

# Certified Individual and Site Manual

Illinois Domestic Violence Professional, Inc.

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# INTRODUCTION

The mission of the Illinois Certified Domestic Violence Professionals, Inc. is to promote competency in domestic violence services throughout the State of Illinois by setting standards for certification, training, and supervision of domestic violence professionals.

Execution of all policies and procedures included in this manual are at the sole discretion of ICDVP, Inc.

The Illinois Certified Domestic Violence Professionals, Inc. (ICDVP) was established to foster uniformity in domestic violence and partner abuse intervention services throughout the State of Illinois, and create recognized professions of **Certified Domestic Violence Professionals (CDVP)** and **Certified Partner Abuse Intervention Professionals (CPAIP)** by setting standards to certify domestic violence and partner abuse intervention professionals and regulating the process of certification.

The movement to provide safety and support for domestic violence victim/survivors was generated in the early 1970s by those who believed that no one deserved to be abused physically or emotionally within an intimate relationship. Their goals were to create social change by heightening public awareness of domestic violence issues and eradicating institutional sexism, and to provide services for domestic violence victim/survivors. Several diverse groups within the domestic violence movement came together to focus these efforts on a statewide basis to advocate for passage of the Illinois Domestic Violence Act of 1982 making domestic violence a crime and providing relief for domestic violence victim/survivors. Services for abusers began in the 1980's. The philosophy of the movement is that the root of violence in interpersonal relationships is the abuser's choice to use abusive power and control tactics against their intimate partner(s) and household/family members. The abuser's choices are based in attitudes and beliefs that perpetuate and promote sexism.

The domestic violence movement has evolved in many ways, but at its core are values that endure and are expected to be held in high regard and practiced by **Certified Domestic Violence Professionals (CDVP)** and **Certified Partner Abuse Intervention Professionals (CPAIP)**. Certification for Domestic Violence Professionals began in 2002, and for Partner Abuse Intervention Professionals in 2006. Those values are the following.

- Violence is an unacceptable way to problem solve or to resolve individual differences.
- Each individual is responsible for their own behavior.
- The worth and dignity of every individual is to be respected.
- Every effort should be made to remove the oppression of marginalized groups and to end all abuses of power.

The provision of domestic violence services centers on the philosophy that those served may be empowered to enhance safety within their relationships, and to integrate the above values into their personal lives.

When providing services in the field of domestic violence, it is best practice to use person-centered language. However, for clarity in this manual, ICDVP, Inc. has defaulted to using "victim/survivor" to reference those who have been victimized in their relationship, and "abuser" to reference those who chose to use violence within their relationship.

# GENERAL INFORMATION

## MISSION STATEMENT

Promote competency in domestic violence services throughout the State of Illinois by setting standards for certification, training, and supervision of domestic violence professionals.

## VISION STATEMENT

Promote competency and recognition of competency in domestic violence services throughout the State of Illinois, by setting standards for certification, training, ongoing education and supervision of domestic violence professionals.

## DEFINITIONS

**Advocacy:** Any intervention by a domestic violence worker with a third party on behalf of an adult or child. A release of information must be completed and signed by the client or her/his representative and placed in the client's file. Intervention with a third party should have the purpose of benefiting the client with the service plan in mind.

**Certified Site:** An institution that has successfully completed the ICDVP process and is currently sanctioned by ICDVP to provide DV or PAIP training, supervision or CEU trainings.

**Continuing Education Unit (CEU):** A minimum of one-hour training that is related to the 40 hour Domestic Violence or 20 hour PAIP training topics that individuals are required to obtain in order to retain their CDVP and/or CPAIP certification.

**Certified Domestic Violence Professional (CDVP):** A person who has completed the requirements as specified in the Certification Criteria of the Illinois Certified Domestic Violence Professionals, Inc. manual.

**Certified Partner Abuse Intervention Professional (CPAIP):** A person who has completed the requirements as specified in the Certification Criteria of the Illinois Certified Partner Abuse Intervention Professionals, Inc. manual.

**Client:** Any person who is currently seeking or receiving Domestic Violence victim/survivor or abuser services.

**Confidentiality for PAIP:** Confidentiality for Partner Abuse Intervention Programs is governed by the Illinois Mental Health and Developmental Disabilities Confidentiality Act, which limits the disclosure of a participant's communications and records (740 ILCS 110/3). This act allows for disclosure without the participant's consent when a CPAIP, in his or her sole discretion, determines that disclosure is necessary to protect the recipient or other person against a clear, imminent risk of serious physical or mental injury or disease or death being inflicted upon the recipient or by the recipient on himself or another. CPAIPs are also mandated reporters under the Illinois Abused and

Neglected Child Reporting Act (325 ILCS 5/), and in some cases, the Adult Protective Services Act Illinois (320 ILCS 20/).

**Confidentiality for Victim/Survivors Services:** Confidentiality for domestic violence victim/survivor programs is governed by the Illinois Domestic Violence Act, which limits the disclosure of a victim/survivor's communications and records. (750 ILCS 60/227). "Confidential communication" means any communication between an alleged victim/survivor of domestic violence and a 40-hour trained domestic violence advocate or counselor from a DV agency (750 ILCS 60/227/a1) in the course of providing information, counseling, or advocacy. The term includes all records kept by the advocate or counselor or by the domestic violence program in the course of providing services to an alleged victim/survivor concerning the alleged victim/survivor and the services provided. The confidential nature of the communication is not waived by the presence at the time of the communication of any additional persons, including but not limited to an interpreter, to further express the interests of the domestic violence victim/survivor or by the advocate's or counselor's disclosure to such an additional person with the consent of the victim/survivor when reasonably necessary to accomplish the purpose for which the advocate or counselor is consulted.

**Counseling:** A one to one interaction between a domestic violence worker and an adult or child for the purpose of benefiting the client. Examples of counseling include support, guidance, education, problem solving and discussing options. Counseling should be provided with the service plan in mind.

**Domestic Violence:** The Illinois Domestic Violence Act, defines domestic violence and abuse as "physical abuse, harassment, intimidation of a dependent, interference with personal liberty, willful deprivation, neglect or exploitation" between "spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who share or allegedly share a blood relationship through a child, persons who have or have had a dating relationship, and persons with disabilities and their personal assistants or caregivers."

**Domestic Violence Advocate or Counselor:** The Illinois Domestic Violence Act, defines a domestic violence advocate or counselor as "any person (A) who has undergone a minimum of forty hours of training in domestic violence advocacy, crisis intervention, and related areas, and (B) who provides services to victim/survivors through a domestic violence program either on an employed or volunteer basis."

**Group Services:** Any services provided by a domestic violence worker to more than one child and/or adult client at a time, with the purpose of giving support, educating, providing necessary information, offering guidance, or facilitating social interaction, for the purpose of benefiting the client and with the service plan in mind.

**Hotline/Information & Referral:** Assisting a client to identify and gather information about community resources for themselves and their children.

**Illinois Domestic Violence Act (IDVA):** The law in Illinois that defines domestic violence, provides for orders of protection and their enforcement, and details the responsibility of law enforcement agencies. The IDVA is also the source of confidentiality between victim/survivors of domestic violence and their counselor or advocate.

**IDVA Advocacy:** Illinois Domestic Violence Act Advocacy includes any assistance in pursuing criminal charges and/or orders of protection through problem solving, accompaniment, emotional support and encouragement. Court or IDVA advocacy also includes ongoing systems advocacy to improve policies and procedures, which enhance the safety and court relief for victim/survivors.

**Illinois DHS Administrative Code for Partner Abuse Intervention Programs:** Under the Illinois Department of Human Services Administrative Code (Title 89, Part 501), the code creates state standards for Partner Abuse Intervention Programs (PAIP) to facilitate safe and effective services.

**Outreach & Community Education:** Direct contact by a domestic violence worker with people in a community setting to identify and educate about domestic violence effects and available services.

**Partner Abuse Intervention Program (PAIP):** A program that provides services to domestic violence abusers consistent with the Administrative Code. PAIPs primary goals are victim/survivor safety and cessation of domestic abuse.

**Prevention:** Activities by a domestic violence worker that promote awareness of the dynamics of domestic violence and provide information to reduce the likelihood of domestic violence.

**Supervised work for CDVP:** Service activities (as defined in Supervision Eligible Services) under the direction of a current CDVP who is employed as a supervisor at a current ICDVP certified supervision site.

**Supervised work for CPAIP:** Service activities (as defined in Supervision Eligible Services) at an IDHS- approved program under the direction of an individual who holds a current CPAIP.

**Supervision:** Supervision includes a teacher/counselor/mentor role, providing helpful and constructive feedback, developing a good relationship with the supervisee, and working with him/her to continually improve his/her understanding of and competence in his/her job.

**Supervisor:** Individuals whose primary responsibilities include oversight of those who provide services to victims/survivors of domestic violence.

**Systems Advocacy:** Actions by a domestic violence worker to change established systems to ensure a more effective and appropriate response to domestic violence victim/survivors.

**Training Agenda:** A list, plan, outline of topics to be covered, with date and specific start and end time.

**Training/Conference:** Provision of domestic violence information to other professionals who are in contact with victim/survivors or abusers in order to assist them in developing an increased competency and knowledge in responding to domestic violence.

**Victim/survivor Service Contact:** Involvement would include direct service with a victim/survivor through employment or volunteer work at a victim/survivor services agency, partner safety checks, or communication in a professional capacity with victim/survivors/survivors.



# CODE OF ETHICS

## ILLINOIS CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL BOARD, INC. CODE OF ETHICS

The following Code of Ethics is intended to govern Certified Domestic Violence Professionals (CDVP) and Certified Partner Abuse Intervention Professionals (CPAIP), and ICDVP certified agencies in their various roles and relationships and at the various levels of responsibility at which they function. These principles also serve as a basis for adjudication by the Board of Illinois Certified Domestic Violence Professionals, Inc. when allegations of misconduct are reported.

The Code sets forth general principles of conduct and the judicious appraisal of conduct in our matters which have ethical implications. This Code is not intended to be all inclusive or exhaustive. CDVPs, CPAIPs and ICDVP certified agencies are expected to adhere to the spirit as well as the letter of this Code.

CDVPs, CPAIPs and ICDVP certified agencies are required to abide by any disciplinary rulings based on the Code which will be determined by an unbiased panel of professional peers. CDVPs, CPAIPs and ICDVP certified agencies shall also take adequate measures to discourage, prevent, and correct the ethical misconduct of colleagues.

### CERTIFIED PROFESSIONALS AND AGENCIES:

1. Protect the safety of domestic violence victim/survivors **at all times**.
2. Have a primary commitment to provide the highest quality professional support for those who seek services.
3. Maintain confidentiality of the working relationship and information resulting from it consistent with all legal obligations.
4. Do not exploit any relationship, including but not limited to, clients, staff or funders for personal advantage.
5. Do not solicit client of one's agency for private practice.
6. Do not have sexual or romantic relationships with clients.
7. Avoid any action that will violate or diminish the legal and civil rights of clients.
8. Do not condone or engage in sexual or other harassment as defined by the law.
9. Do not discriminate against clients or professionals based on age, gender, gender identity, spiritual beliefs, race, ethnicity, sexual orientation, marital status, socio-economic status, national origin, legal status or ability.
10. Develop knowledge, personal awareness, and sensitivity pertinent to the client populations served and incorporate culturally relevant techniques into their practice.
11. Be willing to release or refer a client to another program or individual when it is in the best interest of the client.
12. Do not perpetuate or condone domestic violence as defined in the Illinois Domestic Violence Act and its amendments.
13. Respect the rights and the views of other professionals, agencies and organizations serving domestic violence abusers and victim/survivors.

14. Take personal responsibility for professional growth.
15. Do not knowingly misrepresent their credentials or those of their employer.
16. Abide by all ICDVP requirements for professional certification standards.
17. All certified individuals and agencies must remain in compliance with state, local and federal law.
18. Work in the best interest of clients, so long as it is consistent with safety for victim/survivors and children and ethical standards.
19. Do not practice outside the scope of their competence and credentials.
20. Acknowledge that they are mandated reporters under the Illinois Abused and Neglected Child Reporting Act and the Elder Abuse Act.
21. Acknowledge their responsibility under the Illinois Mental Health Code to warn of any imminent threat of harm by notifying the threatened person and appropriate law enforcement agencies and/or personnel.  
In addition to all the above, due to the specific nature of work with abusers of domestic violence, CPAIPs will also abide by the following:
  22. Challenge clients to develop the skills needed to be safe and accountable.
  23. Work to protect the legal and civil rights of clients without colluding in client's oppression of their intimate partner.

Violations of this Code of Ethics will result in suspension of certification(s) pending the outcome of the investigation of charges/complaints. When the outcome of the charge/complaint is a finding of guilty, certification (s) will be revoked at the sole discretion of ICDVP, Inc.

## FEES

All fees are subject to change.

All fees are non-refundable, unless there is an overpayment when the renewal is complete. Failure to complete the renewal process results in forfeiture of fees.

<b>FEE SCHEDULE FOR SITE APPLICATION</b>		CDVP	CPAIP	Non DV Service Organization
Initial Certification for Domestic Violence training Sites	\$200	X		
Renewal Certification for Domestic Violence training Sites	\$200	X		
Initial Certification for PAIP Training Sites	\$200		X	
Renewal Certification for PAIP Training Sites	\$200		X	
Initial Certification for Supervision Sites CDVP only	\$200	X		
Renewal Certification for Supervision Sites CDVP only	\$200	X		
Initial Certification for CEU Site	\$200	X	X	
Renewal Certification for CEU Site	\$200	X	X	
Initial Certification for CEU Site--Non-Domestic Violence Service Organizations (for first year only)	\$300			X
Renewal Certification for CEU Site-- Non-Domestic Violence Service Organizations (per year)	\$150			X
Incomplete application fee	\$25	X	X	X
Late Site applications postmarked within 30 days after due date	\$100	X	X	X
<b>FEE SCHEDULE FOR INDIVIDUAL APPLICATION</b>				
Initial Certification (fee and application sent to Continental Testing Services)	\$200	X	X	
Renewal Certification fee	\$75	X	X	
Renewal CEU Petition fee – per CEU training	\$10	X	X	
Incomplete application fee	\$25	X	X	
Reinstatement fee for applications postmarked after the renewal date.	\$100	X	X	

# **INDIVIDUAL CERTIFICATION - CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL (CDVP)**

## **CDVP APPLICATION PROCESS**

The ICDVP, Inc. Board has contracted with Continental Testing Services, Inc. to conduct its Certified Domestic Violence Professional certification exam. Individuals can download the examination application and obtain information about testing dates and deadlines from the Continental Testing Services, Inc. (CTS) website (<http://continentaltestinginc.com/>).

Initial applications are submitted directly to and reviewed by CTS staff. ICDVP will review applications for clarifications only at the request of CTS.

Tests are given twice annually in the Chicago Metropolitan area and in Springfield. The tests are usually offered every February and September, with deadlines to submit applications 4-6 weeks prior to the actual test.

Certification lasts for two years at which time the applicant must renew the certification. The expiration date for the certification is printed on the certificate and is based on the month/year that the applicant passed the certification exam.

## **CDVP CERTIFICATION CRITERIA**

1. All candidates for the Illinois Certified Domestic Violence Professional certification must:
2. Complete 40-hour Domestic Violence training at an ICDVP certified training site.
  - a. 40-hour trainings completed prior to 2004 will not be accepted.
  - b. Certified training sites are listed on the ICDVP website. [www.ilcdvp.org](http://www.ilcdvp.org)
  - c. 40-hour training certificate to be submitted with examination application to Continental Testing Services, Inc.
    - i. 20-hour on-line / 20-hour in-person trainings or 20-hour virtual / 20-hour in-person trainings from an ICDVP certified training site ~~is an~~ are accepted alternative methods of obtaining the 40-hour training.
3. Complete 150 hours of satisfactory, documented, supervised work at an ICDVP certified supervision site within two years of the examination application to be a CDVP. (See CDVP Supervision Eligible Services.)
  - a. 150 hours must be completed within two years of the examination date with all hours completed prior to submission of the application.
  - b. Supervised work must be completed under the supervision of a current Illinois Certified Domestic Violence Professional currently employed at a certified supervision site as a supervisor/manager per their job description.
  - c. 150 hours must begin subsequent to completion of the 40-hour Domestic Violence training at an ICDVP certified training site.
  - d. ICDVP Supervisor Assessment form must be submitted with examination application.
4. Pass the knowledge-based certification text which is offered twice annually (Chicago Metropolitan area and Springfield) through Continental Testing Services, Inc.

5. ICDVP, Inc. will review any applicant who has been convicted of a misdemeanor or felony, has been investigated or had disciplinary action taken against them by a licensing/credentialing agency, or has had a suit/claim filed against them as a result of professional services. ICDVP, Inc. retains the right to deny certification, or application for certification, for any individual.

## **40-hour DOMESTIC VIOLENCE TRAINING and 20-hour ON-LINE / 20-hour IN-PERSON DOMESTIC VIOLENCE TRAINING**

All candidates for the Illinois Certified Domestic Violence Professional Certification must complete 40-hour training at an ICDVP certified training site and complete 150 hours of eligible services supervised by a current CDVP who is employed as a supervisor at a current ICDVP certified supervision site.

The 40-hour Domestic Violence training may be conducted in the following ways:

- 40-hours in person
- 20-hours online modules and 20-hours in-person training at an ICDVP certified training site.
- 20-hours virtual and 20-hours in-person training at an ICDVP certified training site.

The in-person portion of any type of 40-hour Domestic Violence training requires that hours are completed in the physical presence of a trainer.

It is strongly recommended that a candidate take the 20-hour online modules and provide proof of the completion of this training prior to the 20-hours in-person.

## **CDVP SUPERVISION**

All candidates for the Illinois Certified Domestic Violence Professional certification must complete 40-hour Domestic Violence training at an ICDVP certified training site and must successfully complete 150 hours of satisfactory, documented, supervised direct service at an ICDVP certified supervision site within two years of the examination date with all hours completed prior to submission of the application. It is the responsibility of the candidate seeking supervision to ensure the following are met.

Hours towards certification must be earned subsequent to completion of the 40-hour Domestic Violence training or the 20-hour/20-hour at an ICDVP certified training site.

- Direct service is defined as service hours provided, and not clock hours worked.
- The individual providing supervision must be a current CDVP who works for a current ICDVP certified supervision site as a supervisor/manager per their job description.

The preferred method of supervision is for all 150 direct hours to be completed at an ICDVP certified supervision site. If a candidate does not work for an ICDVP certified supervision site, then hours may be obtained by providing domestic violence services at their current agency or another location that has been pre-approved by the certified supervision site.

- The ICDVP certified supervision site has the discretion to charge external candidates for the supervision.
- It is recommended that the certified supervision site have a contract or MOU between the agency and the ICDVP candidate that defines expectations for both parties.

All 150 direct hours must fit into one (1) of the nine (9) approved categories of activities with 90 hours of direct client services completed within the first 5 categories.

1. Counseling
2. Advocacy
3. IDVA Advocacy
4. Hotline/Information and Referral
5. Group Services
6. Prevention
7. Training
8. Outreach & Community Education
9. Systems Advocacy

A minimum of 15 hours of supervision are required for every 150 hours of direct services (not clock hours worked, but service hours provided) as defined in the above section. Those 15 hours may consist of any combination of the following:

- Face to face
- Phone consultation
- Video conferencing communication
- Review and discussion of documentation and client records
- Review and discussion of the IDVA, including confidentiality limitations for services not provided through a domestic violence agency.
- Direct observation of services provided.

Group supervision for all sites is limited to 5 supervisees in the group.

## **CDVP SUPERVISION ELIGIBLE SERVICES DEFINITIONS**

The services listed below clarify the kinds of activities that qualify for the 150 hours of supervised work requirement. ICDVP candidates must have at least 90 hours of the 150 as direct client service which can be captured in the first five areas listed.

1. **Counseling** - A one-to-one interaction between a domestic violence worker and an adult or child for the purpose of benefiting the client. Examples of counseling include support, guidance, education, problem solving and discussing options. Counseling should be provided with the service plan in mind.
2. **Advocacy** - Any intervention by a domestic violence worker with a third party on behalf of an adult or child. A release of information must be completed and signed by the client or her / his representative and placed in the client's file. Intervention with a third party should have the purpose of benefiting the client with the service plan in mind.
3. **IDVA Advocacy** - Illinois Domestic Violence Act Advocacy includes any assistance in pursuing criminal charges and / or orders of protection through problem solving accompaniment, emotional support and encouragement. Court or IDVA advocacy also includes ongoing systems advocacy to improve policies and procedures, which enhance the safety and court relief for victim/survivors/survivors.
4. **Hotline/Information & Referral** - Assisting a client to identify and gather information about community resources for themselves and their children.

5. **Group Services** - Any services provided by a domestic violence worker to more than one child and / or adult client at a time, with the purpose of giving support, educating, providing necessary information, offering guidance, or facilitating social interaction, etc. for the purpose of benefiting the client and with the service plan in mind.
6. **Prevention** - Activities by a domestic violence worker that promote awareness of the dynamics of domestic violence and provide information to reduce the likelihood of domestic violence.
7. **Training** - Provision of domestic violence information by a domestic violence worker to other professionals who are in contact with victim/survivors or abusers in order to assist them in developing more appropriate responses to domestic violence.
8. **Outreach & Community Education** - Direct contact by a domestic violence worker with people in a community setting to identify and educate about domestic violence effects and available services.
9. **Systems Advocacy** - Actions by a domestic violence worker to change established systems to ensure a more effective and appropriate response to domestic violence victim/survivors.

## CDVP RENEWAL

Individual certification is renewed by completion of the required renewal Form 8, submitted proof that 30 hours of Continuing Education Units (CEU) have been obtained since the professional's last renewal period, and payment of the renewal fee. All 30 CEUs can be completed in any combination of online, webinar, in-person, or other e-learning training with certificate from the provider. All renewal documents must be postmarked by the CDVP expiration date.

CDVP CEU content must be related to the 40-hour Domestic Violence or 20-hour PAIP training topics listed in the ICDVP Manual. CEUs cannot be utilized for subsequent renewal applications. CEU topics not related to the 40-hour training and/or 20-hour PAIP training, even if provided by an ICDVP CEU certified training site, will not count towards CDVP renewal. Final approval of CEU trainings is at the discretion of the ICDVP Standards Committee.

Request for approval of CEUs received from a non-ICDVP certified CEU site, for completion of a DV content college course, for teaching/facilitating, or for participation on an approved Committee/Board must be submitted on the appropriate petition form, along with related documentation and the petition fee. See Continuing Education Requirement section for specific details.

CDVP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason. All Renewal/Request forms are in the Appendix/Forms section of this manual.

All renewal applications are reviewed twice each year by ICDVP. Spring applications must be postmarked by February 28<sup>th</sup> and fall applications must be postmarked by September 30<sup>th</sup>. Renewal forms may be submitted no sooner than two months prior to expiration of certification. ICDVP will notify certified individuals by e-mail of the upcoming renewal date. A CDVP is responsible for knowing when their certification expires. It is the responsibility of the CDVP to keep ICDVP, Inc. notified of any changes in name, address, email, or contact information.

- If the application received by the due date is incomplete due to errors or missing information, the individual will be given the opportunity to submit a complete application by a due date designated by ICDVP Board and could be subjected to additional fees as applicable. Certification becomes inactive if completed application and related fees are not submitted by designated due date.
- Any renewal applications postmarked after the deadline will be considered late and the individual will have their certification placed on inactive status.
  - Individuals will have the opportunity to complete the renewal process within a year, or their certification will be placed in the lapsed certification category.
  - During this time, individuals cannot advertise as certified, cannot oversee training or sign certificates, and cannot provide supervision towards certification.
  - Individuals will be subjected to additional fees as applicable in order to reinstate their certification.
- If an individual with an inactive certificate does not take action to reinstate their certificate within a year of the certificate expiration date, then the certificate is no longer eligible for reactivation. The certification will be placed on lapsed status.
  - Individuals will no longer be able to advertise as certified, cannot oversee training or sign certificates, and cannot provide supervision towards certification.
  - The individual will be required to reapply to CTS, Inc. for certification including proof of 40-hour DV certificate after 2004 and proof of 150 hours certified supervised experience within 2 years of retaking the certification examination. Individuals will have to retake the certification examination and pay the applicable fees.

## **CDVP CONTINUING EDUCATION UNIT REQUIREMENTS (CEU)**

The Illinois Certified Domestic Violence Professional Board (ICDVP Board) requires the completion of 30 hours of continuing education units (CEU) during the two-year renewal period for Illinois Certified Domestic Violence Professionals (CDVP).

The ICDVP Board may require additional evidence demonstrating compliance with the CEU requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of such compliance. CEUs cannot be utilized for more than one renewal application.

CEU content must be related to the 40-hour Domestic Violence training content, or 20-hour PAIP training content listed in the ICDVP Manual. ICDVP certified CEU training sites ensure that this standard is met.

- All 30 CEUs can be completed in any combination of online, webinar, in-person, or other e-learning training with certificate from the provider.
- One continuing education unit equals one hour of instruction. A training, workshop or conference must be a minimum of one hour in length. Time devoted to announcements, welcoming speeches, lunch and other social events is not included in the number of hours counted.
- The maximum number of CEU hours that can be requested for a single training/conference is 20. (21+ CEUs received for one training will not be accepted.)
- No part of the 40-hour Domestic Violence training, 20-hour on-line / 20-hour in-person Domestic Violence training, or the 20-hour PAIP training may be retaken as CEUs.
- CEUs must be within the certification period. CEUs cannot be obtained prior to the certification issued date and must be completed prior to the certification expiration date.



- CEU topics not related to the 40-hour training and/or 20-hour PAIP training, even if provided by an ICDVP CEU certified training site, will not count towards CDVP renewal. Final approval of CEU trainings is at the discretion of the ICDVP Standards Committee.

CEU certificates should include:

1. The name of the agency providing the CEUs
2. Date of CEU training
3. Title of CEU workshop/training/conference
4. Name of Participant
5. The number of CEUs provided related to the 40-hour Domestic Violence training and/or 20-hour PAIP training topics
6. Signature of training coordinator who is currently certified
7. Statement that the training was provided by an ICDVP certified CEU site

### **Non-ICDVP certified CEU training site credit**

CEU content must be related to the 40-hour Domestic Violence training content or 20-hour PAIP training content listed in the ICDVP Manual.

If an individual attends a conference that was not provided by an ICDVP certified CEU training site, the individual can submit a request for CEU approval by completely filling out and signing Form 6, submitting required documentation, and submitting the petition fee.

Proof of conference attendance through a non-ICDVP certified CEU training site is a copy of the completion certificate. The ICDVP Board may require additional evidence demonstrating compliance with the CEU requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of such compliance.

### **College course CEU credit**

If an individual attends an accredited college/university class, the individual can submit a request for CEU approval by completely filling out and signing Form 6, submitting required documentation, and submitting the petition fee.

Proof of college credit is a copy of an official transcript showing a passing grade, and the college course description or syllabus.

ICDVP will allow an hour of continuing education credit for each class credit hour taken through an accredited college/university up to a maximum of 20-hours. The classes, however, must be in areas covered in the 40-hour Domestic Violence training or 20-hour PAIP training content listed in the ICDVP manual.

