLASS OR CONFERENCE

| | | |
|--|---------------------|----------------|
| Petition For Approval Of Teaching Or Training At A Domestic Violence Class Or Conference | | |
| <p><i>This form is to be used by individuals who are CDVP/CPAIP and are applying for CEU approval of verified professional teaching in the field of domestic violence such as; teaching at accredited college/university, teaching ICDVP Board approved 40-hour/20-hour trainings, presenting at national/state level conferences or presenting approved ICDVP CEU trainings. One teaching hour equals one CEU hour. The maximum number of hours allowed by any individual is 10 hours per renewal period. One training/class per petition. Note: Anyone who teaches part or all of an ICDVP approved 40-hour training and/or PAIP training at the same agency—during the renewal period—needs only to submit all documentation with one form and pay one fee.</i></p> | | |
| 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 this training/ class (copy of course description, course schedule, training brochure, or letter provided by the Training Coordinator) | | |
| 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 Training Program or Class: | | |
| Dates of Training Program or Class: | | |
| Name of School/Agency sponsoring training/class: | | |
| Number of CEUs Requested (subject to approval by ICDVP Board): | | |
| 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/Certified Partner Abuse Intervention Professional. | | |
| Signature | | Date |
| ~~~~~STAFF USE ONLY~~~~~ | | |
| APPROVED | DENIED | PENDING |
| Date: | Reviewer Signature: | |