FORM 8 – INDIVIDUAL CERTIFICATION RENEWAL

Ι	ndividual Certification Renewal Form									
	Check which	certification is being renewed.	CDVP	CPAIP						
١	lame:									
Address:										
Telephone:		E-Mail Address:								
C	Certification #:	Date of Request:								
	CDVP/CPAIP R	enewal Application Process								
3	 CDVP and CPAIP certification is valid for revoked by ICDVP Board for disciplinary. The certification may be renewed by comproof that 30 hours of Continuing Education last renewal. All Continuing Education units must be and/or 20-hour PAIP training content. Renewal forms may be submitted no so certification. 	y reason. Impletion of the required renewal ation units have been obtained single related to the 40-hour Domestic N	form and sunce the profe	ıbmitting essional's						
Checklist of Items to include in application										
	1. Application form filled out completely, signed and postmarked by deadline. Incomplete forms or unsigned forms will be returned and may incur additional fees if not submitted by deadline.									
	2. List all CEU trainings, workshops, conferences, teaching, committee/board participation to be considered for CEU Renewal credit on page 2 of the renewal form.									
	Include copies of attendance certification conferences, teaching, committee/bo credit on page 2 of the renewal form	pard participation to be considered.	for CEU Re							
	 Include all applicable Petition Forms college credit, teaching or committee 	e/board participation and the requ	ired petition	fee.						
	5. Check or money order for the \$75.00 payable to ICDVP, Inc. Renewal fee a Only one certification renewal/individ) renewal fee and all applicable pe and petition fees can be combined	etition fees m	nade						
	Mail the completed ap ICDVP, P.O. Bo	plication and requested materials ox 429, LaGrange, IL 60525. be e-mailed to ilcdvp@ilcdvp.org	to							

Attendance	Name of training/wor	CREDIT. This should makeshop, teaching/facilitation, co	ollege credit	CEU			
Date		mmittee/board activity	onege credit,	Hours	• if In- person	Petition (attach petition form)	
		· · · · · · · · · · · · · · · · · · ·					
			-				
							
	v						
Grand Total number of hours submitted							
I certify that to renewal applic	ation being denied and may	ormation is correct. I understand	ertified Domestic Vio	e informat lence Prof	ion can re essional or	sult in my Illinois	
Signature	Certif	ied Partner Abuse Intervention P	rotessional.				
vanana	~~~~~~~	~~~STAFF USE ONLY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·~~~	,,,,	, , ,	
APPROVED		DENIED	PENDI	NG			
Date:		Reviewer Signature:					