### **Teaching/Facilitating CEU credit**

A certified CDVP/CPAIP can submit a petition for CEU approval for the following:

- an individual teaches in the field of domestic violence at an accredited college/university
  - If individuals teach the same course at various times during the renewal period, they can submit documentation for each course with one petition Form 7 and pay one fee. (e.g. DV Dynamics taught in the fall and again in the spring)

- If individuals teach different topics/courses during the renewal period, then a separate petition Form 7 and fee should be submitted for each course. (e.g. DV Dynamics taught in the fall and DV Family Violence in the spring)
- an individual facilitates an ICDVP certified 40-hour Domestic Violence training, 20-hour module/ 20-hour in person, 20-hour virtual/20-hour in-person
  - If individuals teach part or all of the ICDVP certified 40-hour Domestic Violence training, 20-hour module / 20-hour in-person training, 20-hour virtual / 20-hour in-person training, at various times during the renewal period, they can submit documentation for each training with one petition Form 7 and pay one fee.
- an individual facilitates an ICDVP certified 20-hour PAIP training
  - If individuals teach part or all of the ICDVP certified 20-hour PAIP training at various times during the renewal period, they can submit documentation for each training with one petition Form 7 and pay one fee.
- an individual presents a CEU training at an ICDVP certified CEU site with the content related to the 40-hour Domestic Violence or 20-hour PAIP training topics.
  - If individuals facilitate the same training at various times during the renewal period, they can submit documentation for each course with one petition Form 7 and pay one fee.
  - If individuals facilitate different CEU topics during the renewal period, then a separate petition Form 7 and fee should be submitted for each course.
- an individual presents a CEU training at a non-certified site with the content related to the 40-hour Domestic Violence or 20-hour PAIP training topics
  - If individuals facilitate the same training at various times during the renewal period, they can submit documentation for each course with one petition Form 7 and pay one fee.
  - If individuals facilitate different CEU topics during the renewal period, then a separate petition Form 7 and fee should be submitted for each course.

A maximum of 10 CEU hours per renewal may be earned for verified teaching/facilitating.

One teaching/facilitating hour equals one CEU hour.

The petition form (Form 7) must be filled out completely, signed, and included with renewal application and postmarked by deadline.

Proof must show topic, content, hours, and time frames clearly showing the individual provided the training or taught the course. Proof includes but is not limited to a copy of the course description, course schedule, training certificate, or letter provided by the Training Coordinator.

## **Committee/Board Activity CEU credit**

If an individual participates in a committee/board, that individual can submit a request for CEU approval by completely filling out and signing Form 5, submitting any required documentation, and submitting the petition fee. Proof of committee/board activity is a copy of the minutes which lists committee attendees, date, and time frame of the meeting.

- A maximum of 6 hours of CEUs may be earned per renewal period for participation in activities which include, but are not limited to: active service as an ICDVP Board/committee member, approved local or national network officer, chair or committee member of a major domestic violence conference, and chair or committee member of the following organizations: The Network: Advocating Against Domestic Violence, Illinois Coalition Against Domestic Violence or

Department of Human Services Domestic Violence Advisory committee, Illinois Family Violence Coordinating Council.

- One participation hour equals one CEU hour.
- Committee or Board Activity must be a minimum of one hour in length

*Note: Individuals who participate in a Committee or Board Activity at various times during the renewal period need to submit documentation for each meeting with one petition Form 5 and pay one fee. Individuals who participate in more than one Committee or Board Activity must count them as separate and submit a petition form and petition fee for each Committee or Board Activity. (Example: Four ICDVP Standards meetings and 3 ICADV Membership meetings count as 2 separate activities so require 2 separate petitions and fees. The total of all Committee or Board Activities cannot equal more than 6 hours).*

## **CDVP INACTIVE CERTIFICATION STATUS**

ICDVP Board has eliminated the extension status for CDVP as of October 1, 2019. Individuals that do not submit a completed renewal application by the expiration date of their current certification will have their certification placed on inactive status.

If the renewal application received by the due date is incomplete due to errors or missing information, the individual will be given the opportunity to submit a complete application by a due date designated by ICDVP Board and may be subjected to additional fees as applicable. The renewal certification will be classified as inactive if completed application and related fees are not submitted by this designated due date.

Individuals have one year to submit the required documentation to have the inactive certificate returned to active status.

- A completed and signed Form 8.
- Proof of completion of 30 hours of CEU from the time of the last renewal to the time when the certificate is reinstated.
- The renewal fee.
- Any applicable petition forms and related fees.
- The reinstatement fee.

Active certification renewals expire 2 years from the previous renewal date, and not from the date the inactive certification was reinstated.

During the inactive certification period, the CDVP is:

- Not eligible to advertise as certified.
- Not eligible to supervise candidates towards certification.
  - This may impact the agency's supervision site status.
- Not eligible to be the coordinator of the 40-hour Domestic Violence training or sign certificates.
  - This may impact the agency's training site status.
- Not eligible to oversee an ICDVP certified CEU training or sign certificates.
  - This may impact the agency's CEU training site status.

## CDVP LAPSED CERTIFICATION

Individuals that have their certificate on inactive status and do not submit a completed renewal application within a year of the certificate expiration date will have their certification placed on lapsed status.

Individuals will be required to reapply for certification and must:

1. Complete 40-hour Domestic Violence training at an ICDVP certified training site.
  - a. 40-hour trainings completed prior to 2004 will not be accepted.
  - b. Certified training sites are listed on the ICDVP website. [www.ilcdvp.org](http://www.ilcdvp.org)
  - c. 40-hour training certificate to be submitted with examination application to Continental Testing Services, Inc.
  - d. 20-hour on-line / 20-hour in-person trainings or 20-hour virtual / 20-hour in-person trainings from an ICDVP certified training site ~~is an~~ are accepted alternative methods of obtaining the 40-hour training.
2. Complete 150 hours of satisfactory, documented, supervised work at an ICDVP certified supervision site within two years of the examination application to be a CDVP. (See CDVP Supervision Eligible Services.)
  - a. 150 hours must be completed within two years of the re-examination date and completed prior to submission of the application.
  - b. Supervised work must be completed under the supervision of a current Illinois Certified Domestic Violence Professional currently employed at a certified supervision site as a supervisor/manager per their job description.
  - c. 150 hours must begin subsequent to completion of the 40-hour Domestic Violence training at an ICDVP certified training site.
  - d. ICDVP Supervisor Assessment form must be submitted with examination application
- 1.
3. Pass the knowledge-based certification text which is offered twice annually (Chicago Metropolitan area and Springfield) through Continental Testing Services, Inc.

During the lapsed certification an individual is:

- Not eligible to advertise as certified.
- Not eligible to supervise candidates for the certification test.
  - This may impact the agency's supervision site status.
- Not eligible to be the coordinator of the 40-hour Domestic Violence training or sign certificates.
  - This may impact the agency's training site status.
- Not eligible to oversee an ICDVP certified CEU training or sign certificates.
  - This may impact the agency's CEU training site status.

## CDVP INDIVIDUAL CERTIFICATION QUICK RENEWAL CHART

Certification Status	Renewal Quick Facts
<b>Active Certification Status</b>  Certification active for 2 years	Renewal requires: <ol style="list-style-type: none"> <li>1. Form 8 and renewal fee</li> <li>2. Proof of 30 hours CEU within the past 2 year</li> <li>3. Application petition forms and fees (if applicable)</li> </ol> 2. <ul style="list-style-type: none"> <li>• Grace period provided by ICDVP if application submitted by deadline but is incomplete or if additional information required to process application. An incomplete application fee may be required.</li> <li>• Certification becomes inactive if completed application and related fees are not postmarked by due date.</li> </ul>
<b>Inactive Certification Status</b>  Certification inactive for up to 1 year after Active Certification expiration date	Renewal requires: <ol style="list-style-type: none"> <li>1. Form 8 and renewal fee</li> <li>2. Proof of 30 hours CEU within the past 2 year</li> <li>3. Application petition forms and fees (if applicable)</li> <li>4. \$100 Reinstatement fee</li> </ol> <ul style="list-style-type: none"> <li>• Individuals cannot advertise as certified, cannot oversee training or sign certificates, cannot provide supervision towards certification.</li> </ul>
<b>Lapsed Certification Status</b>  Certification lapsed if certification not renewed within 1 year of active certification expiration date	Certificate cannot be renewed. Must apply as if a new applicant. <ol style="list-style-type: none"> <li>1. Application and fee</li> <li>2. Proof of 40-hour DV certificate after 2004 Or proof of 20-hour on-line/20-hour in person DV certificate</li> <li>3. Proof of 150 hours of Certified Supervised experience within 2 years of re-exam</li> <li>4. Pass the CDVP exam</li> </ol> <ul style="list-style-type: none"> <li>• Individuals cannot advertise as certified, cannot oversee training or sign certificates, cannot provide supervision towards certification.</li> </ul>

# **INDIVIDUAL CERTIFICATION - CERTIFIED PARTNER ABUSE INTERVENTION PROFESSIONAL (CPAIP)**

## **CPAIP APPLICATION PROCESS**

The ICDVP, Inc. Board has contracted with Continental Testing Services, Inc. to conduct its Certified Partner Abuser Intervention Professional certification exam. Individuals can download the examination application and obtain information about testing dates and deadlines from the Continental Testing Services, Inc. (CTS) website (<http://continentaltestinginc.com/>).

Initial applications are submitted directly to and reviewed by CTS staff. ICDVP will review applications for clarifications only at the request of CTS.

Tests are given twice annually in the Chicago Metropolitan area and in Springfield. The tests are usually offered every February and September, with deadlines to submit applications 4-6 weeks prior to the actual test.

Certification lasts for two years at which time the applicant must renew the certification. The expiration date for the certification is printed on the certificate and is based on the month/year that the applicant passed the certification exam.

## **CPAIP CERTIFICATION CRITERIA**

All candidates for the Illinois Certified Partner Abuse Intervention Professional certification must:

1. Complete 40-hour Domestic Violence training at an ICDVP certified training site.
  - 40-hour trainings completed prior to 2004 will not be accepted.
  - Certified training sites are listed on the ICDVP website. [www.ilcdvp.org](http://www.ilcdvp.org)
  - 40-hour training certificate to be submitted with examination application to Continental Testing Services, Inc.
3. 20-hour on-line / 20-hour in-person training or 20-hour virtual / 20-hour in-person training from an ICDVP certified training site ~~is an~~ are accepted alternative methods of obtaining the 40-hour training.
2. Complete 20-hour Partner Abuse Intervention (PAIP) training at an ICDVP certified training site.
  - Certified training sites are listed on the ICDVP website. [www.ilcdvp.org](http://www.ilcdvp.org)
  - 20-hour training certificate to be submitted with examination application to Continental Testing Services, Inc.
  - Candidates must have completed a 20-hour partner abuse intervention specific training program at an ICDVP approved 20-hour PAIP training site, intended to prepare individuals as partner abuse intervention facilitators. The 20-hour training can also be completed through Emerge, Raven or Duluth.
3. Complete 150 hours of satisfactory, documented, supervised work at an IDHS approved program within three years of the application to be a CPAIP. (See CPAIP Supervision Eligible Services.)
  - 150 hours must be completed within three years of the examination date with all hours completed prior to submission of the application.
  - 150 hours must begin subsequent to completion of the 40-hour Domestic Violence but may begin prior to the completion of the 20-hour PAIP training as long as the PAIP training is completed within 6 months of the start of supervision.

- Supervised work must be completed under the supervision of a current Illinois Certified Partner Abuse Intervention Professional and at an IDHS approved program. The individual providing supervision must be a current CPAIP who works for an IDHS approved program.
  - ICDVP Supervisor Assessment form to be submitted with examination application.
4. Must be violence free for 5 years. Candidates who are ex-offenders for domestic battery or other offenses against family or household members must not have any arrests or convictions for the past five years and must have completed a partner abuse intervention program no less than three years prior to application. In addition, candidates must not have had an order of protection issued against them within five years.
  5. Pass the knowledge-based certification text which is offered twice annually (Chicago Metropolitan area and Springfield) through Continental Testing Services, Inc.

ICDVP, Inc. will review any applicant that has been convicted of a misdemeanor or felony, has been investigated or had disciplinary action taken against them by a licensing/credentialing agency, or has had a suit/claim filed against them as a result of professional services. ICDVP, Inc. retains the right to deny certification for any individual

## **20-hour PAIP TRAINING**

All candidates for the Illinois Certified Partner Abuse Intervention Professional Certification must complete 40-hour training at an ICDVP certified training site; complete 20-hour PAIP training at an ICDVP certified training site; and complete 150 hours of satisfactory, documented, supervised eligible services within 3 years of examination application at an IDHS approved program.

The 20-hour PAIP training requires that all hours are completed in the physical presence of a trainer.

## **CPAIP SUPERVISION**

All candidates for the Illinois Certified Partner Abuse Intervention Professional certification must complete 40-hour Domestic Violence training at an ICDVP certified training site, complete 20-hour PAIP training at an ICDVP certified training site; and complete 150 hours of satisfactory, documented, supervised direct services at an IDHS approved PAIP program within 3 years of examination date with all hours completed prior to submission of the application. It is the responsibility of the candidate seeking supervision to ensure the following are met.

Hours towards certification must be earned subsequent to completion of the 40-hour Domestic Violence training or the 20-hour/20-hour training at an ICDVP certified training site but may begin prior to the completion of the 20-hour PAIP training as long as the PAIP training is completed within 6 months of the start of supervision.

- Direct service is defined as service hours provided, and not clock hours worked.
- The individual providing supervision must be a current CPAIP working at an IDHS approved PAIP program.

There are no ICDVP approved supervision sites for CPAIP candidates. Instead, supervision must be obtained by providing services at an IDHS approved PAIP program and under the supervision of a current CPAIP. If a candidate does not work for an IDHS approved PAIP program, then hours may be obtained by providing abuser intervention services at their agency or another agency that is an IDHS approved PAIP program under the supervision of a current CPAIP.

- The CPAIP providing supervision has the discretion to charge external candidates for the supervision.
- It is recommended that the supervisor have a contract or MOU between their agency and the ICDVP candidate that defines expectations for both parties.

All 150 hours must fit into the 4 approved categories of activities with the hours obtained as listed below.

1. Group Services: This must account for at least 120-hours.
2. Victim/survivor Service Contact: This must account for no less than 8 hours and no more than 20-hours.
3. Intake Assessments: This must account for no more than 15 hours.
4. Counseling: This must account for no more than 7.5 hours.

A minimum of 15 hours of supervision are required for every 150 hours of direct services (not clock hours worked, but service hours provided) as defined in the above section. Those 15 hours may consist of any combination of the following:

- Face to face
- Phone consultation
- Video conferencing communication
- Review and discussion of documentation and client records
- Review and discussion of the IDVA, including confidentiality limitations for services not provided through a domestic violence agency.
- Direct observation of services provided.

Group supervision for all sites is limited to 5 supervisees in the group.

## **CPAIP SUPERVISION ELIGIBLE SERVICES DEFINITIONS**

The services listed below clarify the kinds of activities that qualify for the 150 hours of service requirement. Candidates are required to fulfill all the Group Service and Victim/survivor Service Contact hours as part of the 150 hours. For example, candidates may choose to complete 142 Group Service hours and 8 Victim/survivor Service Contact hours.

- **Group Services** - Services provided by a partner abuse intervention professional to more than one adult at a time, with the purpose of educating, challenging belief systems, providing necessary information, promoting responsibility and holding clients accountable for their abusive behavior. The groups must be co-facilitated, preferably by a male/female co-facilitation team.
- **Victim/survivor Service Contact** - Involvement would include direct service with a victim/survivor through employment or volunteer work at a victim/survivor services agency, partner safety checks, or communication in a professional capacity with victim/survivors/survivors. Victim/survivor service contact should account for no fewer than 8 hours and no more than 20-hours of service. This requirement may also include involvement on a committee that advocates for victim/survivors/survivors of domestic violence. Involvement on a committee may account for no more than 8 hours.



- **Intake Assessments** - A one to one interaction between a partner abuse intervention professional and an adult client. Examples of intake assessments include collecting information pertaining to the abuser. This may account for no more than 15 hours of service.
- **Counseling** - A one-to-one interaction between an abuse intervention professional and an adult client. Examples of counseling include: education, problem solving, promoting responsibility, working with clients who are not appropriate for group intervention, addressing co-occurring conditions, making referrals to appropriate services and holding clients accountable for their abusive behavior. This may account for no more than 7.5 hours of supervision.

## CPAIP RENEWAL

Individual certification is renewed by completion of the required renewal Form 8, submitted proof that 30 hours of Continuing Education Units (CEU) have been obtained since the professional's last renewal period, and payment of the renewal fee. All 30 CEUs can be completed in any combination of online, webinar, in-person, or other e-learning training with certificate from the provider. All renewal documents must be postmarked by the CPAIP expiration date.

CPAIP CEU content must be related to the 40-hour Domestic Violence or 20-hour PAIP training content listed in the ICDVP Manual. CEUs cannot be utilized for subsequent renewal application. CEU topics not related to the 40-hour training and/or 20-hour PAIP training, even if provided by an ICDVP CEU certified training site, will not count towards CDVP renewal. Final approval of CEU trainings is at the discretion of the ICDVP Standards Committee.

Request for approval of CEUs received from a non-ICDVP certified CEU training site, for completion of a DV content college course, for teaching/facilitating, or for participation on an approved Committee/Board must be submitted on the appropriate petition form, along with related documentation and the petition fee. See Continuing Education Requirement section for specific details.

CPAIP certification is valid for two years from date of issue unless suspended or revoked by the ICDVP Board for disciplinary reason. All Renewal/Request forms are located in the Appendix/Forms section of this manual.

All renewal applications are reviewed twice each year by ICDVP. Spring applications must be postmarked by February 28<sup>th</sup> and fall applications must be postmarked by September 30<sup>th</sup>. Renewal forms may be submitted no sooner than two months prior to expiration of certification. ICDVP will notify certified individuals by e-mail of the upcoming renewal date. A CPAIP is responsible to know when their certification expires. It is the responsibility of the CPAIP to keep ICDVP, Inc. notified of any changes in name, address, email, or contact information.

- If the application received by the due date is incomplete due to errors or missing information, the individual will be given the opportunity to submit a complete application by a due date designated by ICDVP Board and could be subjected to additional fees as applicable. Certification becomes inactive if completed application and related fees are not submitted by designated due date.
- Any renewal applications postmarked after the deadline will be considered late and the individual will have their certification placed on inactive status.

- Individuals will have the opportunity to complete the renewal process within a year, or their certification will be placed in the lapsed certification category.
- During this time, individuals cannot advertise as certified, cannot oversee training or sign certificates, and cannot provide supervision towards certification.
- Individuals will be subjected to additional fees as applicable in order to reinstate their certification.
- If an individual with an inactive certificate does not take action to reinstate their certificate within a year of the certificate expiration date, then the certificate is no longer eligible for reactivation. The certification will be placed on lapsed status.
  - Individuals will no longer be able to advertise as certified, cannot oversee training or sign certificates, and cannot provide supervision towards certification.
  - The individual will be required to reapply to CTS, Inc. for certification including proof of 40-hour DV certificate after 2004, 20-hour PAIP certificate, and proof of 150 hours certified supervised experience within 3 years of retaking the certification examination. Individuals will have to retake the certification examination and pay the applicable fees.

## **CPAIP CONTINUING EDUCATION UNIT REQUIREMENTS (CEU)**

The Illinois Certified Domestic Violence Professional Board (ICDVP Board) requires the completion of 30 hours of continuing education units (CEU) during the two-year renewal period for Illinois Certified Partner Abuse Intervention Professionals (CPAIP).

The ICDVP Board may require additional evidence demonstrating compliance with the CEU requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of such compliance.

CEU content must be related to the 40-hour Domestic Violence training content, or 20-hour PAIP training content listed in the ICDVP Manual. ICDVP certified CEU training sites ensure that this standard is met.

- All 30 CEUs can be completed in any combination of online, webinar, in-person, or other e-learning training with certificate from the provider.
- One continuing education unit equals one hour of instruction. A training, workshop or conference must be a minimum of one hour in length. Time devoted to announcements, welcoming speeches, lunch and other social events is not included in the number of hours counted.
- The maximum number of CEU hours that can be requested for a single training/conference is 20. (21+ CEUs received for one training will not be accepted.)
- No part of the 40-hour Domestic Violence training, 20-hour on-line / 20-hour in-person Domestic Violence training, 20-hour virtual / 20-hour in-person training, or the 20-hour PAIP training may be retaken as CEUs.
- CEUs must be within the certification period. CEUs cannot be obtained prior to the certification issued date and must be completed prior to the certification expiration date.
- CEU topics not related to the 40-hour training and/or 20-hour PAIP training, even if provided by an ICDVP CEU certified training site, will not count towards CDVP renewal. Final approval of CEU trainings is at the discretion of the ICDVP Standards Committee.

CEU certificates should include:

1. The name of the agency providing the CEUs

2. Date of CEU training
3. Title of CEU workshop/training/conference
4. Name of Participant
5. The number of CEUs provided related to the 40-hour Domestic Violence training and/or 20-hour PAIP training topics
6. Signature of training coordinator who is currently
7. Statement that the training was provided by an ICDVP certified CEU site

CEUs cannot be utilized for more than one renewal application.

### **Non-ICDVP certified CEU training site credit**

CEU content must be related to the 40-hour Domestic Violence training content, or 20-hour PAIP training content listed in the ICDVP Manual.

If an individual attends a conference that was not provided by an ICDVP certified CEU training site, the individual can submit a request for CEU approval by completely filling out and signing Form 6, submitting required documentation, and submitting the petition fee.

Proof of conference attendance through a non-ICDVP certified CEU training site is a copy of the completion certificate. The ICDVP Board may require additional evidence demonstrating compliance with the CEU requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of such compliance.

### **College course CEU credit**

If an individual attends an accredited college/university class, the individual can submit a request for CEU approval by completely filling out and signing Form 6, submitting required documentation, and submitting the petition fee.

Proof of college credit is a copy of an official transcript showing a passing grade, and the college course description or syllabus.

ICDVP will allow an hour of continuing education credit for each class credit hour taken through an accredited college/university up to a maximum of 20-hours. The classes, however, must be in areas covered in the 40-hour Domestic Violence training or 20-hour PAIP training content listed in the ICDVP manual.

### **Teaching/Facilitating CEU credit**

If an individual teaches in the field of domestic violence at an accredited college/university or facilitates an ICDVP certified 40-hour Domestic Violence training, 20-hour on-line / 20-hour in person, 20-hour virtual / 20-hour in-person or 20-hour PAIP training, the individual can submit a request for CEU approval by completely filling out and signing Form 7, submitting any required documentation, and submitting the petition fee.

Proof of teaching/facilitating is a copy of the course description, course schedule, training brochure, or letter provided by the Training Coordinator.

- A maximum of 10 CEU hours per renewal may be earned for verified teaching/facilitating.
- One teaching/facilitating hour equals one CEU hour.

*Note: Individuals who teach part or all of ICDVP certified 40-hour Domestic Violence training, 20-hour on-line / 20-hour in-person training, 20-hour virtual / 20-hour in-person training, or 20-hour PAIP training at the same agency at various times during the renewal period need to submit documentation for each training with one petition form 7 and pay one fee.*

## **Committee/Board Activity CEU credit**

If an individual participates in a committee/board, that individual can submit a request for CEU approval by completely filling out and signing Form 5, submitting any required documentation, and submitting the petition fee. Proof of committee/board activity is a copy of the minutes which lists committee attendees, date and time frame of the meeting.

- A maximum of 6 hours of CEUs may be earned per renewal period for participation in activities which include, but are not limited to: active service as an ICDVP Board/committee member, approved local or national network officer, chair or committee member of a major domestic violence conference, and chair or committee member of the following organizations: The Network: Advocating Against Domestic Violence, Illinois Coalition Against Domestic Violence or Department of Human Services Domestic Violence Advisory committee, Illinois Family Violence Coordinating Council.
- One participation hour equals one CEU hour.
- Committee or Board Activity must be a minimum of one hour in length.

*Note: Individuals who participate in a Committee or Board Activity at various times during the renewal period need to submit documentation for each meeting with one petition form 5 and pay one fee. Individuals who participate in more than one Committee or Board Activity must count them as separate and submit a petition form and petition fee for each Committee or Board Activity. (Example: Four ICDVP Standards meetings and 3 ICADV Membership meetings count as 2 separate activities so require 2 separate petitions and fees. The total of all Committee or Board Activities cannot equal more than 6 hours).*

## **CPAIP INACTIVE CERTIFICATION STATUS**

ICDVP Board has eliminated the extension status for CDVP as of October 1, 2019. Individuals that do not submit a completed renewal application by the expiration date of their current certification will have their certification placed on inactive status.

If the renewal application received by the due date is incomplete due to errors or missing information, the individual will be given the opportunity to submit a complete application by a due date designated by ICDVP Board and may be subjected to additional fees as applicable. The renewal certification will be classified as inactive if completed application and related fees are not submitted by this designated due date.

Individuals have one year to submit the required documentation to have the inactive certificate returned to active status.

- A completed and signed Form 8.
- Proof of completion of 30 CEUs from the time of the last renewal to the time when the certificate is reinstated. CEUs cannot be utilized for more than one renewal application.
- The renewal fee.

- Any applicable petition forms and related fees.
- The reinstatement fee.

Active certification renewals expire 2 years from the previous renewal date, and not from the date the inactive certification was reinstated.

During the inactive certification period, the CPAIP is:

- Not eligible to advertise as certified.
- Not eligible to supervise candidates towards certification.
  - This may impact the agency's supervision site status.
- Not eligible to be the Coordinator of the 20-hour PAIP training or sign certificates.
  - This may impact the agency's training site status.
- Not eligible to oversee an ICDVP certified CEU training or sign certificates.
  - This may impact the agency's CEU training site status.

## **CPAIP LAPSED CERTIFICATION**

Individuals that have their certificate on inactive status and do not submit a completed renewal application within a year of the certificate expiration date will have their certification placed on lapsed status.

Individuals will be required to reapply for certification and must:

- Complete 40-hour Domestic Violence training at an ICDVP certified training site.
  - 40-hour trainings completed prior to 2004 will not be accepted.
  - Certified training sites are listed on the ICDVP website. [www.ilcdvp.org](http://www.ilcdvp.org)
  - 40-hour training certificate to be submitted with examination application to Continental Testing Services, Inc.
  - 20-hour on-line / 20-hour in-person trainings or 20-hour virtual / 20-hour in-person trainings from an ICDVP certified training site ~~is an~~ are accepted alternative methods of obtaining the 40-hour training.
- Complete 20-hour Partner Abuse Intervention (PAIP) training at an ICDVP certified training site.
  - Certified training sites are listed on the ICDVP website. [www.ilcdvp.org](http://www.ilcdvp.org)
  - 20-hour training certificate to be submitted with examination application to Continental Testing Services, Inc.
  - Candidates must have completed a 20-hour partner abuse intervention specific training program at an ICDVP approved 20-hour PAIP training site, intended to prepare individuals as partner abuse intervention facilitators. The 20-hour training can also be completed through Emerge, Raven or Duluth.
- Complete 150 hours of satisfactory, documented, supervised work at an IDHS approved program within three years of the application to be a CPAIP. (See CPAIP Supervision Eligible Services.)
  - 150 hours must be completed within three years of the examination date with all hours completed prior to submission of the application.
  - 150 hours must begin subsequent to completion of the 40-hour Domestic Violence but may begin prior to the completion of the 20-hour PAIP training as long as the PAIP training is completed within 6 months of the start of supervision.

