

Form 9 - NON-DV PROGRAM CONTINUING EDUCATION SITE APPROVAL

Application for ICDVP CEU Status (Non-Domestic Violence Program Applicants Only)		
Name of Agency:		
Address:		
Contact Person:		
Telephone		E-Mail
CEU Coordinator:		CDVP/CPAIP #:
Telephone		E-Mail
Checklist of Items to include in application		
1. Application filled out completely, signed and postmarked by deadline.		
2. Copy of CEU Coordinator current CDVP/CPAIP Certification		
3. Copy of Proof of Business		
4. Past workshop/training/conference flyer that includes the following information: a. learning objectives b. content with timeframes including all breakout sessions c. conference agenda d. CEU hours provided		
5. At least one example of proposed CEU workshop/training including time frames		
6. Copy of CEU workshop attendance monitoring document.		
7. Copy of training evaluation form		
8. Copy of completion certificate or letter.		
9. Statement on how the agency/department providing the CEU training has valid experience in the field of DV. This may include explanation on how the agency has served individuals/families impacted by Domestic Violence, past relationship with a DV agency, or past volunteer services with a DV agency, etc.		
10. Description of agency programs and services in field of expertise, along with statistical data of services provided for past 5 years in agency/department that will be providing CEU trainings.		
11. Copy of mission statement.		
12. Check or money order for \$300 payable to ICDVP, Inc.		
Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525. Any questions can be mailed or e-mail to ilcdvp@ilcdvp.org		
The signature below certifies that your agency: <ul style="list-style-type: none"> • Agrees to a possible site visit prior to final approval of first year application. • Agrees to submit all future conference brochures to ICDVP 6-8 weeks prior to conference date. • Understands that the ICDVP Board reserves the right to deny any single conference that does not meet ICDVP guidelines. • Will provide documentation to individuals that complete your trainings. • Will store documentation of all training participants for a minimum of 5 years. 		

<ul style="list-style-type: none"> • To send all required materials as stated in the ICDVP manual to ICDVP at the end of each approved year. • Agrees to have current CDVP/CPAIP certified individual oversee all trainings. 		
<p><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></p> <p><i>I certify that my agency will provide documentation to individuals upon completion of CEU trainings and will maintain and store documentation of all training participants for at least 5 years.</i></p> <p><i>I certify that our agency will adhere to the ICDVP Code of ethics, standards and policies set forth by ICDVP, Inc.</i></p>		
Print Name of Person Completing Form:		
Signature:		
Date:		
~~~~~STAFF USE ONLY~~~~~		
<b>APPROVED</b>	<b>DENIED</b>	<b>PENDING</b>
<b>Date:</b>	<b>Reviewer Signature:</b>	