- Supervised work must be completed under the supervision of a current Illinois Certified Partner Abuse Intervention Professional and at an IDHS approved program. The individual providing supervision must be a current CPAIP who works for an IDHS approved program.
- ICDVP Supervisor Assessment form to be submitted with examination application.
- Pass the knowledge-based certification test which is offered twice annually (Chicago Metropolitan area and Springfield) through Continental Testing Services, Inc.
- During the lapsed certification an individual is:
- Not eligible to advertise as certified.
- Not eligible to supervise candidates for the certification test.
- Not eligible to be the Coordinator of the 20-hour PAIP training or sign certificates.
  - This may impact the agency's training site status.
- Not eligible to oversee an ICDVP certified CEU training or sign certificates.
  - This may impact the agency's CEU training site status.

## CPAIP INDIVIDUAL CERTIFICATION QUICK RENEWAL CHART

Certification Status	Renewal Quick Facts
<p>Active Certification Status</p> <p>Certification active for 2 years</p>	<p>Renewal requires:</p> <ol style="list-style-type: none"> <li>1. Form 8 and renewal fee</li> <li>2. Proof of 30 hours CEU within the past 2 year</li> <li>3. Application petition forms and fees (if applicable)</li> </ol> <ul style="list-style-type: none"> <li>• Grace period provided by ICDVP Board if application submitted by deadline but is incomplete or if additional information required to process application. An incomplete application fee may be applied.</li> <li>• Certification becomes inactive if completed application and related fees are not submitted by due date.</li> </ul>
<p>Inactive Certification Status</p> <p>Certification inactive for up to 1 year after Active Certification expiration date</p>	<p>Renewal requires:</p> <ol style="list-style-type: none"> <li>1. Form 8 and renewal fee</li> <li>2. Proof of 30 hours CEU within the past 2 year</li> <li>3. Application petition forms and fees (if applicable)</li> <li>4. \$100 Reinstatement fee</li> </ol> <ul style="list-style-type: none"> <li>• Individuals cannot advertise as certified, cannot oversee training or sign certificates, cannot provide supervision towards certification.</li> </ul>
<p>Lapsed Certification Status</p> <p>Certification lapsed if certification not renewed within 1 year of active certification expiration date</p>	<p>Certification cannot be renewed. Must apply as if a new applicant.</p> <ol style="list-style-type: none"> <li>1. Application and fee</li> <li>2. Proof of 40-hour DV certificate after 2004</li> <li>3. Proof of 20-hour PAIP certificate</li> <li>4. Proof of 150 hours of Certified Supervised experience within 3 years of re-exam</li> <li>5. Pass the CDVP exam</li> </ol> <ul style="list-style-type: none"> <li>• Individuals cannot advertise as certified, cannot oversee training or sign certificates, cannot provide supervision towards certification.</li> </ul>

# **SITE CERTIFICATION**

## **APPLICATION PROCESS**

Only Illinois Domestic Violence state coalition recognized domestic violence organizations with at least five years of established core service are eligible to apply to become 40-hour Domestic Violence training Sites, 20-hour PAIP training Sites, Supervision Sites, and CEU Sites.

Only Partner Abuse Intervention Programs (PAIPs) that have been on the IDHS-approved list and have been in compliance for the past five years are eligible to apply to become 20-hour PAIP Training Sites and CEU Sites.

Only non-DV organization of higher learning that have an accredited program and a proven track record of providing educational services regarding domestic violence for the past five years are eligible to apply to become non-DV CEU Sites.

For initial applications, sites can download applications from the website ([www.ilcdvp.org](http://www.ilcdvp.org)) for:

- 40-hour Domestic Violence training in-person completed in the physical presence of a trainer.
  - and/or 20-hour online/20-hour in-person training completed in the physical presence of a trainer.
  - and/or 20-hour virtual/20-hour in-person training completed in the physical presence of a trainer.
- 20-hour PAIP training
- Supervision (CDVP)
  - There are no ICDVP approved supervision sites for CPAIP candidates. Instead, supervision must be obtained by providing services at an IDHS approved PAIP program and under the supervision of a current CPAIP.
- CEU (DV providers and non-DV agencies)

Prior to ICDVP making a determination, a site visit may be conducted by at least two ICDVP Board members.

## **SITE CERTIFICATION CRITERIA**

Completed applications and fees should be submitted to ICDVP, Inc.

Applications are reviewed twice each year. Applications submitted in the spring must be postmarked by March 31<sup>st</sup> and fall applications must be postmarked by September 30<sup>th</sup>.

- If the application is postmarked by the deadline, but is incomplete due to errors or missing information, the site will be given the opportunity to make corrections.
- If the application is postmarked within 30 days after the due date, it will be considered late, and will be subject to a \$100 late fee.
- If the application is postmarked more than 30 days after the due date, it will not be processed. The site may submit a new full application during the next application period.

All DV and PAIP certified sites must renew their site certification(s) every two years. All non-DV certified sites must renew their site certification every year.

ICDVP, Inc. encourages agencies to develop internal policies and procedures to ensure that their certified staff members responsible for the 40-hour Trainings/CEUs/Supervision maintain their



individual certifications. An agency will lose site certification(s) if a non-certified individual oversees 40-hour Domestic Violence training, or signs CEU training certificates, or provides Supervision.

Training and CEU sites must keep copies of the certificates issued for five years. Supervision sites must keep copies of the supervision documentation logs for five years.

## **40-HOUR DOMESTIC VIOLENCE TRAINING SITE**

The ICDVP Board states that any staff/volunteer that provides direct services at a domestic violence program is required to be 40-hour trained in order to be granted the confidentiality status under the IDVA law. In addition to the certification requirement for supervisors, the ICDVP board stipulates that all Executive Directors (or in the case of multi-program agencies the Domestic Violence Program Director) be 40-hour trained even if they are not having client contact and are not required to be certified.

No shadowing or on-the-job training can be counted towards any part of the 40-hour Domestic Violence training. Work assigned to be completed outside of the training hours does not count towards the 40-hours.

### **40-Hour site requirements for new applicants:**

1. Application (Form 2) 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 job responsibility.
  - A. Training Coordinator(s) are defined as the person(s) who have the majority of the responsibility for overseeing, monitoring and/or providing the agency's 40-hour training
  - B. Training coordination must be listed as one of the Job Duties.
  - C. The person or persons responsible for overseeing the training must be a current Certified Domestic Violence Professional(s) and must sign the certificates.
  - D. It is recommended that the majority of the presenters be current Certified Domestic Violence Professionals.
3. Copy of 501(c)(3) letter.
  - A. Training sites must be 501(c)(3) and have been in operation for at least five years. Only the Network: Advocating Against Domestic Violence, Illinois Coalition Against Domestic Violence and the following types of private, non-for-profit domestic violence programs are eligible for this certification.
  - B. Domestic violence programs that provide core services and emergency shelter for victim/survivors and their children in program-operated, on-site facility. Core domestic violence services can include on-site shelter, referral for off-site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information, and referral. Services must be provided at no charge to victim/survivors and their children.
4. Copy of the agency's proposed 40-hour in person Domestic Violence training schedule/agenda, which includes days and times. (Form 11 may be used for tracking.)
5. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes. (Form 11 may be used for tracking.)
  - A. During the 40-hour Domestic Violence training, any time devoted to announcements, welcoming speeches, lunch and other social events are not included in the total number of hours. In the event there is an educational program connected with a meal function, time

spent eating is not included, but there may be credit for the educational portion of that time.

6. Copy of 40-hour training attendance monitoring documentation
  - A. The attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
  - B. Training sites must keep copies of the sign-in/attendance sheets for five years.
7. Sample of 40-hour in-person completion certificate. (See section Site Certification for what should be on this document.)
  - A. Training sites must issue the original certificate to attendees immediately upon completion of the training.
  - B. Training sites must keep copies of the training certificates for five years.
  - C. Training certificates/letters must indicate a statement that the training was provided by an ICDVP certified training site.
8. Statement of tardiness/make-up policy for the training.
9. Bibliography of training material used for 40-hour in-person training.
  - A. A document listing training material used. Including, but not limited to videos, books, articles, etc. used by the agency to develop the 40-hour training.
  - B. The Board reserves the right to request copies of materials used at the 40-hour training.
10. Statement of 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/survivors services provided for the
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. Agency check for \$200.00 made payable to ICDVP, Inc.

Training site certification lasts two years.

- Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- The ICDVP Board reserves the right to revoke training site approval if that site no longer meets the requirements.
- Training sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

## **Procedure for application approval of a 40-Hour Domestic Violence Training Site**

1. The ICDVP Standards Committee will review all required documentation.
2. The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
3. A written response for approval or denial will be sent to the agency.
4. Denied programs may appeal the decision. (see Grievance Section)
5. Denied programs may apply the following application period.

## **20-Hour Online Module/ 20-Hour In-Person Domestic Violence Training Site**

The ICDVP Board states that any staff/volunteer that provides direct services at a domestic violence program is required to be 40-hour trained in order to be granted the confidentiality status under the IDVA law. In addition to the certification requirement for supervisors, the ICDVP board stipulates that all Executive Directors (or in the case of multi-program agencies the Domestic Violence Program Director) be 40-hour trained even if they are not having client contact and are not required to be certified.

The 20-hour on-line module/20-hour in-person training is an alternative manner of receiving the 40-hour Domestic Violence training. The 20-hour on-line portion of the training is currently provided by the Illinois Coalition Against Domestic Violence (ICADV). Agencies can apply to become a 20-hour on-line module/20-hour in-person training site by submitting their own 20-hour modules for review. The training topics and time spent on the modules must follow the requirements determined by ICDVP Standards.

The training must ensure that 20 hours are in person and face-to-face which excludes any virtual training component. In-person is defined as face-to-face with a trainer physically present and will contain live, face-to-face instruction and interaction. This training may include short videos or other media, but the primary instruction and interaction should occur in real-time and in person. In-person training should include role play with an opportunity for feedback and should include a variety of instructional methods to accommodate multiple learning styles. In-person does not include Skype, webinars, FaceTime, or any other type of electronic remote access.

The 20-hour module portion of the training is a pre-approved, pre-recorded virtual presentation. Agencies must ensure that attendees are present and engaged throughout the training. It is at the discretion of the agency as to how this will be verified.

It is recommended that if the applicant agency wants to utilize the ICADV modules, the on-line portion must be completed first. It is the responsibility of the agency providing the in-person 20-hour training to verify the completion of the 20-hour on-line modules as the agency will be issuing the training certificate as proof the individual met the 40-hour Domestic Violence training requirement. Agencies must ensure that the required 40-hours of training established by the Illinois Domestic Violence Act is met.

Once individuals have completed both portions of the training, the site must immediately issue a certificate indicating "40-hour Domestic Violence training (20-hours online/20-hours in-person)."

Current certified 40-hour Domestic Violence training sites may request to provide the 20-hour online module/20-hour in-person Domestic Violence training at any time. There is no need to wait for a renewal period.

Agencies not currently certified as a Domestic Violence training sites must apply as a new training site. Applications are reviewed twice each year. Applications submitted in the spring must be postmarked by March 31<sup>st</sup> and fall applications must be postmarked by September 30<sup>th</sup>.

There is no additional fee to become a 20-hour online module/20-hour in-person training site.

No shadowing or on-the-job training can be counted towards any part of the 20-hour on-line module/20-hour in-person Domestic Violence training. Work assigned to be completed outside of the training hours does not count towards the 40-hours.

## **20-Hour On-Line Module/20-Hour In-Person site requirements for current 40-hour Domestic Violence Training Sites:**

1. Application (Form 2B) filled out completely, signed and postmarked by deadline.
2. Copy of proposed 20-hour on-line modules.
3. Copy of the agency's 20-hour on-line module/20-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is module or in-person.
4. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes and whether the topic is module or in-person. (Form 11b may be used for this.)
  - a. During the 20-hour on-line module/20-hour in-person Domestic Violence training, any time devoted to announcements, welcoming speeches, lunch and other social events are not included in the total number of hours. In the event there is an educational program connected with a meal function, time spent eating is not included, but there may be credit for the educational portion of that time.
5. Copy of 20-hour on-line module/20-hour in-person attendance monitoring documentation for both the in-person and module portions.
  - a. The in-person attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
  - b. The module attendance monitoring plan may include screen shot attendance check or random on-the-spot quizzes that require participant attendance to complete.
  - c. Training sites must keep copies of the sign-in/attendance sheets for five years.
6. Sample of 20-hour on-line module/20-hour in-person certificate or letter. (See "Forms" for example).
  - a. Training sites must issue the original certificate to attendees immediately upon completion of both sections of the training.
  - b. Training sites must keep copies of the training certificates for five years.
  - c. Training certificates/letters must indicate a statement that the training was provided by an ICDVP certified training site.
7. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 20-hour module/20-hour in-person training.
8. Bibliography of training material used for 20-hour on-line module/20-hour in-person Domestic Violence trainings.
  - a. A document listing training material used. Including, but not limited to videos, books, articles, etc. used by the agency to develop the training.
  - b. The Board reserves the right to request copies of materials used at the training.

Training site certification lasts until the agency's next renewal date.

- Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.

- The ICDVP Board reserves the right to revoke training site approval if that site no longer meets the requirements.
- Training sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

## **Procedure for application approval of a 20-hour on-line module/20-hour in-person Domestic Violence Training Site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.
- Denied programs may appeal the decision. (see Grievance Section)
- Denied programs may apply the following application period.

## **20-Hour on-line module/20-Hour in-person site requirements for new Domestic Violence Training Sites:**

1. Application (Form 2B) filled out completely, signed and postmarked by deadline.
2. Copy of proposed 20-hour on-line modules.
3. Job descriptions for the staff member/trainer responsible for the coordination and oversight of the 20-hour on-line module/20-hour in-person Domestic Violence training. Job description needs to specifically include oversight of trainings as a job responsibility.
  - A. Training Coordinator(s) are defined as the person(s) who have the majority of the responsibility for overseeing, monitoring and/or providing the agency's 20-hour/20-hour training.
  - B. Training coordination must be listed as one of the job duties.
  - C. The person or persons responsible for overseeing the training must be a current Certified Domestic Violence Professional(s) and must sign the certificates.
  - D. It is recommended that the majority of the presenters be current Certified Domestic Violence Professionals.
4. Copy of 501(c)(3) letter.
  - A. Training sites must be 501(c)(3) and have been in operation for at least five years. Only the Network: Advocating Against Domestic Violence, Illinois Coalition Against Domestic Violence and the following types of private, non-for-profit domestic violence programs are eligible for this certification.
  - B. Domestic violence programs that provide core services and emergency shelter for victim/survivors and their children in program-operated, on-site facility. Core domestic violence services can include on-site shelter, referral for off-site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information, and referral. Services must be provided at no charge to victim/survivors and their children.
5. Copy of the agency's proposed 20-hour on-line module/20-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is module or in-person.
6. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes and whether the topic is a module or in-person. (Form 11b may be used for this.)

- A. During the training, any time devoted to announcements, welcoming speeches, lunch and other social events are not included in the total number of hours. In the event there is an educational program connected with a meal function, time spent eating is not included, but there may be credit for the educational portion of that time.
7. Copy of 20-hour on-line module/20-hour in-person attendance monitoring documentation for both the in-person and virtual portions.
  - A. The in-person attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
  - B. The module attendance monitoring plan may include screen shot attendance check or random on-the-spot quizzes that require participant attendance to complete.
  - C. Training sites must keep copies of the sign-in/attendance sheets for five years.
8. Sample of 20-hour on-line module/20-hour in-person completion certificate or letter. (See "Forms" for example).
  - A. Training sites must issue the original certificate to attendees immediately upon completion of both sections of the training.
  - B. Training sites must keep copies of the training certificates for five years.
  - C. Training certificates/letters must indicate a statement that the training was provided by an ICDVP certified training site.
9. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 20-hour module/20-hour in-person training.
10. Bibliography of training material used for the 20-hour module/20-hour in-person Domestic Violence training.
  - A. A document listing training material used. Including, but not limited to videos, books, articles, etc. used by the agency to develop the 20-hour in-person training.
  - B. The Board reserves the right to request copies of materials used at the 20-hour in-person training.
11. Statement on how your agency incorporates Victim/Survivor Empowerment and Social Activism/Social Change in your training.
12. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/survivors services provided for the past five years.
13. Copy of agency mission statement.
14. 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.
15. Copy of CDVP certificate of person(s) overseeing the training.
16. Agency check for \$200.00 made payable to ICDVP, Inc.

Training site certification lasts two years.

- Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- The ICDVP Board reserves the right to revoke training site approval if that site no longer meets the requirements.
- Training sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

## **Procedure for application approval of a 20-hour on-line module/20-hour in-person Domestic Violence Training Site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.
- Denied programs may appeal the decision. (see Grievance Section)
- Denied programs may apply the following application period.

## **20-Hour Virtual/20-Hour In-Person Domestic Violence Training Site**

The ICDVP Board states that any staff/volunteer that provides direct services at a domestic violence program is required to be 40-hour trained in order to be granted the confidentiality status under the IDVA law. In addition to the certification requirement for supervisors, the ICDVP board stipulates that all Executive Directors (or in the case of multi-program agencies the Domestic Violence Program Director) be 40-hour trained even if they are not having client contact and are not required to be certified.

The 20-hour virtual/20-hour in-person training is an alternative manner of receiving the 40-hour Domestic Violence training. Virtual training includes Skype, Zoom, Face Time, or any other type of electronic remote access where trainers are in separate locations live via an interactive virtual platform. It is a training method that uses a virtual environment to provide instructional materials to trainees. The trainers and training participants must be on the virtual platform in real-time. No pre-recorded instruction may be used. Short videos that would be used during an in-person training may be viewed virtually. Live virtual training may include any of the topics outlined for 40-hour Domestic Violence training and should provide a variety of instructional methods to accommodate multiple learning styles. Agencies must ensure that attendees are visibly present and engaged throughout the trainings. Trainees must remain on camera throughout the training. While participating in the virtual portion of the training, the trainees should follow the same standards agencies require for in-person trainings. (i.e., no television on in the background, no children present, no lying down, appropriately dressed.)

In-person is defined as face-to-face with a trainer physically present and will contain live, face-to-face instruction and interaction. The training may include short videos or other media, but the primary instruction and interaction and interaction should occur in real-time and in person. In-person training should include role play with an opportunity for feedback and should include a variety of instructional methods to accommodate multiple learning styles. The 20-hour virtual portion of the training must be "live teaching" and not pre-recorded presentations.

The 20-hour virtual/20-hour in-person training cannot include any portion of pre-recorded modules in this training. An agency may determine the schedule and arrangement of their training topic standards, keeping in mind that there are standards for what topics must be covered in person. (See Form 11B)

Current certified 40-hour Domestic Violence training sites may request to provide the 20-hour virtual/20-hour in-person Domestic Violence training at any time. There is no need to wait for a renewal period.

Agencies not currently certified as a Domestic Violence training sites must apply as a new training site. Applications are reviewed twice each year. Applications submitted in the spring must be postmarked by March 31<sup>st</sup> and fall applications must be postmarked by September 30<sup>th</sup>.

There is no additional fee to become a 20-hour virtual/20-hour in-person training site.

No shadowing or on-the-job training can be counted towards any part of the 20-hour virtual/20-hour in-person Domestic Violence training. Work assigned to be completed outside of the training hours does not count towards the 40-hours.

## **20-Hour Virtual/20-Hour in -person site requirements for current 40-hour Domestic Violence Training Sites:**

1. Application (Form 2A) filled out completely, signed and postmarked by the deadline.
2. Copy of the agency's proposed 20-hour virtual/20-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is virtual or in-person.
3. Copy of the agency's tracking documentation form including training topics, subtopics and required timeframes and whether the topic is virtual or in-person.
  - a. During the 20-hour virtual/20-hour in person Domestic Violence training, any time devoted to announcements, welcome speeches, lunch, and other social events are not included in the total number of hours. In the event there is an educational program connected with a meal function, time spent eating is not included, but there may be credit for the educational portion of that time.
4. Copy of 20-hour virtual/20-hour in-person attendance monitoring documentation for both the in-person and virtual portions.
  - a. The in-person attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
  - b. The virtual attendance monitoring plan may include screen shot attendance check or random on-the-spot quizzes that require participant attendance to complete.
  - c. Training sites must keep copies of the sign in/attendance sheets for five years.
5. Sample of 20-hour virtual/20-hour in-person certificate or letter.
  - a. Training sites must issue the original certificate to attendees immediately upon completion of the training.
  - b. Training sites must keep copies of the training certificates for five years.
  - c. Training certificates/letters must indicate a statement that the training was provided by an ICDVP certified training site.
6. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 20-hour virtual/20-hour in-person training.
7. Bibliography of training material used for 20-hour virtual/20-hour in-person Domestic Violence trainings.
  - a. A document listing training materials used. Including, but not limited to videos, books, articles, etc. used by the agency to develop the training.
  - b. The ICDVP Board reserves the right to request copies of materials used at the training.

Training site certification lasts until the agency's next renewal date.

- Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.



- The ICDVP Boards reserves the right to revoke training site approval if that sit no longer meets the requirements.
- Training sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

## **Procedure for application approval of a 20-hour virtual/20-hour in-person Domestic Violence Training Site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.
- Denied programs may appeal the decision. (see Grievance Section)
- Denied programs may apply the following application period.

## **20-Hour virtual/20-Hour in-person site requirements for new Domestic Violence Training Sites:**

1. Application (Form 2A) filled out completely, signed and postmarked by deadline.
2. Job descriptions for the staff member/trainer responsible for coordination and oversight of the 20-hour virtual/20-hour in person Domestic Violence training.
  - a. Training Coordinator(s) are defined as the person(s) who have the majority of the responsibility for overseeing, monitoring and/or providing the agency's 20-hour virtual/20-hour in person training.
  - b. Training coordination must be listed as one of the Job Duties.
  - c. The person or persons responsible for overseeing the training must be a current Certified Domestic Violence Professional(s) and must sign the certificates.
  - d. It is recommended that the majority of the presenters be current Certified Domestic Violence Professionals.
3. Copy of 501(c)(3) letter.
  - a. Training sites must be 501(c)(3) and have been in operation for at least five years. Only The Network: Advocating Against Domestic Violence, Illinois Coalition Against Domestic Violence and the following types of private, no-for-profit domestic violence programs are eligible for this certification.
  - b. Domestic violence programs that provide core services and emergency shelter for victim/survivors and their children in program-operated, on-site facility. Core domestic violence services can include on-site shelter, referral for off-site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information, and referral. Services must be provided at no charge to victim/survivors and their children.
4. Copy of the agency's proposed 20-hour virtual/20-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is virtual or in-person.
5. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes and whether the topic is virtual or in-person.
  - a. During the training, any time devoted to announcements, welcoming speeches, lunch and other social events are not included in the total number of hours. In the event there is an educational program connected with a meal function, time spent eating is not included, but there may be credit for the educational portion of that time.

6. Copy of 20-hour virtual/20-hour in-person attendance monitoring documentation for both the in-person and virtual portions.
  - a. The in-person attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
  - b. The virtual attendance monitoring plan may include screen shot attendance checks or random on-the-spot quizzes that require participant attendance to complete.
  - c. Training sites must keep copies of the sign in/attendance sheets for five years.
7. Sample of 20-hour virtual/20-hour in-person certificate or letter.
  - a. Training sites must issue the original certificate to attendees immediately upon completion of the training.
  - b. Training sites must keep copies of the training certificates for five years.
  - c. Training certificates/letters must indicate a statement that was provided by an ICDVP certified training site.
8. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 20-hour virtual/20-hour in-person training.
9. Bibliography of training material used for 20-hour virtual/20-hour in-person Domestic Violence trainings.
  - a. A document listing training material used. Including, but not limited to, videos, books, articles, etc. used by the agency to develop the training.
  - b. The ICDVP Board reserves the right to request copies of materials used at the 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. Agency check for \$200.00 made payable to ICDVP, Inc.

Training site certification lasts two years.

- Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- The ICDVP Board reserves the right to revoke the training site approval if that site no longer meets requirements.
- Training sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

## **Procedure for application approval of a 20-hour virtual/20-hour in-person Domestic Violence Training Site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.
- Denied programs may appeal the decision. (see Grievance Section)
- Denied programs may apply the following application period.

## 20-HOUR PAIP TRAINING SITE

The overall purpose of the abuser intervention training is to provide participants with the tools necessary for effective group facilitation with adult male intimate partner violence offenders. Though aspects outlined in this training will be helpful to those facilitating groups for abusers who are teens, women, or who are in same sex relationships, the needs and dynamics of those populations are not fully addressed within this outline.

There are several important components to an effective training including modeling effective co-facilitation, addressing various learning styles and creating a learning environment. It is recommended that the PAIP training include a variety of teaching styles including lecture, group interactive exercises, and role plays. It is best practice that the training is co-facilitated by a male and female team.

Time frames are listed in minimum number of hours. Some sections also indicate the maximum number of hours to spend on that given section. Each certified training site may choose to tailor the 20-hours to meet the needs of a particular class or their particular program within the parameters set by the listed timeframes.

ICDVP requires that every approved training site conduct the 20-hours in-person and in the presence of a trainer which excludes any virtual or module training component. Work assigned to be completed outside of the classroom, as well as on-the-job training and/or shadowing, does not count towards the training time.

### PAIP site requirements for new sites:

1. Application (Form 3) filled out completely, signed and postmarked by deadline.
2. Job descriptions of person(s) providing oversight of the PAIP training. Job description needs to specifically include oversight of trainings as job responsibility.
  - a. Training Coordinator(s) are defined as the person(s) who have the majority of the responsibility for overseeing, monitoring and/or providing the agency's PAIP training
  - b. Training coordination must be listed as one of the Job Duties.
  - c. The person or persons responsible for overseeing the PAIP training must be a current Certified Partner Abuse Intervention Professional(s) and must sign the certificates.
  - d. It is recommended that the majority of the presenters be current Certified Partner Abuse Intervention Professionals.
3. Copy of 501(c)(3) form OR copy of Articles of Incorporation.
4. Copy of the original IDHS protocol approval letter and copy of the most recent IDHS compliance renewal letter indicating compliance for at least the last five years.
5. Copy of the agency's proposed PAIP training schedule/agenda, which includes days and times.
6. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes. (Form 12 may be used for tracking.)
  - a. During the PAIP training, any time devoted to announcements, welcoming speeches, lunch and other social events are not included in the total number of hours. In the event there is an educational program connected with a meal function, time spent eating is not included, but there may be credit for the educational portion of that time.
7. Copy of PAIP training attendance monitoring document.
  - a. The attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.

- b. Training sites must keep copies of the sign-in/attendance sheets for five years.
- 8. Sample of PAIP completion certificate. (See "Forms" for example).
  - a. Training sites must issue the original certificate to attendees immediately upon completion of the training.
  - b. Training sites must keep copies of the training certificates for five years.
  - c. Training certificates/letters must indicate a statement that the training was provided by an ICDVP certified training site.
- 9. Statement of policies and procedures regarding tardiness/make-up policy for the training.
- 10. Bibliography of training material used for the PAIP training.
  - a. A document listing training material used. Including, but not limited to: videos, books, articles, etc. used by the agency to develop the PAIP training.
  - b. The Board reserves the right to request copies of materials used at the PAIP training.
- 11. Statement on how your agency incorporates abuser stages of change and the importance of the victim/survivor's voice within PAIP in your training.
- 12. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence/PAIP services provided for the past 5 years.
- 13. Copy of agency mission statement.
- 14. Copy of CPAIP certificate of person(s) overseeing the PAIP training.
- 15. Agency check for \$200.00 made payable to ICDVP, Inc.

Training site certification lasts two years.

- Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- The ICDVP Board reserves the right to revoke training site approval if that site no longer meets the requirements.
- Training sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

### **Procedure for application approval of a 20-hour PAIP Training Site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.
- Denied programs may appeal the decision. (see Grievance Section)
- Denied programs may apply the following application period.

### **4-HOUR virtual/16-HOUR in-person combination PAIP training standards**

Certified PAIP training sites may apply to provide the combination 4-hour virtual/16-hour in person Domestic Violence training at this time. This virtual/in-person training is the ONLY alternative to the 20-hour in-person PAIP training. Per ICDVP standards, new site applications are only accepted in the months of September and March. However, ICDVP will begin accepting applications immediately for current certified PAIP training sites that want to begin providing this hybrid training. If approved, this site certification will align for renewal with the agency's next renewal date instead of being certified for the full 2-years.

The 4-hour virtual/16-hour in-person training is an alternative way of receiving the PAIP training. Virtual training includes Skype, Zoom, Face Time, or any other type of electronic remote access. The 4-hour virtual portion of the training must be “live teaching” and not pre-recorded presentations.

Virtual training is training where trainers are in separate locations. It is a training method that uses a virtual environment, typically a computer using video capabilities, to provide instructional materials to trainees. Live virtual training must be done live via an interactive virtual platform. The trainers and training participants must be on the virtual platform in real-time. No pre-recorded instruction may be used. Short videos that would be used during an in-person training may be viewed virtually. Live virtual training may include the following topics:

- Introduction 0.25
- PAIP Issues 2.0
- Miscellaneous 1.75

The 4-hour virtual trainings should provide a variety of instructional methods to accommodate multiple learning styles. Agencies must ensure that attendees are visibly present and engaged throughout the trainings. Trainees must remain on camera throughout the training. While participating in the virtual portion of the training, the trainees should follow the same standards your agency requires for in-person trainings. (i.e., no television on in the background, no children present, no lying down, appropriately dressed.)

In-person training is defined as face-to-face with a trainer physically present and will contain live, face-to-face instruction and interaction. The 16-hours in-person training may include short videos or other media, but the primary instruction and interaction should occur in real-time and in person. In-person training should include role play with an opportunity for feedback and should include a variety of instructional methods to accommodate multiple learning styles.

An agency may determine the schedule and arrangement of their training topic standards, keeping in mind that there are standards for what topics must be cover in person.

Once individuals have completed the entire training, the site must immediately issue a certificate indicating “PAIP training (4-hours virtual/16-hours in-person).”

There is no additional fee to become a 4-hour virtual/16-hour in-person training site for current PAIP training certified sites.

### **4-Hour Virtual/16-Hour in -person site requirements for current PAIP Training Sites:**

1. Application filled out completely, signed and submitted.
2. Draft of the agency’s 4-hour virtual/16-hour in-person PAIP training schedule/agenda, which includes days and times and whether a session is module or in-person.
3. Copy of the agency’s tracking/signoff/documentation form including training topics, subtopics and required time frames.
  - a. During the 4-hour module/16-hour in person Domestic Violence training, any time devoted to announcements, welcome speeches, lunch and other social evens are not included in the total number of hours. In the event there is an educational program

connected with a meal function, time spent eating is not included, but there may be credit for the educational portion of that time.

4. Copy of 4-hour virtual/16-hour in-person attendance monitoring documentation.
  - a. The in-person attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
  - b. The virtual attendance monitoring plan may include screen shot attendance check or random on-the-spot quizzes that require participant attendance to complete.
  - c. Training sites must keep copies of the sign in/attendance sheets for five years.
5. Sample of 4-hour virtual/16-hour in-person certificate or letter.
  - a. Training sites must issue the original certificate to attendees immediately upon completion of the training.
  - b. Training sites must keep copies of the training certificates for five years.
  - c. Training certificates/letters must indicate a statement that the training was provided by an ICDVP certified training site.
6. Statement of tardiness/make-up policy for the 4-hour virtual/16-hour in-person training.
7. Bibliography of training material used for 4-hour virtual/16-hour in-person Domestic Violence trainings.
  - a. A document listing training materials used. Including, but not limited to videos, books, articles, etc. used by the agency to develop the training.
  - b. The ICDVP Board reserves the right to request copies of materials used at the training.

Training site certification lasts until the agency's next renewal date.

- Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- The ICDVP Boards reserves the right to revoke training site approval if that sit no longer meets the requirements.
- Training sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

**Agencies not currently certified PAIP training sites must apply as a new training site.**

Applications are reviewed twice each year. Applications submitted in the Spring must be postmarked by March 31<sup>st</sup> and fall applications must be postmarked by September 30<sup>th</sup>.

**4-Hour Virtual/16-Hour in-person site requirements for new sites:**

1. Application filled out completely, signed and postmarked by deadline.
2. Job descriptions for the staff member/training responsible for coordination and oversight of the 4-hour virtual/16-hour in person PAIP training.
  - a. Training Coordinator(s) are defined as the person(s) who have the majority of the responsibility for overseeing, monitoring and/or providing the agency's 4-hour virtual/16-hour in person PAIP training.
  - b. Training coordination must be listed as one of the Job Duties.
  - c. The person or persons responsible for overseeing the training must be a current Certified Partner Abuse Professional(s) and must sign the certificates.
  - d. It is recommended that the majority of the presenters be current Certified Partner Abuse Intervention Professionals.
3. Copy of 501(c)(3) form OR copy of Articles of Incorporation.

4. Copy of the most recent IDHS compliance renewal letter and a copy of the original IDHS protocol approval letter indicating compliance for at least the last five years.
5. Copy of the agency's proposed 4-hour virtual/16-hour in-person PAIP training schedule/agenda, which includes days and times.
6. Copy of agency's tracking/signoff/documentation form including training topics, subtopics and required time frames.
7. Copy of 4-hour virtual/16-hour in-person attendance monitoring documentation.
  - a. The in-person attendance monitoring document may be as simple as the distribution of participant sign in/sign out sheets during the training.
  - b. The virtual attendance monitoring plan may include screen shot attendance checks or random on-the-spot quizzes that require participant attendance to complete.
  - c. Training sites must keep copies of the sign in/attendance sheets for five years.
8. Sample of 4-hour virtual/16-hour in-person certificate or letter.
  - a. Training sites must issue the original certificate to attendees immediately upon completion of the training.
  - b. Training sites must keep copies of the training certificates for five years.
  - c. Training certificates/letters must indicate a statement that was provided by an ICDVP certified training site.
9. Statement of tardiness/make-up policy for the 4-hour virtual/16-hour in-person training.
10. Bibliography of training material used for 4-hour virtual/16-hour in-person PAIP trainings.
  - a. A document listing training material used. Including, but not limited to, videos, books, articles, etc. used by the agency to develop the training.
  - b. The ICDVP Board reserves the right to request copies of materials used at the training.
11. Statement on abuser stages of change and the importance of the victim/survivor's voice within PAIP.
12. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence services provided for the past 5 years
13. Copy of agency mission statement.
14. Copy of CPAIP certificate or person(s) overseeing the PAIP training.
15. Agency check for \$200 made payable to ICDVP, Inc.

Training site certification lasts two years.

- Training sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- The ICDVP Board reserves the right to revoke the training site approval if that site no longer meets requirements.
- Training sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

## **SUPERVISION SITE**

### **CDVP Supervision Site**

All candidates for the Illinois Certified Domestic Violence Professional certification must complete 40-hour training at an ICDVP certified training site. 40-hour trainings completed prior to 2004 do not meet this criterion. Candidates must complete 150 hours of satisfactory and documented services under the supervision of an individual who holds a current CDVP and is employed at a current ICDVP certified supervision site.

The ICDVP Board states that any staff/volunteer that provides direct services at a domestic violence program is required to be 40-hour trained in order to be granted the privileged communication status under the IDVA. In addition to the certification requirement for supervisors, the ICDVP Board stipulates that all Executive Directors (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.

To become an ICDVP approved supervision site, all supervisors of staff/volunteers providing direct services (counseling, advocacy, IDVA advocacy, hotline and referral, group services) to victim/survivors of domestic violence must be a current CDVP.

Supervision sites are responsible to ensure that newly hired supervisors become CDVP within one year from time of hire. During that time period, the new supervisor may not provide supervision towards certification. Supervision provided by a non-CDVP supervisor will not count towards CDVP certification hours.

A direct-service supervisor who never held certification or whose certification has become inactive or lapsed is not eligible to provide supervision towards certification.

- Agencies are required to provide to ICDVP, Inc. a plan for supervision during a period when a direct-service supervisor is not certified and/or the certified supervision site status is in jeopardy.

All candidates for the Illinois Certified Domestic Violence Professional certification must complete 40-hour Domestic Violence training at an ICDVP certified training site and must successfully complete 150 hours of satisfactory, documented, supervised direct service at an ICDVP certified supervision site within two years of the examination date with all hours completed prior to submission of the application.

Hours towards certification must be earned subsequent to completion of the 40-hour Domestic Violence training or the 20-hour/20-hour training at an ICDVP certified training site.

Direct service is defined as service hours provided, and not clock hours worked.

The preferred method of supervision is for all 150 direct hours to be completed at an ICDVP certified supervision site. If a candidate does not work for an ICDVP certified supervision site, then hours may be obtained by providing domestic violence services at their current agency or another location that has been pre-approved by the certified supervision site.

- The ICDVP certified supervision site has the discretion to charge external candidates for the supervision.
- It is recommended that the certified supervision site have a contract or MOU between the agency and the ICDVP candidate that defines expectations for both parties.

All 150 direct hours must fit into one (1) of the nine (9) approved categories of activities with 90 hours of direct client services completed within the first 5 categories.

1. Counseling
2. Advocacy
3. IDVA Advocacy
4. Hotline/Information and Referral
5. Group Services
6. Prevention
7. Training
8. Outreach & Community Education



## 9. Systems Advocacy

A minimum of 15 hours of supervision are required for every 150 hours of direct services (not *clock* hours worked, but *service* hours provided) as defined in the above section. Those 15 hours may consist of any combination of the following:

- Face to face
- Phone consultation
- Video conferencing communication
- Review and discussion of documentation and client records
- Review and discussion of the IDVA, including confidentiality limitations for services not provided through a domestic violence agency.
- Direct observation of services provided.

Group supervision for all sites is limited to 5 supervisees in the group.

### **CDVP Supervision site requirements for new sites:**

1. Application (Form 1) filled out completely, signed and postmarked by deadline.
2. Job descriptions of all persons who will be providing supervision of direct service staff.
  - a. Supervisors are defined as the person(s) whose primary responsibilities include oversight of those who provide direct services to victims/survivors of domestic violence.
  - b. Supervision must be listed as one of the Job Duties.
3. Copy of 501(c)(3) Form
  - a. Supervision sites must be 501(c)(3) and have been in operation for at least five years. Only the Network: Advocating Against Domestic Violence, Illinois Coalition Against Domestic Violence and the following types of private, non-for-profit domestic violence programs are eligible for this certification.
    - i. Domestic violence programs provide core services and emergency shelter for victim/survivors and their children in program-operated, on-site facility. Core domestic violence services can include on-site shelter, referral for off-site shelter, crisis intervention/prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information and referral. Services must be provided at no charge to victim/survivors and their children.
4. Complete Agency Organizational Chart, with clear direct lines of supervision/authority, which includes:
  - a. Name/title of all CDVP/CPAIP certified staff
  - b. Certification number and expiration dates of all CDVP/CPAIP certified staff
5. Explanation of how supervision will take place and how trainees will interface with domestic violence victim/survivors.
6. Sample documentation for tracking of the 150 hours of satisfactory and documented services with victim/survivors.
  - a. Supervision sites must keep copies of the supervision tracking documentation for five years.
7. Statement on victim/survivor empowerment and activism/social change and how it is addressed in supervision.
8. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/survivors services provided for the past 5 years.
9. Copy of agency mission statement.

10. Proof that 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.
11. Agency check for \$200.00 made payable to ICDVP, Inc.

Supervision site certification lasts two years.

- Supervision sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- The ICDVP Board reserves the right to revoke supervision site approval if that site no longer meets the requirements.
- Supervision sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

### **Procedure for application approval of a CDVP Supervision Site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.
- Denied programs may appeal the decision. (see Grievance Section)
- Denied programs may apply the following application period.

### **CPAIP Supervision**

There are no ICDVP approved supervision sites for Illinois Certified Partner Abuse Intervention Professional (CPAIP) candidates. Instead, supervision must be obtained by providing services at an IDHS approved PAIP program and under the supervision of a current CPAIP. It is the responsibility of the CPAIP providing supervision to ensure ICDVP Standards are met.

If a candidate does not work for an IDHS approved PAIP program, then hours may be obtained by providing abuser intervention services at their agency or another agency that is an IDHS approved PAIP program under the supervision of a current CPAIP.

- The CPAIP providing supervision has the discretion to charge external candidates for the supervision
- It is recommended that the supervisor have a contract or MOU between their agency and the ICDVP candidate that defines expectations for both parties.

All CPAIP candidates must complete 40-hour Domestic Violence training at an ICDVP certified training site, complete 20-hour PAIP training at an ICDVP certified training site; and complete 150 hours of satisfactory, documented, supervised direct services at an IDHS approved PAIP program within 3 years of examination date with all hours completed prior to submission of the application.

Hours towards certification must be earned subsequent to completion of the 40-hour Domestic Violence training or the 20-hour/20-hour training at an ICDVP certified training site but may begin prior to the completion of the 20-hour PAIP training as long as the PAIP training is completed within 6 months of the start of supervision.

Direct service is defined as service hours provided, and not clock hours worked.

All 150 hours must fit into the 4 approved categories of activities with the hours obtained as listed below.

1. Group Services: This must account for at least 120-hours.
2. Victim/survivor Service Contact: This must account for no less than 8 hours and no more than 20-hours.
3. Intake Assessments: This must account for no more than 15 hours.
4. Counseling: This must account for no more than 7.5 hours.

A minimum of 15 hours of supervision are required for every 150 hours of direct services (not clock hours worked, but service hours provided) as defined in the above section. Those 15 hours may consist of any combination of the following:

- Face to face
- Phone consultation
- Video conferencing communication
- Review and discussion of documentation and client records
- Review and discussion of the IDVA, including confidentiality limitations for services not provided through a domestic violence agency.
- Direct observation of services provided.

Group supervision for all sites is limited to 5 supervisees in the group.

## **CEU SITE**

The ICDVP Board requires the completion of 30 hours of continuing education units during the two-year renewal period for CDVP and CPAIP. Continuing education units may qualify for both CDVP and CPAIP.

CEU content must be related to the 40-hour Domestic Violence training content, or 20-hour PAIP training content listed in the ICDVP Manual. ICDVP certified CEU training sites are required to ensure that this standard is met.

### **CEU site requirements for new sites:**

1. Application (Form 4) filled out completely, signed and postmarked by deadline.
2. Job Descriptions of person(s) providing oversight for CEU workshops/conferences. Job description needs to specifically include oversight of trainings as a job responsibility.
  - a. CEU Coordinator(s) are defined as the person(s) who have the responsibility for overseeing, monitoring and providing the agency's CEU trainings.
  - b. CEU coordination must be listed as one of the Job Duties.
  - c. The person or persons responsible for overseeing the CEUs must be a current Certified Domestic Violence Professional and/or Certified Partner Abuse Intervention Professional and must sign the certificates.
3. Copy of 501(c)(3) Form OR copy of Articles of Incorporation.
  - a. CEU sites must be 501(c)(3) and have been in operation for at least five years. Only the Network: Advocating Against Domestic Violence, Illinois Coalition Against Domestic Violence and the following types of private, non-for-profit domestic violence programs are eligible for this certification.
    - i. Domestic violence programs provide core services including emergency shelter for victim/survivors and their children, crisis intervention, prevention services, 24-hour hotline, domestic violence counseling, advocacy, IDVA advocacy, information and

referral. Services must be provided at no charge to victim/survivors and their children.

- ii. Qualified abuser intervention programs must submit a copy of most recent IDHS compliance renewal letter and a copy of the original IDHS protocol approval letter indicating compliance for at least the last five years
4. At least one example of proposed CEU workshop/training including time frames.
  - a. One continuing education unit equals one hour of instruction. A workshop/training/conference must be a **minimum of one hour in length**. Time devoted to announcements, welcoming speeches, lunch and other social events is not included in the number of hours counted.
  - b. CEU content must be related to the 40-hour Domestic Violence training content, or 20-hour PAIP training content listed in the ICDVP Manual. ICDVP certified CEU training sites are required to ensure that this standard is met. CEU topics not related to the 40-hour training and/or 20-hour PAIP training will not count towards CDVP/CPAIP renewal. Final approval of CEU trainings is at the discretion of the ICDVP Standards Committee.
  - c. During a CEU training, any time devoted to announcements, welcoming speeches, lunch and other social events are not included in the total number of hours. A working lunch or lunch/learn is eligible for the amount of training time provided.
5. Copy of CEU workshop attendance monitoring document. (See "Forms" for example).
  - a. The attendance monitoring document may simply include participant sign in/sign out sheets used during the training.
  - b. CEU sites must be able to provide documentation to anyone who attends their workshop/training and agree to keep copies for five years for each person attending the training.
6. Copy of evaluation form (See "Forms" for example).
7. Copy of completion certificate/letter. It must include the following:
  - a. The name of the agency providing the CEUs
  - b. Date of CEU training
  - c. Title of CEU training
  - d. Name of Participant
  - e. The number of CEUs provided related to the 40-hour Domestic Violence training and/or 20-hour PAIP training topics.
  - f. Signature of training coordinator who is currently certified.
  - g. Statement that the training was provided by an ICDVP certified CEU site
8. **Victim/survivor services providers** – Include a statement on how the agency incorporates Victim/survivor Empowerment and Social Activism/Social Change in the trainings.
9. **Partner Abuse service providers** – Include a statement on how the agency incorporates Abuser stages of change, and the importance of the victim/survivor's voice in the trainings.
10. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence services provided for the past 5 years.
11. Copy of agency mission statement.
12. Agency check for \$200.00 made payable to ICDVP, Inc.

CEU site certification lasts two years.

- CEU sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.

- The ICDVP Board reserves the right to revoke CEU site approval if that site no longer meets the requirements.
- CEU sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

### **Procedure for application approval of a CEU Site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.
- Denied programs may appeal the decision. (see Grievance Section)
- Denied programs may apply the following application period.

### **Providing ICDVP CEUs when partnering on a training/workshop from a non-ICDVP CEU site**

When an ICDVP certified CEU site considers giving approval to another entity's conference then the following items should be taken into consideration:

1. CEU content must be related to the 40-hour Domestic Violence training content, or 20-hour PAIP training content listed in the ICDVP Manual. ICDVP certified CEU training sites are required to ensure that this standard is met. CEU topics not related to the 40-hour training and/or 20-hour PAIP training will not count towards CDVP/CPAIP renewal. Final approval of CEU trainings is at the discretion of the ICDVP Standards Committee.
2. Partnership agreement to include oversight of the training by a currently certified CDVP or CPAIP who:
  - a. will review the learning objectives, content and agenda
  - b. will review resume/bio/vitae of presenters
  - c. must be present throughout the course of the training.
3. The ICDVP certified CEU training site must keep the following items when partnering with an agency that is not certified:
  - a. Training announcement
  - b. Training agenda with time frames
  - c. Learning objectives
  - d. Biographies of trainers
  - e. Evaluation forms
  - f. Sign in/Sign out sheets
  - g. Training material
  - h. Certificate
4. Upon completion of the training, the ICDVP certified CEU site will issue a certificate reflecting the number of hours related to 40-hour Domestic Violence and/or 20-hour PAIP training topic content.

### **Procedure for application approval or renewal of a CDVP Supervision Site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.
- Denied programs may appeal the decision. (see Grievance Section)

- Denied programs may apply the following application period.

## **Non-DV PROGRAM CEU SITE**

Only non-DV organization of higher learning that have an accredited program and a proven track record of providing educational services regarding domestic violence for the past five years are eligible to apply to become non-DV CEU Sites.

Non-DV programs are certified to provide CEUs only. This does not include any version of the 40-hour domestic violence training, 20-hour PAIP training, or Supervision.

Continuing education units may qualify for both CDVP and CPAIP.

### **Non-DV Program CEU site requirements for new sites:**

1. Application (Form 9) filled out completely, signed and postmarked by deadline.
2. Copy of CEU Coordinator CDVP/CPAIP Certification
  - a. The person or persons responsible for overseeing the CEUs must be a current Certified Domestic Violence Professional and/or Certified Partner Abuse Intervention Professional and must sign the certificates.
  - b. Applicant site must show proof how the certified CEU Coordinator is linked to the department providing the CEUs.
3. Copy of Proof of Business
  - a. Non-DV CEU sites must provide proof of 501(c)(3) status, articles of incorporation, or other documentation indicating proof of legitimate business in operation for minimum of 5 years.
4. Past workshop/training/conference flyer that includes:
  - 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.
  - a. One continuing education unit equals one hour of instruction. A workshop/training/conference must be a **minimum of one hour in length**.
  - b. CEU content must be related to the 40-hour Domestic Violence training content, or 20-hour PAIP training content listed in the ICDVP Manual. ICDVP certified CEU training sites are required to ensure that this standard is met.
  - c. During a CEU training, any time devoted to announcements, welcoming speeches, lunch and other social events are not included in the total number of hours. A working lunch or lunch/learn is eligible for the amount of training time provided.
6. Copy of CEU workshop attendance monitoring document. (See "Forms" for example)
  - a. The attendance monitoring document may simply include participant sign in/sign out sheets used during the training.
  - b. CEU sites must be able to provide documentation to anyone who attends their workshop/training and agree to keep copies for five years for each person attending the training.
7. Copy of training evaluation form. (See "Forms" for example.)
8. Copy of completion certificate/letter. It must include the following:
  - a. The name of the agency providing the CEUs
  - b. Date of CEU training

- c. Title of CEU training
- d. Name of Participant
- e. The number of CEUs provided.
- f. Signature of training coordinator who is currently certified.
- g. Language that states agency is an ICDVP Certified CEU training site.
9. Statement on how the agency/department providing the CEU training has valid experience in the field of DV which may include explanation on how the agency has served individuals/families impacted by Domestic Violence, past relationship with a DV agency, past volunteer services with a DV agency, etc.
  - a. Include a brief statement on how the agency/department incorporates Victim/Survivor Empowerment and Social Activism/Social Change into the trainings.
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.
  - a. Include Proof of Accreditation for higher education program or Illinois Department of Financial and Professional Regulation (IDFPR) CEU provider status or other evidence of "expertise" in field of service for agency/department that will be providing CEU training.
11. Copy of mission statement.
12. Certified check or money order payable to ICDVP, Inc. (\$300—first year, \$150—every renewal year.)

During the first approval year approximately 6-8 weeks prior to a conference, a copy of the conference brochure must be electronically submitted to ICDVP.

- All brochures must state that the CDVP/CPAIP CEUs are provided by an ICDVP certified CEU Site.
- The ICDVP Board reserves the right to deny any single conference that does not meet ICDVP CEU guidelines. Conferences that provide ICDVP CEUs can be posted on the ICDVP website.
- All topics seeking CDVP/CPAIP CEU approval must be related to the required topics covered in the 40-hour domestic violence and/or 20-hour PAIP trainings. CEU topics not related to the 40-hour training and/or 20-hour PAIP training will not count towards CDVP/CPAIP renewal. Final approval of CEU trainings is at the discretion of the ICDVP Standards Committee.

Non-DV CEU site certification lasts one year.

- Non-DV CEU sites will be required to submit an application for renewal. The ICDVP Board reserves the right to make site visits.
- The ICDVP Board reserves the right to revoke Non-DV CEU site approval if that site no longer meets the requirements.
- Non-DV CEU sites will be required to notify ICDVP, Inc. of any significant organizational changes to the structure of the agency that would affect certification.

### **Procedure for application approval or renewal of a Non-DV Program CEU site**

- The ICDVP Standards Committee will review all required documentation.
- The committee will make a determination to approve or deny site certification based upon the programs ability to meet the necessary requirements.
- A written response for approval or denial will be sent to the agency.

- Denied programs may appeal the decision. (see Grievance Section)
- Denied programs may apply the following application period.

## **RENEWAL OF SITE CERTIFICATION(S)**

All DV certified sites must renew their site certification(s) every two years. All non-DV certified sites must renew their site certification every year. Expiration dates can be found on the ICDVP certificate. Applications must be submitted by the deadline or be subject to a late fee or loss of certification. If completed applications are not submitted within 30 days.

If an agency/site chooses to not renew, the certification will end 30 days past the deadline date, and the site certification information will be removed from the ICDVP website. The agency/site will have the option to apply as a new site during the next renewal period.

Signature on renewal form certifies that this agency agrees to participate in oversight and monitoring of training by ICDVP Inc.

Training and CEU sites must keep copies of training certificates for a minimum of 5 years. Supervision sites must keep proof of supervised hours provided for a minimum of 5 years. Individuals providing CPAIP supervision must keep proof of supervised hours provided for a minimum of 5 years.

Site must not require volunteers and/or employees to complete work hours prior to authorization of training or CEU certificate(s). Certificates must be provided immediately upon completion of the training or CEU.

It is the responsibility of the certified site to notify ICDVP of any significant changes from the initial or most recent renewal application as that may jeopardize current certification(s).

Denied sites may appeal as outlined in the grievance section of the manual.

## **RENEWAL OF DOMESTIC VIOLENCE TRAINING SITE (40-hr, 20/20-hr combination)**

Training sites are certified for two years.

- The ICDVP Board reserves the right to make site visits.
  - The ICDVP Board may require additional evidence demonstrating compliance with the Training Site renewal requirements. It is the responsibility of each certified site to retain or otherwise produce evidence of such compliance.
  - The ICDVP Board reserves the right to revoke training site approval if that site no longer meets the requirements.
  - Training Sites that have lost certification must apply with a new site application during the next application period to regain their certification status. **(Form 2)**.
1. Training Site Renewal section of Form 10 filled out completely, signed and postmarked by deadline.
    - a. Applications must be submitted by the deadline or be subject to a late fee. (See Fee Schedule).
  2. Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP approved 40-hour or 20-hour module/20-hour in-person or 20-hour virtual/20-hour in-person training.
  3. Copy of completed Tracking Documentation Form 11 and/or Form 11b from most recent training with trainers' signatures/initials, dates, and time frames.
  4. List of materials/bibliography/resources used to design and/or implement the training program.



5. Acknowledgement that agency's Executive Director, or in the case of multi-program agencies the DV Program Director, is 40-hour trained even if they do not have client contact and are not required to be certified.
6. Certified check or money order for \$200.00 made payable to ICDVP, Inc.

## **RENEWAL OF PAIP 20-hour TRAINING SITE**

Training site certification lasts two years.

- The ICDVP Board reserves the right to make site visits.
  - The ICDVP Board may require additional evidence demonstrating compliance with the 20-hour PAIP Site renewal requirements. It is the responsibility of each certified site to retain or otherwise produce evidence of such compliance.
  - The ICDVP Board reserves the right to revoke 20-hour PAIP training site approval if that site no longer meets the requirements.
  - 20-hour PAIP training sites that have lost certification must apply with a new site application during the next application period to regain their certification status. **(Form 3)**.
1. Training Site Renewal section of Form 10 filled out completely, signed and postmarked by deadline.
    - a. Applications must be submitted by the deadline or be subject to a late fee. (See Fee Schedule).
  2. Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP approved 20-hour PAIP training site.
  3. Copy of completed Tracking Documentation Form 12 from agency's most recent training with trainers' signatures/initials, date and time frames.
  4. List of materials/bibliography/resources used to design and/or implement the training program.
  5. Certified check or money order for \$200.00 made payable to ICDVP, Inc.

## **RENEWAL OF CDVP SUPERVISION SITE**

CDVP supervision sites are certified for two years.

- The ICDVP Board reserves the right to make site visits.
  - The ICDVP Board may require additional evidence demonstrating compliance with the Supervision Site renewal requirements. It is the responsibility of each certified site to retain or otherwise produce evidence of such compliance.
  - The ICDVP Board reserves the right to revoke supervision site approval if that site no longer meets the requirements.
  - Supervision Sites that have lost certification must apply with a new site application during the next application period to regain their certification status. **(Form 1)**.
1. Supervision Site Renewal section of Form 10 filled out completely, signed and postmarked by deadline.
    - a. Applications must be submitted by the deadline or be subject to a late fee. (See Fee Schedule).
  2. Organizational chart that includes:
    - a. Diagram that shows the structure of an organization and the clear, defined lines of authority.
    - b. Names of all supervisors.

- c. CDVP/CPAIP certification numbers and expiration dates next to all staff that are certified.
3. Explanation of how supervision of direct service staff and volunteers occurs within the agency and with external candidates.
4. Signature confirmation on Form 10 that agency ensures victims/survivors of domestic violence receive services from staff and/or volunteers who are supervised by current CDVPs.
5. Certified check or money order for \$200.00 made payable to ICDVP, Inc.

## **RENEWAL OF CEU SITE**

### **Procedure for application approval or renewal of a CEU site.**

CEU sites are certified for two years.

- The ICDVP Board reserves the right to make site visits.
  - The ICDVP Board may require additional evidence demonstrating compliance with the CEU Site renewal requirements. It is the responsibility of each certified site to retain or otherwise produce evidence of such compliance.
  - The ICDVP Board reserves the right to revoke CEU site approval if that site no longer meets the requirements.
  - CEU Sites that have lost certification must apply with a new site application during the next application period to regain their certification status. **(Form 4)**.
1. CEU Site Renewal section of Form 10 filled out completely, signed and postmarked by deadline.
    - a. Applications must be submitted by the deadline or be subject to a late fee. (See Fee Schedule).
  2. Example of proposed CEU workshop including day(s) and time frames
  3. Copy of training certificate or letter of completion. Certificate must state the agency is an ICDVP approved CEU training site.
  4. Acknowledgement that agency's Executive Director, or in the case of multi-program agencies the DV Program Director, is 40-hour trained even if they do not have client contact and are not required to be certified.
  5. Certified check or money order for \$200.00 made payable to ICDVP, Inc.

## **RENEWAL OF NON-DV CEU SITE**

### **Procedure for application approval or renewal of a Non-DV CEU site.**

NON-DV CEU sites are certified for one year and must be renewed annually.

- The ICDVP Board reserves the right to make site visits.
  - The ICDVP Board may require additional evidence demonstrating compliance with the Non-DV CEU Site renewal requirements. It is the responsibility of each certified site to retain or otherwise produce evidence of such compliance.
  - The ICDVP Board reserves the right to revoke the Non-DV CEU site approval if that site no longer meets the requirements.
  - Non-DV CEU Sites that have lost certification must apply with a new site application during the next application period to regain their certification status. **(Form 9)**.
  -
1. Non-DV CEU Site Renewal section of Form 10 filled out completely, signed and postmarked by deadline.
    - a. Applications must be submitted by the deadline or be subject to a late fee. (See Fee Schedule).

2. Example of proposed CEU workshop including day(s) and time frames
3. Copy of training certificate or letter of completion. Certificate must state the agency is an ICDVP approved CEU training site.
4. Certified check or money order for \$150.00 made payable to ICDVP, Inc.

## 40-hour TRAINING TOPICS AND DEFINITIONS

The overall purpose of the 40-hour Domestic Violence training is to provide participants with the tools necessary to effectively assist victim/survivor of Domestic Violence. In order to standardize training across the state of Illinois, the following outline was developed to provide the 40-hours of training mandated in the IDVA (Illinois Domestic Violence Act). The outline contains the list of topics required for the 40-hour Domestic Violence training. In addition, each category (and in some cases sub-category) have been assigned minimum timeframes. Programs may add materials and time for any topic as appropriate for the needs of victim/survivor served by their program as long as the list of topics and minimum timeframes are used. ICDVP chooses to assign only 34 hours of the 40-hour topics, and the approved training sites must choose the additional 6 hours of relevant training topics. A variety of teaching methods may be utilized, including role-plays, lecture, group interactive exercises or videos/other media. ICDVP requires that every approved training site conduct either the 40-hours or 20-hours of in-person training in the physical presence of a trainer. Work assigned to be completed outside of the classroom, observation, and on-the-job shadowing do not count towards the training time.

The 20-hour online training approved by ICDVP covers specific training topics. The in-person portion of the training provides information on complementary topics. Both portions are necessary to fulfill IDVA 40-hour mandate.

### FOUNDATIONS—

This section covers the history and the basic fundamentals of domestic violence. **Timeframe: 2 hours minimum**

#### 1. Definition of Domestic Violence

- A. Utilize a definition of domestic violence that includes the following two factors:
  - i. Power & control issues.
  - ii. Pattern of abusive behavior

#### 2. Historical and Feminist Perspectives

- A. Discuss milestones in the history of the world that impact the issue of domestic violence.
- B. Provide the knowledge needed to gain a better understanding of the movement to end violence against women and children.
- C. Present a brief history of the domestic violence movement on a local and national level. Include the history of your domestic violence program and/or the Illinois Coalition Against Domestic Violence or both.

#### 3. Societal and Institutional Issues

- A. Discuss how society and institutions continue to oppress women and reinforce women's victimization.
- B. Discuss how programs must couple intervention skills with the knowledge that violence against women affects all women in society and is an extension of sexist attitudes in a patriarchal system.
- C. Define oppression. Describe the impact that oppression can have on victim/survivor of domestic violence.
- D. Define social change and its role in the domestic violence movement.

- E. Discuss the necessity of advocating for social change in order to end domestic violence.

#### **4. Myths and Realities**

- A. Discuss some of the more common myths about domestic violence and their realities.

### **DYNAMICS—**

This section contains statistics and the basic concepts of domestic violence.

**Timeframe: 5 hours minimum**

#### **1. Statistics of Domestic Violence**

- A. Provide statistics that are current, up to date, and from reputable sources.

#### **2. Cycle of Violence**

- A. Discuss the three stages of the cycle:
  - i. Buildup, escalation, tension
  - ii. Explosion, battering/abuse occurs
  - iii. Sorrowful/conditional remorse/ re-capture/ reconciliation
- B. Discuss the behaviors of the victim/survivor and abuser during each stage.
- C. Discuss how the cycle may vary from situation to situation and can shorten or disappear or may never have been present in a given relationship.

#### **3. Power and Control Wheel/Types of Abuse**

- A. Define types of abuse, discuss their effects, and understand symptoms.
  - i. Emotional, economic, sexual, physical, using the children, threats, using male privilege, spiritual abuse, intimidation, isolation, technology, etc.
- B. Define defense mechanisms:
  - i. Minimization, denial, and blame.
- C. Provide an example of a Power and Control Wheel (such as the Duluth model). Include:
  - i. Power and Control dynamics may be present in the absence of physical abuse.
- D. Discuss sexual abuse in intimate relationship.

#### **4. Strangulation**

- A. Legal definition of strangulation
- B. Signs of strangulation
- C. Lethality
- D. Conducting a risk assessment
- E. Medical consequences
- F. Long-term effects
- 4.

#### **4. Barriers or Challenges to Leaving an Abusive Partner**

- A. Discuss barriers or challenges including:
  - i. Emotional, economic dependence, fear, shame/embarrassment, society, family/friends, isolation, children, shelter/housing, frequency and severity of abuse, self-esteem, beliefs about marriage, beliefs about sex role stereotypes, guilt, love, hope, immigrant status, cultural and religious norms.
- B. Educate that the most dangerous time for the victim/survivor is when they start to leave the abuser.
- C. Teach the importance of respecting the victim's/victim/survivor's choice to know when it is

best for them to leave or stay in the relationship.

## **5. Identifying Victims/Survivors**

- A. Teach participants how to facilitate a conversation with the victim/survivor about their history of abuse.
- B. Describe how abuse affects domestic violence victim/survivor's such as; physical, psychological, emotional, self-esteem, family, finances, etc.

### **DIRECT SERVICES ISSUES—**

This section deals with teaching the intervention skills needed to work with victim/survivor.

**Timeframe: 5 hours minimum**

#### **1. Counseling Domestic Violence Victim/survivor –**

- A. Educate that counseling domestic violence victim/survivor is a mutually shared effort between the advocate/counselor and victim/survivor.
- B. Teach participants to encourage the victim/survivor to direct their healing process – the victim/survivor addresses the issues they want to discuss and sets the goals for the healing process.
- C. Discuss intervention skills. Include information from the following subcategories:
  - i. ***Listening Skills***
    - 1. Development of effective listening skills is most important when learning how to work with victim/survivor.
  - ii. ***Service Planning***
    - 1. Victim/survivor and advocate/counselor need to work together in their attempt to create a service plan guided by the victim/survivor's needs and safety.
    - 2. Describe what a service plan is and define the steps involved. Service planning includes, but is not limited to, the following:
      - a. Defining what challenges and obstacles have interfered with them meeting their goals and identify strengths of the victim/survivor.
      - b. Setting goals.
      - c. Generating alternative solutions or action steps.
      - d. Evaluating the potential options.
      - e. Selecting options and discussing their implementation.
    - 3. Advocates/counselors must look to see that the victim/survivor's needs/wishes/rights are being addressed in their service plan; and conduct periodic case reviews.
  - iii. ***Confidential Communication***
    - 1. Educate on the importance of a discussion between the advocate/counselor and victim/survivor regarding both parties' responsibilities and rights.
    - 2. Describe the privileged communications between domestic violence advocate/counselor and victim/survivor as stated in the Illinois Domestic Violence Act (IDVA).
    - 3. Provide a brief description of what a confidentiality agreement is and that confidentiality must be maintained even after staff, volunteers, board members, interns and residents leave the domestic violence program.
  - iv. ***Personal and Professional Boundaries***

1. Discuss the importance of empathizing with the victim/survivor's experience and being caring, accepting, honest and trustworthy.
2. Teach how to establish clear personal and professional boundaries. Give examples.
3. Discuss how to model a professional attitude with a non-judgmental outlook.
4. Discuss the importance/legal aspects of boundaries and how they can be violated.

**v. *Empowerment Perspectives***

1. Empowerment is not telling the victim/survivor what to do but enables them to make their life changes. Empowerment is a multi-dimensional social process that helps people gain control over their lives. Through this process, power is cultivated within individuals for use in their lives, their communities, and in their society, by acting on issues that they define as important.

**3. Trauma Specific Care**

- A. Trauma Specific Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, and emotional safety for both providers and victim/survivors and that creates opportunities for victim/survivors to rebuild a sense of empowerment without being retraumatized.

**3. Defining Advocacy**

- A. Teach a definition of advocacy that is compatible with an empowerment perspective, including definitions and examples of the types of advocacy (self, individual, legal, and systems). For example:
  - i. Advocacy is the active support of and speaking on behalf of a person, group, or cause. It is a method of problem solving. Empowerment is the primary focus of advocacy – we act as agents or advocates to victim/survivors of violence in their process of redefining, experiencing, and realizing their own power.
  - ii. Self -advocacy is the empowered process of speaking on behalf of oneself to insure one's own rights and safety.
  - iii. Individual advocacy is the process of speaking on behalf of an individual or family to insure their rights and safety. Empowering individual advocacy is done in partnership with the victim/survivor. Individual advocacy is an important part of case management and supportive counseling. Examples of individual advocacy includes, accompanying a victim/survivor to their appointment with Public Aid, gathering housing options, gathering referrals and/or talking to referral sources on behalf of a victim/survivor, etc.
  - iv. Legal advocacy refers to empowerment methods of assisting a victim/survivor or group of victim/survivors in obtaining legal and human rights. It includes providing them with legal information and options, accompanying a victim/survivor or group of victim/survivors through the legal system and advocating within the legal system.
  - v. Systems advocacy refers to the process of changing and influencing systems in ways that will benefit victim/survivors of violence. It includes working to make changes to the law, government, service policies, and community attitudes. On behalf of all victim/survivors of violence and to prevent future violence system advocacy has been one of the major goals of the domestic violence movement.

### **3. Basic Crisis Intervention Skills**

- A. Teach the steps needed to assess for crisis and to work with the victim/survivor to handle the crisis.
- B. Use a definition of crisis that includes the following elements:
  - i. Stressful event occurs.
  - ii. Individual's view of event
  - iii. Usual coping methods fail
- C. Educate on ethical considerations – Crisis situations place victim/survivors in very vulnerable positions. An advocate/counselor must not impose their own values, thoughts, opinions, or viewpoints onto the victim/survivor. It is the advocate's job to offer support, education and counseling that enables the victim/survivor to function in a manner that reduces stress and enables them to develop their future goals/plans.

### **4. Referrals To, and Working with, Other Agencies/Systems**

- A. Discuss how and when to refer clients to outside agencies/systems, when it is in the best interest of the client.
- B. Provide access to agency's referral list.

### **5. Documentation – Client Files – Victim's/Survivor's Rights**

- A. Teach the importance of accuracy and appropriateness in service documentation.
- B. Educate participants on the importance of maintaining files that contain clear and accurate documentation as well as effective, necessary, and objective service provisions.
- C. Teach that a definition of victim's/victim/survivor's rights includes:
  - i. Victim's/victim/survivor's basic rights to receive free, confidential services, regardless of race, disability, religion, ethnic origin, sexual orientation, or age.
  - ii. Victim's/survivor's right to have confidential communication unless written permission is given *by* them.
  - iii. The right to make their own decisions and participate in mutually agreed upon goals, etc.
- D. Discuss how client files are maintained and accessed includes:
  - i. Agency guidelines and legal restrictions about the dos and don'ts of what is kept in client files, length and format of client files, and other relevant information.
  - ii. The importance of keeping documentation on children separate from their parent/guardian. Children's information can be subpoenaed and is not fully confidential due to current child abuse laws and reporting requirements.

## **SAFETY AND ASSESSMENT—**

The goal of this section is to teach the skills needed to develop and implement safety plans, how to identify tools and skills to assist in assessing the possible danger levels that the victim/survivor may be facing and how to assesses/intervene in potential suicidal crisis situations.

**Timeframe: 2.5 hours**

### **1. Safety Planning**

- A. Teach methods for working with clients in a variety of settings (i.e., court, domestic violence program, urban, rural etc.) to develop and implement a safety plan.
- B. Educate on the importance of safety planning.
- C. Discuss empowerment vs. giving advice or directing the victim/survivor.



- D. Discuss ways to develop a safety plan to leave or stay.
- E. Provide information on items that are important to take when leaving.
- F. Educate on the use of code words for family, children, friends, or neighbors.
- G. Discuss ways to assess if the safety plan will increase safety for the victim/survivor or increase the danger.
- H. Teach the need to update the plan as the situation requires.

## **2. Lethality Assessment**

- A. Teach that advocates/counselors must always use extreme caution when assessing and discussing potential danger with a victim/survivor.
- B. Explain the danger of using scales that base the assessment on a number total.
- C. Discuss the importance of always respecting the victim/survivor's assessment of high risk.
- D. Explain current research on lethality assessment.
- E. Discuss possible steps to take if the advocate/counselor assesses that the victim/survivor is in extreme danger.

## **3. Suicide Assessment**

- A. Review tools for suicide assessment. Include:
  - i. Warning Signs
  - ii. Intervention strategies
- B. Review liability risk – for advocate/counselor and agency.
- C. Discuss the reasons to seek supervision/consultation on this issue.
- D. Review agency procedures for breaking confidentiality.

## **4. Non-Suicidal Self Injury - Self Harming Behaviors**

- A. Explain that self-harm is not an attempt at suicide.
- B. Discuss the reasons why some may use self-harming behaviors.
- C. Review the agency procedures for working with someone who self-harms.

## **PEOPLE WHO CAUSE HARM IN RELATIONSHIPS –**

This section is a review of an abuser profile and abuser intervention services. It is not meant to teach partner abuse intervention skills.

**Timeframe: 1 hour minimum**

### **1. Characteristics and Beliefs**

- A. Discuss common traits of people who abuse.
- B. Discuss the belief systems of people who abuse.

### **2. Overview of Partner Abuse Intervention Programs (PAIP)**

- A. Short explanation of either agency's partner abuse intervention program, or other local program approved by victim services program, or IDHS-approved Partner Abuse Intervention Program.

## **CHILDREN'S ISSUES—**

The goal of this section is to teach the negative effects domestic violence has on children and the ways that advocates/counselors and non-abusing parent can intervene to lessen those effects.

## **Timeframe: 3 hours minimum**

### **1. Effects of Domestic Violence on Children**

- A. Teach that children who witness domestic violence are at risk for maladaptive behaviors.
- B. Educate that the developmental areas that are affected can be any or all of the following:
  - i. Emotional
  - ii. Behavioral
  - iii. Physical
  - iv. Social
  - v. Cognitive
- C. Discuss the role of the domestic violence worker with children.
- D. Discuss the importance of providing services to children.
  - i. Long term effects of Adverse Childhood Experiences (ACEs).
- E. Discuss the role of non-abusing parent with children.

### **2. Abused and Neglected Child Reporting Act (ANCRA)**

- A. Discuss definitions and requirements of a mandated reporter.

### **3. Department of Children and Family Services (DCFS) Issues**

- A. Provide an overview of the act and how it applies to advocates/counselors. Include:
  - i. Legal requirements for reporting.
  - ii. Agency's policies and procedures for reporting.

### **4. Safety Planning with Children**

- A. Discuss the components of a child's safety plan.
- B. Educate on empowerment of the non-abusing parent and the children vs. giving advice or directing.

### **5. Working with Children**

- A. Intervention Skills – i.e., activities that focus on encouraging the child to express feelings, discuss domestic violence issues, deal with his/her feelings of anger, etc.
- B. Discussing Domestic Violence in an Age-Appropriate Manner.

### **6. Documentation of Child Client Files**

- A. Teach the importance of documentation that would not cause a victim/survivor and child any further harm.
- B. Teach the importance of maintaining files that contain clear and accurate documentation as well as effective, necessary, and objective service provisions.
- C. Discuss the legal aspects of documentation in child's file, and access by either parent or guardian according to the Illinois Mental Health and Developmental Disabilities Confidentiality Act and updates.
- D. Discuss the relationship between IDVA and the Abuse and Neglect Child Reporting Act (ANCRA).

## **TEEN DATING VIOLENCE—**

The goal of this section is to focus on how to intervene and work with teens in either a dating violence situation or a domestic violence situation.

## **Timeframe: 1 hour minimum**

### **1. Dynamics**

- A. Discuss how to help teens recognize dating violence situations.

### **2. Legal Issues for Teens**

- A. Discuss number of counseling session without parental consent.
- B. Educate on documentation and record keeping that applies to teens.
- C. Discuss issues of confidentiality that applies to teens.
- D. Teach that an Order of Protection is available to minors.

### **3. Safety Planning for Teen-Dating Violence**

- A. Discuss components of a safety plan.
- B. Educate on empowerment vs. giving advice or directing.
- C. Provide guideline on when and how to involve the parent.

## **CULTURAL HUMILITY—**

The goal of this section is to address issues of culture, ethnicity, race and religion from a culturally competent perspective.

## **Timeframe: 3 hours minimum**

### **1. Anti-Racism:**

- A. Define and discuss related words, such as: oppression, prejudice, systemic racism, institutional racism, cultural racism, individual/personal racism, white privilege, colonialism, diversity, culture, ethnocentrism, stereotyping, discrimination, tokenism, scapegoat. All these words have their roots in racism.
- B. Teach a definition of racism that incorporates the following: Race Prejudice + Power = Racism.
- C. Discuss strategies for ensuring that programs are actively anti-racist, promote women of color to leadership positions, and are accessible to all women of color.

### **2. Religion**

- A. Educate that when addressing religion and domestic violence, the discussion should be inclusive of multiple faith perspectives.
- B. Teach advocate/counselor to respect different views and values. Be aware of other beliefs and cultures.
- C. Discuss collaborating with religious communities on ways to support victim/survivor.
- D. Discuss strategies for making domestic violence services and safety planning accessible and welcoming to victim/survivors of multiple faith perspectives.

## **WORKING WITH VICTIM/SURVIVORS/VICTIMS POPULATIONS WITH COMPLEX/ISSUES—**

This section focuses on how abuse looks different for the following populations, barriers and considerations for services, and specialized safety planning.

## **Timeframe: 6 hours minimum**

### **1. Abuse Later in Life**

- a. Identify people who abuse older adults, including partners, caregivers, adult children, and grandchildren, etc.
- b. Discuss the needs of older adults experiencing abuse:
  - i. Health, Housing, Isolation and Economic concerns, etc.
  - ii. Barriers to obtaining and/or receiving services.

## **2. Adult Protective Services Act - APSIL**

- a. Provide an overview of the act and how it applies to advocates/counselors. Include:
  - i. Legal requirements for reporting.
  - ii. Agency's policies and procedures for reporting.

## **3. Rural Populations**

- a. Discuss lack of resources
- b. Identify forms of Isolation
- c. Discuss rural area dynamics and power structure
- d. Discuss rigid gender roles

## **4. Immigrant Communities**

- a. Examine the additional barriers to safety faced by immigrant and undocumented populations, such as: legal barriers; language, religion, cultural norms, domestic violence programs and legal systems that are not culturally competent or bilingual, racism for immigrant women of color, fear of losing children, additional isolation, the current anti-immigrant legislation and climate in the US, additional safety considerations (examples: kidnapping of children to another country, fear of calling the police due to immigration status of victim/survivor or abuser), greater restrictions on access to public benefits, etc.
- b. Briefly discuss legal remedies for immigrant and undocumented victim/survivors, as well as resources and referrals for more information on legal remedies.
- c. Discuss strategies for making services accessible to, and appropriate for, immigrant and undocumented victim/survivors and their children.

## **5. People with Unique Challenges**

- a. Describe the additional obstacles faced by victim/survivors with disabilities. Include:
  - i. Difficulties in obtaining and receiving services.
  - ii. Housing Needs.
  - iii. Health Needs.
  - iv. Literacy Levels.

## **6. People with Behavioral or Mental Health Issues**

- a. Discuss the effects of domestic violence on victim/survivor's mental health.
- b. Discuss reasons a victim/survivor's mental health can be compounded when involved in a domestic violence situation.

## **7. Lesbian, Gay, Bisexual, Transgender, and Queer + Relationships and Heterosexism—**

- a. Define the words: Lesbian, Bisexual, Gay, Transgender, Transsexual, Queer, Questioning, Intersex, Gender fluid, Cisgender, Non-Binary, etc. (LGBTQ+), and Allies.
- b. Define and discuss homophobia and heterosexism.

- c. Discuss issues of power and privilege for heterosexual vs. LGBTQ+ people in society. Encourage participant self-exploration.
- d. Discuss the differences and similarities of domestic violence in heterosexual and in LGBTQ+ relationships including a discussion of additional barriers faced by LGBTQ+ victim/survivors, including:
  - i. Homophobia.
  - ii. Programs and courts that are not accessible or LGBTQ+ friendly/competent (example: lack of programming and shelter).
  - iii. Fear of outing.
  - iv. Fear of losing children, job, family, housing, etc.
  - v. Fear of gay bashing.
  - vi. Increased aggressor identification difficulty (which increases the likelihood that the victim/survivor is arrested rather than the abuser).
- e. Discuss strategies for making services accessible to LGBTQ+ people experiencing domestic violence.

## **8. Substance Use and Domestic Violence**

- a. Provide a brief overview of issues related to the intersection of domestic violence and substance use. Include:
  - i. An explanation that when working with victim/survivors who have both issues it is important to address both safety and sobriety.
  - ii. Substance use does not cause domestic violence.
  - iii. Chemical dependency is a disease. Domestic violence is a learned behavior, not a disease.
  - iv. The Cycle of Substance Use Disorder. Explain that relapse is part of that cycle.
  - v. Domestic violence can impair the opportunity for recovery and threaten sobriety.
- b. Briefly discuss substance use issues that are specific to victim/survivors including:
  - i. Both substance use and domestic violence are a health risk.
  - ii. Victim/survivors may begin or increase use in response to domestic violence and/or trauma. Many victim/survivors are introduced to substances by their partner.
  - iii. Discussion needs to happen about the fact that women who use substances may be stigmatized to a greater extent than men, such as isolation. Substance use may negatively affect the victim/survivor's ability to be housed, gain custody of their children, obtain services, etc. Substance use may deter women from seeking help for fear of arrest or DCFS involvement.
  - iv. Survival skills should not be labeled as co-dependency.
  - v. Substance use may prevent the victim/survivor from assessing the level of danger posed by the abuser and reduce a victim/survivor's ability to use their safety plan.
  - vi. Abusers may sabotage treatment or prevent the victim/survivor from attending.
- c. Briefly discuss substance abuse issues that are specific to abusers. Include:
  - i. Abusers may use substance abuse to gain power and control.
  - ii. Abuser may use their addiction to justify their actions.
- d. Discuss Harm Reduction
  - i. Meet client where they are with positive regard
  - ii. Avoid using the word "addict"
  - iii. The gateway to substance use is trauma, especially Adverse Childhood Exposures.

- iv. Neuroscience states that substances can rewire the brain which allows the cycle of substance use perpetuate itself
- v. In order to determine abusive control, ask, “Do you inject yourself?” What is your ritual?”
- vi. Discuss how to increase safety with regards to substance use and appropriate referrals.

## **9. Sexually Transmitted Diseases including HIV/AIDS and HEP C**

- a. Provide a brief overview. Include:
  - i. Educate on STD’s, HIV and AIDS including
    - 1. A basic description and definition.
    - 2. Transmission methods.
    - 3. Myths and facts.
    - 4. Protection from infection.
    - 5. HIV and pregnancy.
    - 6. Confidentiality related to HIV.
- b. Discuss universal precautions. Include:
  - i. What to do when encountering blood or bodily fluids, e.g., wearing gloves, washing hands, discarding of materials appropriately, prevention of contamination

## **10. Sex work**

- A. Provide a brief introduction to the issues of sex work. Include:
  - i. Definition.
  - ii. How sex work is related to issues of domestic violence.
  - iii. Barriers to services.

## **11. Human trafficking**

- A. Define Human trafficking as force, fraud, or coercion
- B. Types of trafficking include:
  - Labor, debt bondage, domestic servitude, and organ retrieval
  - Anyone involved in sex work under the age of 18 is a victim of trafficking
- C. Crossing an international border is not a prerequisite to trafficking
- D. Most victims of trafficking are part of a vulnerable population
  - Women, children, victims of natural disasters, poverty
- E. Signs may include branding and tattoos, inability to move freely, unaware of their exact location
- F. Barriers to receiving services
- G. Safety planning

## **IDVA/LEGAL ISSUES—**

This section focuses on the legal issues related to domestic violence.

**Timeframe: 4 hours minimum**

### **1. Illinois Domestic Violence Act (IDVA)**

- A. Provide a brief historical overview of the IDVA Act.
- B. Discuss orders of protection. Include:
  - i. Protected persons on an Order of Protection (OP).
  - ii. Types and durations of orders of protection.

- iii. Burden of proof and no fees.
  - iv. Remedies.
  - v. How to enforce an OP (contempt, violation of order of protection, child abduction).
  - vi. Victim/survivor cannot be charged with violation or assisting in the violation of OP and can't give effective consent for respondent's violation.
- C. Discuss enforcing orders of protection.
  - D. Discuss law enforcement responsibilities and confidentiality.

## **2. Criminal or Civil Court - Orders of Protection**

- A. Process for obtaining an order of protection in your county.
- B. **Optional** - Discuss available options for filing criminal charges and for obtaining orders of protection in the county/counties you serve. If criminal charges are possible, review the process a victim/survivor would use.

## **3. Criminal Offenses: Assault, Domestic Battery, Violation of Order of Protection, Stalking**

- A. Provide a brief outline of what the state must prove to convict an abuser of any of these offenses.
- B. Optional – Interstate Violation of Order of Protection.

## **4. Conditions of Bond**

- A. Discussion of the Supreme Court ruling that a person charged with domestic battery or violation of order of protection must be taken before a judge to have bond set and the 72-hour bond rule for offenders arrested on any other charges where the victim/survivor is a family or household member.
- B. Differentiate between enforcement of Conditions of Bond and Orders of Protection.

## **5. Full Faith and Credit**

- A. Provide a brief discussion of federal law on how full faith and credit works; state issuing order of protection determines who is covered, what remedies are granted, duration of the order, etc. and the state enforcing the order must enforce out of state orders in the same way that they enforce orders of their own state.
  - i. How Illinois deals with full faith and credit. Include:
    - 1. Allows violation of order of protection charges to be filed for violations of out-of-state orders for remedies that are substantially the same as the remedies protected by arrest in Illinois' OP.
    - 2. Discuss how to enroll a foreign order with the Clerk of the Court

## **6. VAWA - Immigration Issues**

- A. Provide a discussion that minimally includes these three points:
  - i. Victim/survivor of domestic violence can stand in the place of their abuser and self-petition for legal residency if their abuser is a spouse who is a legal resident or citizen.
  - ii. Victim/survivor who are detained by Immigration and Customs Enforcement (ICE) and face deportation can seek a "cancellation of removal" based on domestic violence.
  - iii. Documentation of the right to be in the country is not required to file criminal

- charges or get an order of protection against the abuser.
- B. Review current state of the enforcement of Immigration Law and implications for victim/survivors.

## **7. Prohibitions Against Firearm Possession**

- A. Provide a brief discussion of the sections of the federal Gun Control Act provisions that prohibit firearm arm possession by certain respondents to orders of protection and defendants convicted of certain misdemeanor domestic violence offences. Include:
- i. Illinois Firearm Owner Identification law that prohibits possession of firearms by people convicted of domestic battery or violation of the order of protection.

*The following legal topics are important to victim/survivors of domestic violence. The ICDVP Board recognizes that qualified speakers might not be available in all areas of the state and has therefore made these topics optional. We urge programs to develop continuing legal educational programs on these topics or to encourage participants to attend appropriate trainings.*

### **1. Parentage**

- A. Discussion regarding who is a legal parent under the Illinois Parentage Act of Illinois.

### **2. Parental Responsibilities**

- A. Discussion regarding the standards allocating parenting time and significant decision making in the Illinois Marriage and Dissolution of Marriage Act and the IDVA. This discussion should also include:
- i. Parenting plans,
  - ii. Restrictions, and
  - iii. Abuse of these rights.

### **3. Child Abduction**

- A. Provide a brief overview of the child abduction statute. In a basic training the statute cannot be covered in enough detail for participants to be knowledgeable about the law. This is intended to familiarize participants to recognize that they must consult the appropriate person when any of these situations arise.

### **4. Concerns about Leaving the State**

- A. Discuss the potential legal ramifications victim/survivors face if they leave the state with a minor child or conceal the child.

## **PROFESSIONAL CONDUCT**

**Timeframe: 1.5 hour combined minimum**

### **1. Illinois CPAIP/CDVP Certification**

### **2. Certification Code Of Ethics**

- A. Discussion of ICDVP Code of Ethics.

### **3. Self-Care**

- A. Discuss ways that the advocate/counselor can manage the stress of their job. Include:
- i. Signs of burnout
  - ii. Compassion fatigue



- iii. Prevention techniques

### ***Reminder***

***ICDVP approved 40-hour trainings, including the 20-hour online module/20-hour in person and 20-hour virtual / 20-hour in-person training must add to a total of 40-hours. When using the 20-hour on-line module/20-hour in-person or 20-hour virtual / 20-hour in-person combo training, all 20-hours of the in-person training must be in the physical presence of the trainer. It is recommended that a candidate take the 20-hour on-line module section before the 20-hour in-person section of the training. No shadowing or on-the-job training can be counted towards any part of the 40-hour or 20-hour /20-hour trainings.***

# **20-hour PAIP TRAINING TOPICS AND DEFINITIONS**

The overall purpose of the abuser intervention training is to provide participants with the tools necessary for effective group facilitation with adult male intimate partner violence offenders and develop better practices. Though aspects outlined in this training will be helpful to those facilitating groups for abusers in same sex relations, who are teens or for women, the needs and dynamics of those populations are not fully addressed within this outline.

There are several important components to an effective training including modeling effective co-facilitation, addressing various learning styles and creating a learning environment. The PAIP training must include a variety of teaching styles including lecture, group interactive exercises, and role plays. The training must be co-facilitated throughout the 20 hours and it is better practices that the trainers are a male and female team. These are some learning objectives for the PAIP training:

Time frames are listed in minimum number of hours. Some sections also indicate the maximum number of hours to spend on that given section. ICDVP chooses to assign only 16 hours of the 20-hour topics, and the approved training sites must choose the additional 4 hours of relevant training topics. Each approved training site may choose to tailor the PAIP training to meet the needs of a particular class or their particular program. ICDVP requires that every approved training site conduct the 20-hours of in-person training in the presence of a trainer. Work assigned to be completed outside of the classroom, observation, and on-the-job shadowing do not count towards the training time.

## **1. Introduction (0.25 hours)**

- A. Review format and logistics of training.
- B. Describe the requirements for a protocol approved program.
- C. Gain a better understanding of the most commonly used models.
- D. Define partner abuser intervention program.
- E. Understand scope of PAIP services.
- F. Overall objectives of training:
  - i. Gain a better understanding of working with domestic violence offenders.
  - ii. Learn and practice basic group facilitation skills

## **2. Orientation to group process (0.5 hour up to 1.0 hour)**

- A. Understand the concept of group cohesiveness.
- B. Learn how to create a learning atmosphere.
- C. Assess group effectiveness.
- D. Identify barriers to self-assessment both in the facilitator and group member.
- E. Utilize the control log exercise.

## **3. Domestic Violence Information (1 hour up to 1.75 hours)**

- A. Gain a better understanding of the characteristics of abusers and their role in the group process.
- B. Describe the impact of abuse on victim/survivors, children and society.
- C. Identify ways to "be the voice of the victim/survivor" while facilitating

#### **4. PAIP Issues (2 hours)**

- A. Review the historical development of partner abuser intervention programs.
- B. Identify the key components of effective PAIP programs.
- C. Understand the theoretical components of PAIP, including system collaboration and service coordination.
- D. Compare and contrast PAIP programs and other therapeutic interventions.
- E. Identify the requirements of a protocol approved program.
- F. Describe the intake/referral process for most PAIPs.
- G. Understand the importance of assessment in terms of risk, service provision and expectations.
- H. Identify and assess individuals for group appropriateness and exclusion.
- I. Describe and define accountability in terms of the process of change.
- J. Describe key components of an effective program evaluation.

#### **5. Facilitator Issues (6 hours)**

- A. Identify the role of a facilitator.
  - i. Team, model equality
  - ii. Process vs. Therapy
- B. Understand the use of power as a facilitator.
- C. List limitations and boundaries of confidentiality.
  - i. Not IDVA
  - ii. Implications, protection of victim/survivor information
  - iii. Releases of information
  - iv. Mental Health Code
  - v. Duty to Warn
  - vi. Informed consent
  - vii. Group member confidentiality
- D. Learn how to reinforce accountability through interactions like confrontation and challenging.
- E. Identify personal beliefs or bias that may impede the group process through self - assessment.
- F. Understand the Stages of Change Model.
- G. Compare and contrast the expectations for female and male co-facilitators.
  - i. Female facilitator balance of not being intimidated or being aggressive
  - ii. Voice of the victim/survivor
  - iii. Dealing with being invisible to male participants
  - iv. Co-facilitation dynamics
  - v. Own issues
  - vi. Building a team, what if it's not working, bumps in the road
- H. Identify teaching strategies for behavior change.

#### **6. Group Dynamics (2 hours up to 3 hours)**

- A. Understand the challenges in group facilitation.
  - i. The power of dynamics, what comes out of that
  - ii. Rely on the group, not a lecture
  - iii. Group makeup- age, open vs. closed, energy level.
  - iv. Value of silence- time to process

- v. Struggles, challenging, engaging others
  - vi. Process of becoming a facilitator is parallel to group. Can't expect us not to change
- B. Utilize strategies for avoiding groupthink and colluding.
  - i. What is colluding and why does it happen
  - ii. Danger of colluding
  - iii. Subtle and overt
  - iv. Female co-facilitators not immune
  - v. Vignettes: "In The Moment" video
- C. Assess for change and accountability in group members.
  - i. Belief that people can change
  - ii. Realistic expectations

## **7. Skill Building (5 hours up to 6 hours)**

- A. Identify best practices in group facilitation.
  - i. Learn to think through options of responding
  - ii. When to employ options
  - iii. Value of de-briefing
- B. Practice facilitation skills in group simulations.
  - i. Progressive role plays: Trainers start it
  - ii. Case study
  - iii. What's missing?- Given partial information, what questions would you ask
  - iv. Mock monthly reports
- C. Assess feedback on group experience.
  - i. Group member feedback- many options how it's used
  - ii. Use of feedback from other facilitators & victim/survivor service providers
  - iii. Realistic expectations of change
- D. Damage control
  - i. Group is a fluid process
  - ii. Different ways to respond
  - iii. Undo or redo something in group
- E. Parenting
  - i. Addressing issues of parenting with DV offenders
  - ii. Raising children after abuse

## **8. Miscellaneous (up to 3.25 hours)**

- A. Certification for PAIP
- B. Working with special populations
- C. Curriculum Videos
- D. Other

# GRIEVANCE PROCEDURES

If there is a grievance against a certified individual, please follow the procedure for *Certified Individual*. If there is a grievance against a certified site, please follow the procedure for *Certified Site*. If there is a disagreement with a decision rendered by ICDVP, Inc., please follow the appeal procedure.

## GRIEVANCE PROCEDURES AGAINST ICDVP CERTIFIED PROFESSIONALS OR SITES

### Certified Individual (CDVP/CPAIP)

1. The grievance against an ICDVP certified individual must be received in writing and signed by the individual filing the grievance. The grievance is limited to issues regarding ethical conduct according to the ICDVP Code of Ethics.
2. The grievance must include a complete description of the situation and/or relevant information giving rise to the grievance and include the action desired to resolve the problem.
3. A three-member review panel from the standards committee will review the grievance and notify the subject of the grievance. If necessary, this panel will send a written request to the certified professional, and/or to the person filing the grievance for clarification of any issues. This response must be received within 30 days.
4. The review panel has 60 days from receipt of the grievance to complete any investigation and make a decision.
5. The review panel will determine if a further investigation is needed or if the panel can make a decision based on the information provided by both parties.
6. Once there is a final decision, the standards committee will notify the certified individual and the individual filing the grievance. Both parties will be provided with a letter stating the matter was investigated and no action was taken because there was no finding that the certified professional violated the ICDVP Code of Ethics; or action was taken against the individual as a result of the grievance.
7. Depending on the nature of the grievance, the outcome of the final decision may require further action up to and including contact with law enforcement or related entities.
8. If a certified professional has their certification revoked as a result of the decision, they will have a right to appeal the decision. (Refer to appeal procedure)
9. Training and/or supervision provided by an individual with revoked status will not be recognized by ICDVP, Inc.
10. Future certification eligibility for the individual with revoked status is at the sole discretion of ICDVP Inc.

ICDVP Inc. reserves the right to investigate any perceived violation of the code of ethics and take appropriate action as described above. ICDVP Inc. may report violations to the appropriate governing body.

## **Certified Site (40-hr DV, 20/20 combination DV, 20-hr PAIP, CEU, Non-DV CEU)**

1. The grievance against an ICDVP certified site must be received in writing and signed by the individual filing the grievance. The grievance is limited to issues regarding ethical conduct according to the ICDVP Code of Ethics.
2. The grievance must include a complete description of the situation and/or relevant information giving rise to the grievance and include the action desired to resolve the problem.
3. A three-member review panel from the standards committee will review the grievance and notify the subject of the grievance. If necessary, this panel will send a written request to the certified site, and/or to the person filing the grievance for clarification of any issues. This response must be received within 30 days.
4. The review panel has 60 days from receipt of the grievance to complete any investigation and make a decision.
5. The review panel will determine if a further investigation is needed or if the panel can make a decision based on the information provided by both parties. This may include a site visit.
6. Once there is a final decision, the standards committee will notify the certified site and the individual filing the grievance. Both parties will be provided with a letter stating the matter was investigated and no action was taken because there was no finding that the certified professional violated the ICDVP Code of Ethics; or action was taken against the individual as a result of the grievance.
7. Depending on the nature of the grievance, the outcome of the final decision may require further action up to and including contact with law enforcement or related entities.
8. If a certified site has their certification (s) revoked as a result of the decision, they will have a right to appeal the decision. (Refer to appeal procedure)
9. Trainings and/or supervision provided by sites with revoked status will not be recognized by ICDVP, Inc.
10. Future certification eligibility for the site with revoked status is at the sole discretion of ICDVP Inc.

ICDVP Inc. reserves the right to investigate any perceived violation of the code of ethics and take appropriate action as described above. ICDVP Inc. may report violations to the appropriate governing body.

## **APPEAL PROCEDURES**

If an individual or site is denied certification, renewal of certification, or is seeking a reconsideration of a decision rendered by ICDVP, Inc. they have a right to file an appeal.

1. The appeal must be in writing and must include a complete description of the situation and/or relevant information giving rise to the appeal and include the action desired to resolve the problem. The appeal must be submitted and signed within 30 days of receipt of the decision rendered by ICDVP, Inc.
2. A three-person review panel will be chosen from the ICDVP Board. The panel will review the appeal and, If necessary, request clarification of any issues.
3. The review panel has 60 days from receipt of the appeal to complete any investigation and make a decision.
4. The decision will be mailed, certified and return receipt, to the individual or site.
5. If the decision has the potential to jeopardize site certification, a copy of the letter will also be sent to the Executive Director.

6. If the individual or site wants to appeal the original decision they must submit an appeal, in writing and signed, within 30 days of receipt of the decision.
7. That appeal will be brought to the full board at the next board meeting and that decision will be final.

# FORMS

The ICDVP Board states that any staff/volunteer that provides direct services at a domestic violence program is required to be 40-hour trained in order to be granted the confidentiality status under the IDVA law. In addition to the certification requirement for supervisors, the ICDVP board stipulates that all Executive Directors (or in the case of multi-program agencies the Domestic Violence Program Director) be 40-hour trained even if they are not having client contact and are not required to be certified.

All forms can be found on the ICDVP Inc. website.

## Forms:

1. CDVP Supervision Site Application
2. 40-hour Training Site Application
  - a. 2A – 20-hour virtual / 20-hour in-person Training Site Application
  - b. 2B - 20-hour module / 20-hour in-person Training Site Application
3. PAIP Training Site Application
4. CEU Site Application
5. Petition For Approval of CEUs for Committee/Board Participation
6. Petition For Approval of CEUs from non-ICDVP Certified Site or College Course
7. Petition For Approval of CEUs for Teaching/Training Facilitation
8. Individual Certification Renewal Application
9. Non-DV Program CEU Site Application
10. Training/Supervision/CEU Site Renewal Application
11. Tracking Documentation for 40-Hour Domestic Violence Training
  - a. 11B – Tracking Documentation for 20/20 DV Training
12. Tracking Documentation for PAIP Training
13. Grievance Form



## FORM 1 – CDVP SUPERVISION SITE APPLICATION

CDVP Supervision Site Application			
Name of Agency:			
Address:			
Contact Person:			
Telephone:	E-Mail:		
All Domestic Violence Direct Service Supervisor(s) Name(s)	Title	CDVP Certification # and Expiration Date	Number of Years in Position
<b>Checklist of Items to include in application</b>			
	Application form filled out completely, signed and postmarked by deadline.		
	Job Descriptions of all persons who will be providing supervision of direct service staff.		
	Copy of 501(c)(3) letter		
	Complete Agency Organizational Chart, with clear direct lines of supervision/authority, which includes: <ul style="list-style-type: none"> <li>a. Name/title of all CDVP/CPAIP certified staff</li> <li>b. Certification number and expiration dates of all CDVP/CPAIP certified staff</li> </ul>		
	Explanation of how supervision will take place and how trainees will interface with domestic violence victim/survivors.		
	Sample documentation for tracking of the 150 hours of satisfactory and documented services with victim/survivors		
	Statement on victim/survivor empowerment and activism/social change and how it is addressed in supervision		
	A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/survivors services provided for the past 5 years.		
	Copy of agency mission statement.		
	Proof that 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.		
	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 <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a>			

**FORM 1 continued**

☐ **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.

Does your agency charge a fee to victim/survivors of domestic violence? Yes or No

If yes, please explain:

Is your domestic violence program a member of a network or coalition? Yes or No

If yes which one(s):

For how many years:

Prior to approval of a new supervision site, a site visit may be conducted by a least two ICDVP board members.

*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 certify that my agency will provide documentation to individuals upon completion of supervision and will maintain and store documentation of all supervision participants for at least 5 years.*

*I certify that our agency will adhere to the ICDVP Code of ethics, standards and policies set forth by ICDVP, Inc.*

*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:**

## 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.<br>Any questions can be e-mailed to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a> .                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                         |
| <b>Form 2 continued</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                         |
| <input type="checkbox"/> <b>Check box to confirm the following statement.</b><br>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<br>If yes which one(s):<br>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><br><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><br><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: |                                                                         |

# **FORM 2A – 20-HOUR VIRTUAL / 20-HOUR IN-PERSON TRAINING SITE APPLICATION**

| 20-HOUR VIRTUAL / 20-HOUR IN-PERSON TRAINING SITE APPLICATION                                                                                     |                                                                                                                                                                                                                               |                                          |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|
| Name of Agency:                                                                                                                                   |                                                                                                                                                                                                                               |                                          |                             |
| Address:                                                                                                                                          |                                                                                                                                                                                                                               |                                          |                             |
| Training Contact Person:                                                                                                                          |                                                                                                                                                                                                                               |                                          |                             |
| Telephone:                                                                                                                                        |                                                                                                                                                                                                                               | E-Mail:                                  |                             |
| 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                                                                                                      |                                                                                                                                                                                                                               |                                          |                             |
| Check whether current certified 40-hour Training Site or applying as new site                                                                     |                                                                                                                                                                                                                               |                                          |                             |
| <input type="checkbox"/> Current Certified 40-hour Training Site <input type="checkbox"/> New Site – no current ICDVP training site certification |                                                                                                                                                                                                                               |                                          |                             |
|                                                                                                                                                   | 1. Application form filled out completely, signed and postmarked by the deadline.                                                                                                                                             |                                          |                             |
|                                                                                                                                                   | 2. Job description for the staff member/trainer responsible for the coordination and oversight of the training. Job description needs to specifically include oversight of trainings as a job responsibility. (NEW SITE only) |                                          |                             |
|                                                                                                                                                   | 3. Copy of 501C(3) letter. (NEW SITE only)                                                                                                                                                                                    |                                          |                             |
|                                                                                                                                                   | 4. Copy of the agency's proposed 20-hour virtual/20-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is virtual or in-person.                                   |                                          |                             |
|                                                                                                                                                   | 5. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes and whether the topic is virtual or in-person.                                                                   |                                          |                             |
|                                                                                                                                                   | 6. Copy of 20-hour virtual/20-hour in-person attendance monitoring documentation for both the in-person and virtual portions.                                                                                                 |                                          |                             |
|                                                                                                                                                   | 7. Sample of 20-hour virtual/20-hour in-person completion certificate or letter.                                                                                                                                              |                                          |                             |
|                                                                                                                                                   | 8. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 20-hour virtual/20-hour in-person training.                                                              |                                          |                             |
|                                                                                                                                                   | 9. Bibliography of training material used for 20-hour virtual/20-hour in-person Domestic Violence training.                                                                                                                   |                                          |                             |
|                                                                                                                                                   | 10. Statement on how your agency incorporates Victim/Survivor Empowerment and Social Activism/Social Change in your training. (NEW SITE only)                                                                                 |                                          |                             |
|                                                                                                                                                   | 11. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/survivors services provided for the past 5 years. (NEW SITE only)                   |                                          |                             |
|                                                                                                                                                   | 12. Copy of agency mission statement. (NEW SITE only)                                                                                                                                                                         |                                          |                             |

|                                                                                                                                             |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                             | 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. (NEW SITE only) |
|                                                                                                                                             | 14. Copy of CDVP certificate of person(s) overseeing the training. (NEW SITE only)                                                                                                                              |
|                                                                                                                                             | 15. Check or money order for \$200.00 made payable to ICDVP, Inc. (NEW SITE only)                                                                                                                               |
| Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or email to <a href="mailto:Ilcdvp@ilcdvp.org">Ilcdvp@ilcdvp.org</a> . |                                                                                                                                                                                                                 |

### Form 2A continued

☐ **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 **20-hour virtual/20-hour in-person training site**, a site visit may be conducted by a least two ICDVP board members.

*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 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 certify that our agency will adhere to the ICDVP Code of ethics, standards and policies set forth by ICDVP, Inc.*

*Print Name of Person Completing Form:*

*Print Name of Executive Director or Domestic Violence Program Director:*

*Signature:*

*Signature:*

*Title:*

*Date:*

~~~~~STAFF USE ONLY~~~~~

|                 |                            |                |
|-----------------|----------------------------|----------------|
| <b>APPROVED</b> | <b>DENIED</b>              | <b>PENDING</b> |
| <b>Date:</b>    | <b>Reviewer Signature:</b> |                |

## FORM 2B – 20-HOUR MODULE / 20-HOUR IN-PERSON TRAINING SITE APPLICATION

| 20-HOUR MODULE / 20-HOUR IN-PERSON TRAINING SITE APPLICATION  |   |  |                             |
|---|---|--|-----------------------------|
| Name of Agency:   |   |  |                             |
| Address:  |   |  |                             |
| Training Contact Person:  |   |  |                             |
| Telephone:  |   | Fax:                                     |                             |
| E-Mail:   |   |  |                             |
| 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  |   |  |                             |
| Check whether current certified 40-hour Training Site or applying as new site   |   |  |                             |
| <input type="checkbox"/> Current Certified 40-hour Training Site <input type="checkbox"/> New Site – no current ICDVP training site certification |   |  |                             |
|   | 1. Application form filled out completely, signed and postmarked by the deadline.   |  |                             |
|   | 2. Copy of proposed 20-hour on-line modules.  |  |                             |
|   | 3. Job description for the staff member/trainer responsible for the coordination and oversight of the training. Job description needs to specifically include oversight of trainings as a job responsibility. (NEW SITE only) |  |                             |
|   | 4. Copy of 501C(3) letter. (NEW SITE only)  |  |                             |
|   | 5. Copy of the agency's proposed 20-hour module/20-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is a module or in-person.                                   |  |                             |
|   | 6. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes and whether the topic is module or in-person.  |  |                             |
|   | 7. Copy of 20-hour module/20-hour in-person attendance monitoring documentation for both the in-person and module portions.   |  |                             |
|   | 8. Sample of 20-hour module/20-hour in-person completion certificate or letter.   |  |                             |
|   | 9. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 20-hour module/20-hour in-person training.   |  |                             |
|   | 10. Bibliography of training material used for 20-hour module/20-hour in-person Domestic Violence training.   |  |                             |
|   | 11. Statement on how your agency incorporates Victim/Survivor Empowerment and Social Activism/Social Change in your training. (NEW SITE only)   |  |                             |
|   | 12. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/survivors services provided for the past 5 years (NEW SITE only)                    |  |                             |

|   |   |
|---|---|
|   | 13. Copy of agency mission statement. (NEW SITE only)   |
|   | 14. 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. (NEW SITE only) |
|   | 15. Copy of CDVP certificate of person(s) overseeing the training. (NEW SITE only)  |
|   | 16. Check or money order for \$200.00 made payable to ICDVP, Inc. (NEW SITE only)   |
| Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or email to <a href="mailto:Ilcdvp@ilcdvp.org">Ilcdvp@ilcdvp.org</a> . |   |

**Form 2B continued**

☐ **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 **20-hour module/20-hour in-person training site**, a site visit may be conducted by a least two ICDVP board members.

*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 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 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:</i> | <i>Print Name of Executive Director or Domestic Violence Program Director:</i> |
| <i>Signature:</i>                            | <i>Signature:</i>  |
| <i>Title:</i>                                | <i>Date:</i>   |

|   |                            |                |
|---|----------------------------|----------------|
| ~~~~~ <b>STAFF USE</b><br><b>ONLY</b> ~~~~~ |                            |                |
| <b>APPROVED</b>                             | <b>DENIED</b>              | <b>PENDING</b> |
| <b>Date:</b>                                | <b>Reviewer Signature:</b> |                |



## FORM 3 – PAIP TRAINING SITE APPROVAL

|   |  |  |                             |
|---|--|--|-----------------------------|
| Application for PAIP Training Site Approval   |  |  |                             |
| Name of Agency:   |  |  |                             |
| Address:  |  |  |                             |
| Training Contact Person:  |  |  |                             |
| Telephone:  |  | E-Mail:                                  |                             |
| Name(s) of all persons providing oversight of training.   | Title  | CDVP Certification # and Expiration Date | Number of Years in Position |
|   |  |  |                             |
|   |  |  |                             |
|   |  |  |                             |
| <b>Checklist of Items to include in application</b>   |  |  |                             |
|   | 1. Application filled out completely, signed and postmarked by deadline.   |  |                             |
|   | 2. Job description for the staff member/trainer responsible for the coordination and oversight of the training Job description needs to specifically include oversight of trainings as a job responsibility. |  |                             |
|   | 3. Copy of 501C(3) letter OR Copy of Articles of Incorporation.  |  |                             |
|   | 4. Copy of the original IDHS protocol approval letter and copy of the most recent IDHS compliance renewal letter indicating compliance for at least the past five years.                                     |  |                             |
|   | 5. Copy of the agency's proposed PAIP training schedule/agenda, which includes days and times.   |  |                             |
|   | 6. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes.  |  |                             |
|   | 7. Copy of the PAIP training attendance monitoring document.   |  |                             |
|   | 8. Sample of the PAIP completion certificate or letter.  |  |                             |
|   | 9. Statement of policies and procedures regarding tardiness/make-up policy for the training.   |  |                             |
|   | 10. Bibliography of training material used for the PAIP training.  |  |                             |
|   | 11. Statement on how your agency incorporates abuser stages of change and the importance of the victim/survivor's voice within PAIP in your training.  |  |                             |
|   | 12. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence/PAIP services provided for the past 5 years.                              |  |                             |
|   | 13. Copy of agency mission statement.  |  |                             |
|   | 14. Copy of CPAIP certificate of person(s) overseeing the PAIP 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.<br>Any questions can be e-mailed to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a> |  |  |                             |

Form 3 continued

Do you provide training in any language other than English: If so, which language(s)

Is your agency 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 PAIP training site, a site visit may be conducted by a least two ICDVP board members.

*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 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 certify that our agency will adhere to the ICDVP Code of ethics, standards and policies set forth by ICDVP, Inc.*

*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:**

# **FORM 3A – 4-HOUR VIRTUAL/16-HOUR IN-PERSON TRAINING SITE APPLICATION**

| 4-HOUR VIRTUAL / 16-HOUR IN-PERSON TRAINING SITE APPLICATION                                                                                      |                                                                                                                                                                                                                               |                                           |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|
| Name of Agency:                                                                                                                                   |                                                                                                                                                                                                                               |                                           |                             |
| Address:                                                                                                                                          |                                                                                                                                                                                                                               |                                           |                             |
| Training Contact Person:                                                                                                                          |                                                                                                                                                                                                                               |                                           |                             |
| Telephone:                                                                                                                                        |                                                                                                                                                                                                                               | E-Mail:                                   |                             |
| Name(s) of all persons providing oversight of training.                                                                                           | Title                                                                                                                                                                                                                         | CPAIP Certification # and Expiration Date | Number of Years in Position |
|                                                                                                                                                   |                                                                                                                                                                                                                               |                                           |                             |
|                                                                                                                                                   |                                                                                                                                                                                                                               |                                           |                             |
| Checklist of Items to include in application                                                                                                      |                                                                                                                                                                                                                               |                                           |                             |
| Check whether current certified 20-hour PAIP Training Site or applying as new site                                                                |                                                                                                                                                                                                                               |                                           |                             |
| <input type="checkbox"/> Current Certified 20-hour Training Site <input type="checkbox"/> New Site – no current ICDVP training site certification |                                                                                                                                                                                                                               |                                           |                             |
|                                                                                                                                                   | 1. Application form filled out completely, signed and postmarked by the deadline.                                                                                                                                             |                                           |                             |
|                                                                                                                                                   | 2. Job description for the staff member/trainer responsible for the coordination and oversight of the training. Job description needs to specifically include oversight of trainings as a job responsibility. (NEW SITE only) |                                           |                             |
|                                                                                                                                                   | 3. Copy of 501C(3) letter OR Copy of Articles of Incorporation (NEW SITE only)                                                                                                                                                |                                           |                             |
|                                                                                                                                                   | 4. Copy of the original IDHS protocol approval letter and copy of the most recent IDHS compliance renewal letter indicating compliance for at least the past five years.                                                      |                                           |                             |
|                                                                                                                                                   | 5. Copy of the agency's proposed 4-hour virtual/16-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is virtual or in-person.                                    |                                           |                             |
|                                                                                                                                                   | 6. Copy of agency's tracking documentation form including training topics, subtopics and required timeframes and whether the topic is virtual or in-person.                                                                   |                                           |                             |
|                                                                                                                                                   | 7. Copy of 4-hour virtual/16-hour in-person attendance monitoring documentation for both the in-person and virtual portions.                                                                                                  |                                           |                             |
|                                                                                                                                                   | 8. Sample of 4-hour virtual/16-hour in-person completion certificate or letter.                                                                                                                                               |                                           |                             |
|                                                                                                                                                   | 9. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 4-hour virtual/16-hour in-person training.                                                               |                                           |                             |
|                                                                                                                                                   | 10. Bibliography of training material used for 4-hour virtual/16-hour in-person Domestic Violence training.                                                                                                                   |                                           |                             |
|                                                                                                                                                   | 11. Statement on how your agency incorporates abuser stages of change and the importance of the victim/survivor's voice within PAIP in your training. (NEW SITE only)                                                         |                                           |                             |
|                                                                                                                                                   | 12. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/PAIP services provided for the past 5 years. (NEW SITE only)                        |                                           |                             |

|                                                                                                                                             |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|                                                                                                                                             | 13. Copy of agency mission statement. (NEW SITE only)                               |
|                                                                                                                                             | 14. Copy of CPAIP certificate of person(s) overseeing the training. (NEW SITE only) |
|                                                                                                                                             | 15. Check or money order for \$200.00 made payable to ICDVP, Inc. (NEW SITE only)   |
| Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or email to <a href="mailto:Ilcdvp@ilcdvp.org">Ilcdvp@ilcdvp.org</a> . |                                                                                     |

|                          |
|--------------------------|
| <b>Form 3A continued</b> |
|--------------------------|

|                                                                                      |
|--------------------------------------------------------------------------------------|
| 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<br>If yes which one(s):<br>For how many years: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Prior to approval of a <b>4-hour virtual/16-hour in-person training site</b> , 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><br><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><br><i>I certify that our agency will adhere to the ICDVP Code of ethics, standards and policies set forth by ICDVP, Inc.</i> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                              |                                                                                |
|----------------------------------------------|--------------------------------------------------------------------------------|
| <i>Print Name of Person Completing Form:</i> | <i>Print Name of Executive Director or Domestic Violence Program Director:</i> |
| <i>Signature:</i>                            | <i>Signature:</i>                                                              |
| <i>Title:</i>                                | <i>Date:</i>                                                                   |

|                          |                            |                |
|--------------------------|----------------------------|----------------|
| ~~~~~STAFF USE ONLY~~~~~ |                            |                |
| <b>APPROVED</b>          | <b>DENIED</b>              | <b>PENDING</b> |
| <b>Date:</b>             | <b>Reviewer Signature:</b> |                |

## FORM 4 – CONTINUING EDUCATION SITE APPROVAL

|                                                                                                                                                                                                              |       |                                                   |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------|-----------------------------|
| Application for Continuing Education Site Approval                                                                                                                                                           |       |                                                   |                             |
| Name of Agency:                                                                                                                                                                                              |       |                                                   |                             |
| Address:                                                                                                                                                                                                     |       |                                                   |                             |
| Training Contact Person:                                                                                                                                                                                     |       |                                                   |                             |
| Telephone                                                                                                                                                                                                    |       | E-Mail                                            |                             |
| Name(s) of all persons providing oversight of training.                                                                                                                                                      | Title | CDVP or CPAIP Certification # and Expiration Date | Number of Years in Position |
|                                                                                                                                                                                                              |       |                                                   |                             |
|                                                                                                                                                                                                              |       |                                                   |                             |
|                                                                                                                                                                                                              |       |                                                   |                             |
| <b>Checklist of Items to include in application for CEU sites</b>                                                                                                                                            |       |                                                   |                             |
| 1. Application filled out completely, signed and postmarked by deadline.                                                                                                                                     |       |                                                   |                             |
| 2. Job description for the staff member/trainer responsible for the coordination and oversight of the training Job description needs to specifically include oversight of trainings as a job responsibility. |       |                                                   |                             |
| 3. Copy of 501C(3) letter OR copy of Articles of Incorporation                                                                                                                                               |       |                                                   |                             |
| 4. At least one example of proposed CEU workshop/training including time frames.                                                                                                                             |       |                                                   |                             |
| 5. Copy of CEU workshop/training attendance monitoring document.                                                                                                                                             |       |                                                   |                             |
| 6. Copy of evaluation form.                                                                                                                                                                                  |       |                                                   |                             |
| 7. Copy of completion certificate or letter.                                                                                                                                                                 |       |                                                   |                             |
| 8. <b>Victim/survivor services providers</b> – Statement on how your agency incorporates victim/survivor empowerment and social activism/social change in your training.                                     |       |                                                   |                             |
| 9. <b>Partner Abuse service providers</b> – Statement on how your agency incorporates abuser stages of change and the importance of the victim/survivor's voice within PAIP in your training.                |       |                                                   |                             |
| 10. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence/PAIP services provided for the past 5 years.                              |       |                                                   |                             |
| 11. Copy of agency's mission statement.                                                                                                                                                                      |       |                                                   |                             |
| 12. 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.<br>Any questions can be e-mailed to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a>              |       |                                                   |                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------|
| Form 4 continued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                         |
| Do you provide training in any language other than English: If so, which language(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                         |
| Is your agency a member of a domestic violence network or domestic violence coalition?<br>Yes or No<br>If yes which one(s):                      For how many years:                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                         |
| Prior to approval of a new CEU 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><br><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><br><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: |                                                                         |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Petition For Approval of CEUs For Committee/Board Participation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                |
| <p>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.</p> <p>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.)</p> |                                                                                                                           |                |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |                |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E-Mail Address:                                                                                                           |                |
| Certification Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Request:                                                                                                          |                |
| <b>Checklist of Items to include in application</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Petition form filled out completely, signed, included with renewal application and postmarked by deadline.             |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. Attach documentation of attendance (copy of minutes which lists committee attendees, date, and time frame of meeting). |                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Petition Fee \$10 in the form of a check or money order made payable to ICDVP, Inc.                                    |                |
| <p>Mail the completed application and requested materials to ICDVP, P.O. Box 429, LaGrange, IL 60525.<br/>Any questions can be e-mailed to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                |
| <b>Provide the following information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |                |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | Date           |
| ~~~~~STAFF USE ONLY~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                |
| <b>APPROVED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DENIED</b>                                                                                                             | <b>PENDING</b> |
| <b>Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Reviewer Signature:</b>                                                                                                |                |

## FORM 6 – PETITION FOR CEU TRAINING (Non-ICDVP Certified Site) or COLLEGE COURSE

|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>Petition for Approval of CEU Training (Non-ICDVP Certified Site) or College Course</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                        |                  |
| This form is to be used by individuals who are CDVP/CPAIP and have attended a training that does not provide ICDVP certified continuing educational units. One petition is required for each training. One petition is required for the college course(s). The date and number of CEUs/credit hours must be included on any documentation. |                                                                                                                                                                        |                  |
| Name:                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        |                  |
| Address:                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                  |
| Telephone:                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        | E-Mail Address:  |
| Certification Number:                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        | Date of Request: |
| <b>Checklist of Items to include in application:</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                        |                  |
| 1.                                                                                                                                                                                                                                                                                                                                         | Petition form filled out completely, signed, included with renewal application, and postmarked by deadline.                                                            |                  |
| 2.                                                                                                                                                                                                                                                                                                                                         | Attach documentation of attendance (certificate, letter of verification, official transcript showing a passing grade, and the college course description or syllabus). |                  |
| 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.<br>Any questions can be e-mailed to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a>                                                                                                                                            |                                                                                                                                                                        |                  |
| <b>Provide the following information</b>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                  |
| Name of Training or College Course:                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |                  |
| Date of Training or College Course:                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |                  |
| Name of Organization/Agency sponsoring training/college course:                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |                  |
| 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.                                                                                                |                                                                                                                                                                        |                  |
| Signature:                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        | Date:            |
| ~~~~~STAFF USE ONLY~~~~~                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                  |
| <b>APPROVED</b>                                                                                                                                                                                                                                                                                                                            | <b>DENIED</b>                                                                                                                                                          | <b>PENDING</b>   |
| Date:                                                                                                                                                                                                                                                                                                                                      | Reviewer Signature:                                                                                                                                                    |                  |



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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| <b>Petition For Approval Of Teaching Or Training At A Domestic Violence Class Or Conference</b><br><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> |                     |                  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                  |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | E-Mail Address:  |
| Certification Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | Date of Request: |
| <b>Checklist of Items to include in application</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |
| 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.<br>Any questions can be e-mailed to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |
| <b>Provide the following information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                  |
| 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             |
| <b>~~~~~STAFF USE ONLY~~~~~</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                  |
| <b>APPROVED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DENIED</b>       | <b>PENDING</b>   |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Reviewer Signature: |                  |

## FORM 8 – INDIVIDUAL CERTIFICATION RENEWAL

| Individual Certification Renewal Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                  |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|-------|
| Check which certification is being renewed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CDVP             | CPAIP |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                  |       |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                  |       |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | E-Mail Address:  |       |
| Certification #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Date of Request: |       |
| CDVP/CPAIP Renewal Application Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                  |       |
| <ol style="list-style-type: none"> <li>1. CDVP and CPAIP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.</li> <li>2. The certification may be renewed by completion of the required renewal form and submitting proof that 30 hours of Continuing Education units have been obtained since the professional's last renewal.</li> <li>3. All Continuing Education units must be related to the 40-hour Domestic Violence training and/or 20-hour PAIP training content.</li> <li>4. Renewal forms may be submitted no sooner than <b>two</b> months prior to expiration of certification.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                  |       |
| Checklist of Items to include in application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                  |       |
| <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Include copies of attendance certificates/letters for all CEU trainings, workshops, conferences, teaching, committee/board participation to be considered for CEU Renewal credit on page 2 of the renewal form.</li> <li>4. Include all applicable Petition Forms for non-ICDVP approved CEU trainings/workshops, college credit, teaching or committee/board participation and the required petition fee.</li> <li>5. Check or money order for the \$75.00 renewal fee and all applicable petition fees made payable to ICDVP, Inc. Renewal fee and petition fees can be combined into one payment. Only one certification renewal/individual per payment.</li> </ol> |  |                  |       |
| <p>Mail the completed application and requested materials to<br/> ICDVP, P.O. Box 429, LaGrange, IL 60525.<br/> Any questions can be e-mailed to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                  |       |

| <b>Form 8 continued</b><br><b>LIST EACH ITEM FOR CEU CREDIT. This should match supporting documentation.</b>                                                                                                                                                                                                      |                                                                                            |           |                |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------|----------------|--------------------------------------|
| Attendance Date                                                                                                                                                                                                                                                                                                   | Name of training/workshop, teaching/facilitation, college credit, committee/board activity | CEU Hours | ▪ if In-person | ▪ if Petition (attach petition form) |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
|                                                                                                                                                                                                                                                                                                                   |                                                                                            |           |                |                                      |
| Grand Total number of hours submitted                                                                                                                                                                                                                                                                             |                                                                                            |           |                |                                      |
| I certify that to my knowledge the above information is correct. I understand that submitting false information can result in my renewal application being denied and may affect my status as an Illinois Certified Domestic Violence Professional or Illinois Certified Partner Abuse Intervention Professional. |                                                                                            |           |                |                                      |
| Signature                                                                                                                                                                                                                                                                                                         |                                                                                            | Date      |                |                                      |
| ~~~~~ <b>STAFF USE ONLY</b> ~~~~~                                                                                                                                                                                                                                                                                 |                                                                                            |           |                |                                      |

|                 |                            |                |
|-----------------|----------------------------|----------------|
| <b>APPROVED</b> | <b>DENIED</b>              | <b>PENDING</b> |
| <b>Date:</b>    | <b>Reviewer Signature:</b> |                |
|                 |                            |                |

## Form 9 - NON-DV PROGRAM CONTINUING EDUCATION SITE APPROVAL

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                   |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Application for ICDVP CEU Status<br>(Non-Domestic Violence Program Applicants Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                   |               |
| Name of Agency:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                   |               |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                   |               |
| Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                   |               |
| Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | E-Mail        |
| CEU Coordinator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   | CDVP/CPAIP #: |
| Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   | E-Mail        |
| <b>Checklist of Items to include in application</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                   |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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:<br>a. learning objectives<br>b. content with timeframes including all breakout sessions<br>c. conference agenda<br>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.<br>Any questions can be mailed or e-mail to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |               |
| <b>The signature below certifies that your agency:</b> <ul style="list-style-type: none"> <li>• Agrees to a possible site visit prior to final approval of first year application.</li> <li>• Agrees to submit all future conference brochures to ICDVP 6-8 weeks prior to conference date.</li> <li>• Understands that the ICDVP Board reserves the right to deny any single conference that does not meet ICDVP guidelines.</li> <li>• Will provide documentation to individuals that complete your trainings.</li> <li>• Will store documentation of all training participants for a minimum of 5 years.</li> </ul> |                                                                                                                                                                                                                                                                                                                   |               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------|
| <ul style="list-style-type: none"> <li>• To send all required materials as stated in the ICDVP manual to ICDVP at the end of each approved year.</li> <li>• Agrees to have current CDVP/CPAIP certified individual oversee all trainings.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                     |                     |                |
| <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> |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Reviewer Signature: |                |

# Form 10 – RENEWAL FOR TRAINING/SUPERVISION/CEU SITE APPROVAL

## Renewal Application for Training/Supervision/CEU Site Approval

This form can only be used by agencies that have been previously approved by the ICDVP Board and are in good standing.

☐ Check this box if you are renewing as a Non-Domestic Violence Program. Complete sections A, D, G and H.

Name of Agency:

Address:

Training Contact Person:

Telephone:

E-Mail:

| B. Training Coordinator(s) Name(s)           | Title | CDVP Certification # and Expiration Date | Number of Years in Position |
|----------------------------------------------|-------|------------------------------------------|-----------------------------|
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
| C. Supervisor(s) Name(s)                     | Title | CDVP Certification # and Expiration Date | Number of Years in Position |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
| D. Name of person(s) overseeing CEU training | Title | CDVP Certification # and Expiration Date | Number of Years in Position |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |
|                                              |       |                                          |                             |

### A. Include the following for Domestic Violence Training site renewal.

- Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP approved 40-hour or 20/20 combination training site.
- Copy of completed Tracking Documentation Form 11 and/or Form 11b from most recent training with trainers' signatures/initials, dates, and timeframes.
- List of most recent materials/bibliography/resources used in the design and/or implement the training.
- **Check box if renewing training site status.** Signature on form certifies that this agency agrees to participate in oversight and monitoring of training by ICDVP, Inc. and that the agency will store documentation of all 40-hour and 20/20-hour trained participants for at least 5 years.

| Form 10 continued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>F. Include the following for PAIP Training site renewal.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                          |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP approved PAIP training site.                                                                                                                           |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Copy of completed Tracking Documentation Form from agency's most recent training with trainers' signatures/initials, dates and time frames.                                                                                                                                                              |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | List of most recent materials/bibliography/resources used in the design and/or implement the training.                                                                                                                                                                                                   |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • <b>Check box if renewing training site status.</b> Signature on form certifies that this agency agrees to participate in oversight and monitoring of training by ICDVP, Inc. and that the agency will store documentation of all PAIP trained participants for at least 5 years.                       |
| <b>G. Include the following for Supervision site renewal.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                          |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Organizational chart that includes the following: clear, defined lines of authority, names of supervisors and CDVP/CPAIP with certification numbers and expiration dates placed next to staff that are certified.                                                                                        |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Explanation of how supervision of direct service staff and volunteers occurs within the agency and with external candidates.                                                                                                                                                                             |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • <b>Check box if renewing supervision site status.</b> Signature on form certifies that this agency agrees to participate in oversight and monitoring of training by ICDVP, Inc. and that the agency will store documentation of all supervisees for at least 5 years.                                  |
| <b>H. Include the following for CEU site renewal (DV and non-DV)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                          |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP approved training site.                                                                                                                                |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Copy of CEU notice/flyer provided during previous certification period that matches above certificate.                                                                                                                                                                                                   |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Check box if renewing CEU site status.</b> Signature on form certifies that this agency will participate in oversight and monitoring of training by ICDVP, Inc. and that the agency will maintain and store documentation of all CEU training participants for at least 5 years                       |
| <b>I. Include the following for all types of renewals.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          |
| <p style="text-align: center;"><i>Circle all that apply for this renewal period:</i></p> <p style="text-align: center;"><b>40hr in-person training   PAIP Training   Supervision   CEU Training</b></p> <p style="text-align: center;"><b>*20-hour module / 20-hour in-person training   *20-hour virtual / 20-hour in-person training</b></p>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                          |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Completed and signed application form postmarked by deadline.                                                                                                                                                                                                                                            |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Check or money order for \$200.00 for <b>each</b> certified site renewal, made payable to ICDVP, Inc. (example: provide a check for \$600.00 if renewing status for training/supervision and CEU)                                                                                                        |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Non-DV agency CEU site only--</b> Check or money order payable to ICDVP, Inc. for \$150.00.                                                                                                                                                                                                           |
| ▪                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Check box to confirm the following statement.</b> 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. |
| Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          |
| <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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Print Name of Executive Director or Domestic Violence Program Director:                                                                                                                                                                                                                                  |

|                                   |                   |
|-----------------------------------|-------------------|
|                                   |                   |
| <i>Signature:</i>                 | <i>Signature:</i> |
| <i>Title:</i>                     | <i>Date:</i>      |
| ~~~~~ <b>STAFF USE ONLY</b> ~~~~~ |                   |

|                 |                            |                |
|-----------------|----------------------------|----------------|
| <b>APPROVED</b> | <b>DENIED</b>              | <b>PENDING</b> |
| <b>Date:</b>    | <b>Reviewer Signature:</b> |                |
|                 |                            |                |



# Form 11 - 40-Hour Domestic Violence Training (all in person)

## Tracking Documentation Form

**Agency Name:** \_\_\_\_\_

This document serves to verify that this staff/volunteer person has completed the 40-hour training, as required by the guidelines of the Illinois Domestic Violence Act and the Illinois Certified Domestic Violence Professional requirements.

*Note: This form allows for the agency to determine the topic/timeframe for an additional 6 hours– but it is required that these topics/ timeframes are place in the appropriate sections on this form. The ICDVP Board requires the use of this form by all approved ICDVP training sites. It is recommended that a copy of this form be placed in the employee’s personnel file.*

Staff/Volunteer/Participant Name: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

| ICDVP Required Topics                                                                                                                                                                                                                                | Time Frame (hours) | Date/Day Covered | Trainer or Training Coordinator Initials |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|------------------------------------------|
| <b>Foundations of Domestic Violence (2 hour minimum)</b>                                                                                                                                                                                             |                    |                  |                                          |
| Definition of Domestic Violence                                                                                                                                                                                                                      |                    |                  |                                          |
| Historical and Feminist Perspectives                                                                                                                                                                                                                 |                    |                  |                                          |
| Societal and Institutional Issues                                                                                                                                                                                                                    |                    |                  |                                          |
| Myths and Realities                                                                                                                                                                                                                                  |                    |                  |                                          |
| <b>Dynamics (5 hour minimum)</b>                                                                                                                                                                                                                     |                    |                  |                                          |
| Statistics and Domestic Violence                                                                                                                                                                                                                     |                    |                  |                                          |
| Cycle of Violence                                                                                                                                                                                                                                    |                    |                  |                                          |
| Power and Control Wheel/Types of Abuse                                                                                                                                                                                                               |                    |                  |                                          |
| Strangulation                                                                                                                                                                                                                                        |                    |                  |                                          |
| Barriers or Challenges to Leaving an Abusive Partner                                                                                                                                                                                                 |                    |                  |                                          |
| Identifying Victims/Survivors                                                                                                                                                                                                                        |                    |                  |                                          |
| <b>Direct Services Issues (5 hour minimum)</b>                                                                                                                                                                                                       |                    |                  |                                          |
| Counseling DV victims/survivors <ul style="list-style-type: none"><li>• Listening Skills</li><li>• Service Planning</li><li>• Confidential Communication</li><li>• Personal and Professional Boundaries</li><li>• Empowerment Perspectives</li></ul> |                    |                  |                                          |
| Trauma Specific Care                                                                                                                                                                                                                                 |                    |                  |                                          |
| Defining Advocacy                                                                                                                                                                                                                                    |                    |                  |                                          |
| Basic Crisis Intervention Skills                                                                                                                                                                                                                     |                    |                  |                                          |
| Referrals to and Working with other Agencies/Systems                                                                                                                                                                                                 |                    |                  |                                          |
| Documentation of Client Files –Victim’s/Survivor’s Rights                                                                                                                                                                                            |                    |                  |                                          |

|                                                                            |  |  |  |
|----------------------------------------------------------------------------|--|--|--|
|                                                                            |  |  |  |
| <b>Safety and Assessment (2.5 hour minimum)</b>                            |  |  |  |
| <b>Safety Planning</b>                                                     |  |  |  |
| <b>Lethality Assessment</b>                                                |  |  |  |
| <b>Suicide Assessment: Warning Signs, Intervention Strategies</b>          |  |  |  |
| <b>Non-Suicidal Self Injury - Self Harming Behaviors</b>                   |  |  |  |
|                                                                            |  |  |  |
| <b>People Who Cause Harm in Relationships (1 hour minimum)</b>             |  |  |  |
| <b>Characteristics and Beliefs</b>                                         |  |  |  |
| <b>Overview of Partner Abuse Intervention Programs (PAIP)</b>              |  |  |  |
|                                                                            |  |  |  |
| <b>Children's Issues (3 hour minimum)</b>                                  |  |  |  |
| <b>Effects of Domestic Violence on Children</b>                            |  |  |  |
| <b>Child Abuse and Neglect Reporting Act</b>                               |  |  |  |
| <b>DCFS Issues</b>                                                         |  |  |  |
| <b>Safety Planning with Children</b>                                       |  |  |  |
| <b>Working with Children</b>                                               |  |  |  |
| <b>Documentation of Child Client Files</b>                                 |  |  |  |
|                                                                            |  |  |  |
| <b>Teen Dating Violence (1 hour minimum)</b>                               |  |  |  |
| <b>Dynamics</b>                                                            |  |  |  |
| <b>Legal Issues for Teens</b>                                              |  |  |  |
| <b>Safety Planning for Teen-Dating Violence</b>                            |  |  |  |
|                                                                            |  |  |  |
|                                                                            |  |  |  |
| <b>Cultural Humility (3 hour minimum)</b>                                  |  |  |  |
| <b>Anti-Racism</b>                                                         |  |  |  |
| <b>Religion</b>                                                            |  |  |  |
|                                                                            |  |  |  |
| <b>Working with Victims/Survivors with Complex Issues (6 hour minimum)</b> |  |  |  |
| <b>Abuse in Later Life</b>                                                 |  |  |  |
| <b>Adult Protective Services Act</b>                                       |  |  |  |
| <b>Rural Population</b>                                                    |  |  |  |
| <b>Immigrant Communities</b>                                               |  |  |  |
| <b>People with Unique Challenges</b>                                       |  |  |  |
| <b>Behavioral or Mental Health Issues</b>                                  |  |  |  |
| <b>LGBTQ+ relationships and Heterosexism</b>                               |  |  |  |
| <b>Substance Use and Domestic Violence</b>                                 |  |  |  |
| <b>Sexually Transmitted Diseases including HIV/AIDs and Hep C</b>          |  |  |  |
| <b>Sex Work</b>                                                            |  |  |  |
| <b>Human Trafficking</b>                                                   |  |  |  |
|                                                                            |  |  |  |
| <b>IDVA and Legal Issues (4 hour minimum)</b>                              |  |  |  |
| <b>IDVA Act</b>                                                            |  |  |  |
| <b>Criminal or Civil Court - Orders of Protection</b>                      |  |  |  |
| <b>Civil No Contact Order</b>                                              |  |  |  |

|                                                                                                                                                                                                                                                                                                           |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Criminal Offenses: Assault, Domestic Battery, Violation of Order of Protection, Stalking</b>                                                                                                                                                                                                           |  |  |  |
| <b>Conditions of Bond</b>                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Full Faith and Credit</b>                                                                                                                                                                                                                                                                              |  |  |  |
| <b>VAWA-Immigration Issues</b>                                                                                                                                                                                                                                                                            |  |  |  |
| <b>Prohibitions Against Firearm Possession.</b>                                                                                                                                                                                                                                                           |  |  |  |
| <b>Parentage, Parental Responsibility, Child Abduction, Leaving the State</b>                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>Professional Conduct (1.5 hour minimum)</b>                                                                                                                                                                                                                                                            |  |  |  |
| <b>Illinois CDVP/CPAIP Certification</b>                                                                                                                                                                                                                                                                  |  |  |  |
| <b>ICDVP Code of Ethics</b>                                                                                                                                                                                                                                                                               |  |  |  |
| <b>Self-Care</b>                                                                                                                                                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                           |  |  |  |
| <i><b>This form allows for the agency to determine the topic/timeframe for an additional 6 hours – but it is required that these topics/ timeframes are placed in the appropriate sections on this form. If the additional topics do not fit under any of the topics listed above, put them here.</b></i> |  |  |  |
| <b>Topic:</b>                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>Topic:</b>                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>Topic:</b>                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>Topic:</b>                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>Topic:</b>                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>Topic:</b>                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>Total hours</b>                                                                                                                                                                                                                                                                                        |  |  |  |

**Date Training Completed:** \_\_\_\_\_

# Form 11B - 20/20-Hour Domestic Violence Training

## Tracking Documentation Form

**Agency Name:** \_\_\_\_\_

This form is to be used when a certified training site is providing the 20 hr. in-person/20 hr. module training or the 20 hr. in-person/20 hr. virtual training. There is no ICDVP approved format for a full 40-hour module training, or a full 40-hour virtual training. There are 2 types of certified sites that will use this form when documenting the 40-hour training.

- 1) 20-hour in-person / 20-hour module certified site. No training component provided virtually.
- 2) 20-hour in-person / 20-hour virtual certified site. No training component provided through a module.

Topics listed in the chart as In-Person MUST be live and in the presence of a trainer. There MUST be at minimum 20 hours of In-Person training for both types of certified sites. Trainings cannot combine both Virtual and Module training options in a 40-hour training. Training sections/topics may be provided in the following options unless indicated as MUST be in-person.

1. Entire section/topic provided in-person (all certified training sites)
2. Entire section/topic provided either as module OR virtual (20/20 certified training sites)
3. Topic provided as a combination of in-person and module OR combined in-person and virtual (20/20).

|                                                                                                                            |                             |             |                        |                      |                     |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|------------------------|----------------------|---------------------|
| Agency Name:                                                                                                               |                             |             |                        |                      |                     |
| Staff/Volunteer/Participant Name:                                                                                          |                             |             |                        |                      |                     |
|                                                                                                                            |                             |             |                        |                      |                     |
| <b>ICDVP REQUIRED TOPICS</b>                                                                                               | <b>Facilitator Initials</b> | <b>Date</b> | <b>In-Person Hours</b> | <b>Virtual Hours</b> | <b>Module Hours</b> |
| <b>Foundations of Domestic Violence (2 hour minimum)</b><br><b>This section may use any of the listed training options</b> |                             |             |                        |                      |                     |
| Definition of Domestic Violence                                                                                            |                             |             |                        |                      |                     |
| Historical and Feminist Perspectives                                                                                       |                             |             |                        |                      |                     |
| Societal and Institutional Issues                                                                                          |                             |             |                        |                      |                     |
| Myths and Realities                                                                                                        |                             |             |                        |                      |                     |
| Minimum Requirement 2.0                                                                                                    | Section Total:              |             |                        |                      |                     |
| <b>Dynamics (5 hour minimum)</b><br><b>This section may use any of the listed training options</b>                         |                             |             |                        |                      |                     |
| Statistics and Domestic Violence                                                                                           |                             |             |                        |                      |                     |
| Cycle of Violence                                                                                                          |                             |             |                        |                      |                     |
| Power and Control Wheel/Types of Abuse                                                                                     |                             |             |                        |                      |                     |
| Strangulation                                                                                                              |                             |             |                        |                      |                     |
| Barriers or Challenges to Leaving an Abusive Partner                                                                       |                             |             |                        |                      |                     |
| Identifying Victims/Survivors                                                                                              |                             |             |                        |                      |                     |
| Minimum Requirement 5.0                                                                                                    | Section Total:              |             |                        |                      |                     |

|                                                                                                                                  |                |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|--|
| <b>Direct Services Issues (5 hour minimum)</b><br><b>This section MUST be In-Person</b>                                          |                |  |  |  |  |
| Counseling DV victims/survivors                                                                                                  |                |  |  |  |  |
| • Listening Skills                                                                                                               |                |  |  |  |  |
| • Service Planning                                                                                                               |                |  |  |  |  |
| • Confidential Communication                                                                                                     |                |  |  |  |  |
| • Personal and Professional Boundaries                                                                                           |                |  |  |  |  |
| • Empowerment Perspectives                                                                                                       |                |  |  |  |  |
| Trauma Specific Care                                                                                                             |                |  |  |  |  |
| Defining Advocacy                                                                                                                |                |  |  |  |  |
| Basic Crisis Intervention Skills                                                                                                 |                |  |  |  |  |
| Referrals To and Working with Other Agencies/Systems                                                                             |                |  |  |  |  |
| Documentation of Client Files – Victim's/Survivor's Rights                                                                       |                |  |  |  |  |
| Minimum Requirement 5.0                                                                                                          | Section Total: |  |  |  |  |
| <b>Safety and Assessment (2.5 hour minimum)</b><br><b>This section MUST be In-Person</b>                                         |                |  |  |  |  |
| Safety Planning                                                                                                                  |                |  |  |  |  |
| Lethality Assessment                                                                                                             |                |  |  |  |  |
| Suicide Assessment: Warning Signs, Intervention Strategies                                                                       |                |  |  |  |  |
| Non-Suicidal Self Injury - Self Harming Behaviors                                                                                |                |  |  |  |  |
| Minimum Requirement 2.5                                                                                                          | Section Total: |  |  |  |  |
| <b>People Who Cause Harm in Relationships (1 hour minimum)</b><br><b>This section may use any of the listed training options</b> |                |  |  |  |  |
| Characteristics and Beliefs                                                                                                      |                |  |  |  |  |
| Overview of Partner Abuse Intervention Programs (PAIP)                                                                           |                |  |  |  |  |
| Minimum Requirement 1.0                                                                                                          | Section Total: |  |  |  |  |
| <b>Children's Issues (3 hour minimum)</b><br><b>This section MUST be In-Person</b>                                               |                |  |  |  |  |
| Effects of Domestic Violence on Children                                                                                         |                |  |  |  |  |
| Child Abuse and Neglect Reporting Act                                                                                            |                |  |  |  |  |
| DCFS Issues                                                                                                                      |                |  |  |  |  |
| Safety Planning with Children                                                                                                    |                |  |  |  |  |
| Working with Children                                                                                                            |                |  |  |  |  |
| Documentation of Child Client Files                                                                                              |                |  |  |  |  |
| Minimum Requirement 3.0                                                                                                          | Section Total: |  |  |  |  |
| <b>Teen Dating Violence (1 hour minimum)</b><br><b>This section MUST be In-Person</b>                                            |                |  |  |  |  |
| Dynamics                                                                                                                         |                |  |  |  |  |
| Legal Issues for Teens                                                                                                           |                |  |  |  |  |
| Safety Planning for Teen-Dating Violence                                                                                         |                |  |  |  |  |
| Minimum Requirement 1.0                                                                                                          | Section Total: |  |  |  |  |
| <b>Cultural Humility (3 hour minimum)</b><br><b>This section MUST be In-Person</b>                                               |                |  |  |  |  |
| Anti-Racism                                                                                                                      |                |  |  |  |  |
| Religion                                                                                                                         |                |  |  |  |  |
| Minimum Requirement 3.0                                                                                                          | Section Total: |  |  |  |  |
| <b>Working with Survivors/Victims with Complex Issues (6 hour minimum)</b>                                                       |                |  |  |  |  |

|                                                                                                                                          |                |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|--|
| <b>This section may use any of the listed training options</b>                                                                           |                |  |  |  |  |
| Abuse in Later Life                                                                                                                      |                |  |  |  |  |
| Adult Protective Services Act                                                                                                            |                |  |  |  |  |
| Rural Population                                                                                                                         |                |  |  |  |  |
| Immigrant Communities                                                                                                                    |                |  |  |  |  |
| People with Unique Challenges                                                                                                            |                |  |  |  |  |
| Behavioral or Mental Health Issues                                                                                                       |                |  |  |  |  |
| LGBTQ+ relationships and Heterosexism                                                                                                    |                |  |  |  |  |
| Substance Use and Domestic Violence                                                                                                      |                |  |  |  |  |
| Sexually Transmitted Diseases including HIV/AIDs and Hep C                                                                               |                |  |  |  |  |
| Sex Work                                                                                                                                 |                |  |  |  |  |
| Human Trafficking                                                                                                                        |                |  |  |  |  |
| Minimum Requirement 6.0                                                                                                                  | Section Total: |  |  |  |  |
| <b>IDVA and Legal Issues (4 hour minimum)</b><br><b>This section may use any of the listed training options</b>                          |                |  |  |  |  |
| IDVA Act                                                                                                                                 |                |  |  |  |  |
| Criminal or Civil Court - Orders of Protection                                                                                           |                |  |  |  |  |
| Criminal Offenses: Assault, Domestic Battery, VOOP Protection, Stalking                                                                  |                |  |  |  |  |
| Civil No Contact Order                                                                                                                   |                |  |  |  |  |
| Conditions of Bond                                                                                                                       |                |  |  |  |  |
| Full Faith and Credit                                                                                                                    |                |  |  |  |  |
| VAWA-Immigration Issues                                                                                                                  |                |  |  |  |  |
| Prohibitions Against Firearm Possession.                                                                                                 |                |  |  |  |  |
| Parentage, Parental Responsibility, Child Abduction, Leaving the State                                                                   |                |  |  |  |  |
| Minimum Requirement 4.0                                                                                                                  | Section Total: |  |  |  |  |
| <b>Professional Conduct (1.5 hour minimum)</b><br><b>This section may use any of the listed training options</b>                         |                |  |  |  |  |
| CDVP/CPAIP Certification                                                                                                                 |                |  |  |  |  |
| ICDVP Code of Ethics                                                                                                                     |                |  |  |  |  |
| Self-Care                                                                                                                                |                |  |  |  |  |
| Minimum Requirement 1.5                                                                                                                  | Section Total: |  |  |  |  |
| <b>Additional Topics (6 hour maximum)</b><br><b>This section may use any of the listed training options to ensure 20 hours In-Person</b> |                |  |  |  |  |
|                                                                                                                                          |                |  |  |  |  |
|                                                                                                                                          |                |  |  |  |  |
|                                                                                                                                          |                |  |  |  |  |
|                                                                                                                                          |                |  |  |  |  |
|                                                                                                                                          |                |  |  |  |  |
|                                                                                                                                          |                |  |  |  |  |
|                                                                                                                                          |                |  |  |  |  |
| Maximum Allowed 6.0                                                                                                                      | Section Total: |  |  |  |  |

| <b>Facilitator Full Name</b> | <b>Initials</b> | <b>Date Presented</b> |
|------------------------------|-----------------|-----------------------|
|                              |                 |                       |
|                              |                 |                       |
|                              |                 |                       |
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|                              |                 |                       |
|                              |                 |                       |

## Form 12 - PAIP Training (all in person)

### Tracking Documentation Form

#### ***Agency Name:***

This document serves to verify that this staff/volunteer person has completed the PAIP training, as required by the Illinois Certified Domestic Violence Professional requirements.

|             |                       |
|-------------|-----------------------|
| Start Date: | Staff/Volunteer Name: |
|-------------|-----------------------|

|                  |              |
|------------------|--------------|
| Completion Date: | Approved by: |
|------------------|--------------|

| CPAIP Required Topics | Agency Topic / Time Frame | Date Covered | Trainer Initials |
|-----------------------|---------------------------|--------------|------------------|
|-----------------------|---------------------------|--------------|------------------|

#### **Introduction (.25 hrs.)**

- |                       |  |  |  |
|-----------------------|--|--|--|
| • Define PAIP program |  |  |  |
| • Overall objectives  |  |  |  |
|                       |  |  |  |

#### **Orientation to Group Process (0.5 to 1.0 hrs.)**

- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| • Understanding group cohesiveness   |  |  |  |
| • Creating a learning atmosphere     |  |  |  |
| • Assessing group effectiveness      |  |  |  |
| • Utilizing the control log in group |  |  |  |
|                                      |  |  |  |

#### **Domestic Violence Information (1.0 to 1.75 hrs.)**

- |                                                                  |  |  |  |
|------------------------------------------------------------------|--|--|--|
| • Characteristics of abusers and their role in the group process |  |  |  |
| • Impact of abuse on victim/survivors, children and society      |  |  |  |
| • Representing the victim/survivor in group                      |  |  |  |
|                                                                  |  |  |  |

#### **PAIP issues (2 hrs.)**

- |                                                             |  |  |  |
|-------------------------------------------------------------|--|--|--|
| • Historical development of PAIP                            |  |  |  |
| • Key components of effective PAIPs                         |  |  |  |
| • Theoretical components                                    |  |  |  |
| • Compare and contrast PAIPs with therapeutic interventions |  |  |  |
| • Components of a Protocol Approved PAIP                    |  |  |  |
| • Intake/referral process                                   |  |  |  |
| • Assessment procedures including exclusion requirements    |  |  |  |
| • Effective PAIP evaluation                                 |  |  |  |
|                                                             |  |  |  |

#### **Facilitator Issues (6.0 hrs.)**

- |                                 |  |  |  |
|---------------------------------|--|--|--|
| • Role of facilitator           |  |  |  |
| • Use of Power as a facilitator |  |  |  |
| • Confidentiality               |  |  |  |



|                                                                 |           |  |  |
|-----------------------------------------------------------------|-----------|--|--|
| • Using confrontation and challenging to promote accountability |           |  |  |
| • Identify personal beliefs and bias                            |           |  |  |
| • Stages of Change Model                                        |           |  |  |
| • Expectation for Male/Female co-facilitators                   |           |  |  |
| • Teaching strategies for behavior change                       |           |  |  |
|                                                                 |           |  |  |
| <b>Group Dynamics (2-3 hrs.)</b>                                |           |  |  |
| • Challenges in group facilitation                              |           |  |  |
| • Strategies to avoid groupthink and colluding                  |           |  |  |
| • Assessing change in DV offenders                              |           |  |  |
|                                                                 |           |  |  |
| <b>Skill Building (5-6 hours)</b>                               |           |  |  |
| • Best practices in group facilitation                          |           |  |  |
| • Practice facilitation, role-plays                             |           |  |  |
| • Challenges/troubleshooting in role-plays                      |           |  |  |
| • Addressing parenting with DV offenders                        |           |  |  |
|                                                                 |           |  |  |
| <b>Miscellaneous (3.25 hours)</b>                               |           |  |  |
| • Certification for PAIP                                        |           |  |  |
| • Working with special populations                              |           |  |  |
| • Curriculum videos                                             |           |  |  |
| • Other                                                         |           |  |  |
|                                                                 |           |  |  |
|                                                                 |           |  |  |
|                                                                 |           |  |  |
| <b>Total Hours</b>                                              | <b>20</b> |  |  |

## Form 12B-16/4-Hour PAIP Training

**This form is to be used when a certified PAIP training site is providing the 16 hr. in-person/4 hr. virtual training. There is no ICDVP approved format for a full 20-hour virtual training. No training components can be provided through a module.**

**Topics listed in the chart as In-Person MUST be live and in the presence of a trainer. There MUST be a minimum of 16 hours of In-Person training for this type of certified site.**

|                                                                                       |                             |             |                        |                      |
|---------------------------------------------------------------------------------------|-----------------------------|-------------|------------------------|----------------------|
| Agency Name:                                                                          |                             |             |                        |                      |
| Staff/Volunteer/Participant Name:                                                     |                             |             |                        |                      |
|                                                                                       |                             |             |                        |                      |
| <b>ICDVP REQUIRED TOPICS</b>                                                          | <b>Facilitator Initials</b> | <b>Date</b> | <b>In-Person Hours</b> | <b>Virtual Hours</b> |
| <b>Introduction</b><br><b>This section may use any of the listed training options</b> |                             |             |                        |                      |
| Define PAIP Program                                                                   |                             |             |                        |                      |
| Overall objectives                                                                    |                             |             |                        |                      |
| Minimum Requirement (0.25 hours)                                                      | Section Total:              |             |                        |                      |
| <b>Orientation to Group Process</b><br><b>This section MUST only be In-Person</b>     |                             |             |                        |                      |
| Understanding group cohesiveness                                                      |                             |             |                        |                      |
| Creating a learning atmosphere                                                        |                             |             |                        |                      |
| Assessing group effectiveness                                                         |                             |             |                        |                      |
| Utilizing the control group in group                                                  |                             |             |                        |                      |
| Minimum Requirement (0.5 to 1.0 hours)                                                | Section Total:              |             |                        |                      |
| <b>Domestic Violence Information</b><br><b>This section MUST only be In-Person</b>    |                             |             |                        |                      |
| Characteristics of abusers and their role in the group process                        |                             |             |                        |                      |
| Impact of abuse on victim/survivors, children, and society                            |                             |             |                        |                      |
| Representing the victim/survivor in group                                             |                             |             |                        |                      |
| Minimum Requirement (1.0 to 1.75 hours)                                               | Section Total:              |             |                        |                      |
| <b>PAIP Issues</b><br><b>This section may use any of the listed training options</b>  |                             |             |                        |                      |
| Historical development of PAIP                                                        |                             |             |                        |                      |
| Key components of effective PAIPs                                                     |                             |             |                        |                      |
| Theoretical components                                                                |                             |             |                        |                      |
| Compare and contrast PAIPs with therapeutic interventions                             |                             |             |                        |                      |
| Components of a Protocol Approved PAIP                                                |                             |             |                        |                      |
| Intake/referral process                                                               |                             |             |                        |                      |
| Assessment procedures including exclusion requirements                                |                             |             |                        |                      |
| Effective PAIP evaluation                                                             |                             |             |                        |                      |
| Minimum Requirement (2.0 hours)                                                       | Section Total:              |             |                        |                      |
| <b>Facilitator Issues</b><br><b>This section MUST only be In-Person</b>               |                             |             |                        |                      |
| Role of facilitator                                                                   |                             |             |                        |                      |
| Use of power as a facilitator                                                         |                             |             |                        |                      |

|                                                                     |                   |  |  |  |
|---------------------------------------------------------------------|-------------------|--|--|--|
| Confidentiality                                                     |                   |  |  |  |
| Using confrontation and challenging to promote accountability       |                   |  |  |  |
| Identify personal beliefs and bias                                  |                   |  |  |  |
| Stages of Change Model                                              |                   |  |  |  |
| Expectation for male/female co-facilitators                         |                   |  |  |  |
| Teaching strategies                                                 |                   |  |  |  |
| Minimum Requirement (6.0 hours)                                     | Section<br>Total: |  |  |  |
| <b>Group Dynamics</b><br><b>This section MUST only be In-Person</b> |                   |  |  |  |
| Challenges in group facilitation                                    |                   |  |  |  |
| Strategies to avoid groupthink and colluding                        |                   |  |  |  |
| Assessing change in DV offenders                                    |                   |  |  |  |
| Minimum Requirement (2.0 – 3.0 hours)                               | Section<br>Total: |  |  |  |
| <b>Skill Building</b><br><b>This section MUST only be In-Person</b> |                   |  |  |  |
| Best Practices in group facilitation                                |                   |  |  |  |
| Practice facilitation, role-plays                                   |                   |  |  |  |
| Challenges/troubleshooting in role-plays                            |                   |  |  |  |
| Addressing parenting with DV offenders                              |                   |  |  |  |
| Minimum Requirement (5.0 – 6.0 hours)                               | Section<br>Total: |  |  |  |
| <b>Miscellaneous</b>                                                |                   |  |  |  |
| Certification for PAIP (can be virtual)                             |                   |  |  |  |
| Working with special populations (can be virtual)                   |                   |  |  |  |
| Curriculum videos (MUST be in-person)                               |                   |  |  |  |
| Other (MUST be in-person)                                           |                   |  |  |  |
| Minimum Requirement (3.25 hours)                                    | Section<br>Total: |  |  |  |

## FORM 13 - Grievance Form

Submit to:  
ICDVP, Inc.  
P. O. Box 429  
LaGrange, IL 60525

Please name the certified site and/or certified individual against which you are submitting a complaint.

Agency/site:

Individual:

Explain your complaint in detail and attach supporting documentation including dates or timeframes, names, addresses, and telephone numbers of involved parties/agencies and witnesses.

**You may be contacted by ICDVP Inc. for additional information.**

Name:

Phone Number:

Address:

City:

Zip Code:

County:

E-mail Address:

Signature

Date

## **APPENDIX**

The following are examples of documents that can be used for verification of trainings/CEUs. Agencies can utilize their own forms but must ensure that the required information is included.

- A. Sample Training Attendance Document
  - a. Document should include Date of training. Name of training. Beginning and End times of training. Names of attendees. CDVP/CPAIP and/or State licensure number of attendee if CEUs provided.
- B. Sample Evaluation Document
- C. Sample 40-Hour Domestic Violence Certificate of Completion
  - a. Document should include Name of agency providing the training/CEU. Date of training/CEU. Title of training/CEU. Name of participant. Number of hours/CEUs provided. Signature of Certified Training Coordinator. Language that states agency is a current certified ICDVP training site.
- D. Sample 20-Hour Virtual/20-Hour In-Person Domestic Violence Certificate of Completion
  - a. Document should include Name of agency providing the training/CEU. Date of training/CEU. Title of training/CEU. Name of participant. Number of hours/CEUs provided. Signature of Certified Training Coordinator. Language that states agency is a current certified ICDVP training site.
- E. Sample 20-Hour Module/20-Hour In-Person Domestic Violence Certificate of Completion
  - a. Document should include Name of agency providing the training/CEU. Date of training/CEU. Title of training/CEU. Name of participant. Number of hours/CEUs provided. Signature of Certified Training Coordinator. Language that states agency is a current certified ICDVP training site.
- F. Sample 20-Hour PAIP Certificate of Completion
  - a. Document should include Name of agency providing the training/CEU. Date of training/CEU. Title of training/CEU. Name of participant. Number of hours/CEUs provided. Signature of Certified Training Coordinator. Language that states agency is a current certified ICDVP training site.
- G. Sample CEU Certificate of Completion
  - a. Document should include Name of agency providing the training/CEU. Date of training/CEU. Title of training/CEU. Name of participant. Number of hours/CEUs provided. Signature of Certified Training Coordinator. Language that states agency is a current certified ICDVP CEU site.

## A. SAMPLE: TRAINING ATTENDANCE DOCUMENT

|                       |                                             |              |               |
|-----------------------|---------------------------------------------|--------------|---------------|
| CEU Training Name:    |                                             | Date:        |               |
| Name/ Address (print) | CDVP/CPAIP #<br>and/or State<br>Licensure # | Sign in Time | Sign out Time |
|                       |                                             |              |               |
|                       |                                             |              |               |
|                       |                                             |              |               |
|                       |                                             |              |               |
|                       |                                             |              |               |
|                       |                                             |              |               |
|                       |                                             |              |               |
|                       |                                             |              |               |
|                       |                                             |              |               |

## B. SAMPLE: EVALUATION DOCUMENT

| Check the box under the most appropriate heading                                                          | Strongly Agree | Agree | Disagree | Strongly Disagree |
|-----------------------------------------------------------------------------------------------------------|----------------|-------|----------|-------------------|
| <b>The quality of instruction and teaching ability –</b>                                                  |                |       |          |                   |
| The instructor presented materials in a manner that was easily understood.                                |                |       |          |                   |
| The instructor presented materials in a manner that was appropriate to your skill level.                  |                |       |          |                   |
| The instructor answered the questions asked by audience members.                                          |                |       |          |                   |
| <b><i>If you marked disagree or strongly disagree to any of the above questions, please explain.</i></b>  |                |       |          |                   |
|                                                                                                           |                |       |          |                   |
| <b>The instructor's level of knowledge and expertise –</b>                                                |                |       |          |                   |
| The instructor demonstrated an understanding of the materials that she/he was presenting.                 |                |       |          |                   |
| <b><i>If you marked disagree or strongly disagree to the above question, please explain.</i></b>          |                |       |          |                   |
|                                                                                                           |                |       |          |                   |
| <b><i>The usefulness of the program content for meeting each of the program's stated objectives –</i></b> |                |       |          |                   |
| The program content was what I expected.                                                                  |                |       |          |                   |
| <b><i>If you marked disagree or strongly disagree to the above question, please explain.</i></b>          |                |       |          |                   |
|                                                                                                           |                |       |          |                   |
| <b><i>The adequacy of the physical facilities –</i></b>                                                   |                |       |          |                   |
| The room was accessible for all.                                                                          |                |       |          |                   |
| The room provided enough space for all attendees.                                                         |                |       |          |                   |
| <b><i>If you marked disagree or strongly disagree to any of the above questions, please explain.</i></b>  |                |       |          |                   |
|                                                                                                           |                |       |          |                   |

If you have any other comments, please include them on the back of this form.

**C. SAMPLE: 40-HOUR DOMESTIC VIOLENCE CERTIFICATE OF COMPLETION**

(Name of Agency)  
(Street/PO of agency, City, state, zip)

**Certificate Of Completion**

For the  
**40-hour Domestic Violence training**

**Training Dates:**

**Location of Training:**

**Completed by: (name of participant)**

**Professional License Number:**

Hours Attended: 40

---

**(Name Training Coordinator),** CDVP #:

**(Agency name)** is approved as a 40-hour Domestic Violence training Site by the Illinois Certified Domestic Violence Professionals



**D. SAMPLE: 20-HOUR VIRTUAL / 20-HOUR IN-PERSON DOMESTIC  
VIOLENCE CERTIFICATE OF COMPLETION**

(Name of Agency)  
(Street/PO of agency, City, state, zip)

## **Certificate Of Completion**

For the  
**40-hour Domestic Violence training**  
(Combining the 20-hour virtual & 20-hour in-person domestic violence training)

**Training Dates:**

**Location of Training:**

**Completed by: (name of participant)**

**Professional License Number:**

Hours Attended: 40 TOTAL

---

**(Name),** CDVP #:

**(Agency name)** is approved as a 20-hour virtual / 20-hour in-person Domestic Violence training Site by the Illinois Certified Domestic Violence Professionals

## E. SAMPLE: 20-HOUR MODULE / 20-HOUR IN-PERSON DOMESTIC VIOLENCE CERTIFICATE OF COMPLETION

(Name of Agency)  
(Street/PO of agency, City, state, zip)

### Certificate Of Completion

For the  
**40-hour Domestic Violence training**  
(Combining the 20-hour module & 20-hour in-person domestic violence training)

**Training Dates:**

**Location of Training:**

**Completed by: (name of participant)**

- If this box is checked, the above participant completed the 20-hour online components with ICADV and the 20-hour in person component with **(agency name)** and has therefore completed the 40-hour Domestic Violence training in its entirety.
- If this box is checked, the above participant completed both the 20-hour online components and the 20-hour in person component with **(agency name)** and has therefore completed the 40-hour Domestic Violence training in its entirety.

**Professional License Number:**

Hours Attended: 40

---

**(Name),** CDVP #:

**(Agency name)** is approved as a 20-hour module / 20-hour in-person Domestic Violence training Site by the Illinois Certified Domestic Violence Professionals

## **F. SAMPLE: 20-HOUR PAIP CERTIFICATE OF COMPLETION**

(Name of Agency)  
(Street/PO of agency, City, state, zip)

### **Certificate Of Completion**

For the  
**20-hour PAIP Training**

**Training Dates:**

**Location of Training:**

**Completed by: (name of participant)**

**Professional License Number:**

Hours Attended: 20

---

**(Name Training Coordinator), CPAIP #:**

**(Agency name)** is approved as a 20-hour PAIP training Site by the Illinois Certified Domestic Violence Professionals

## G. SAMPLE: CEU CERTIFICATE OF COMPLETION

(Name of Agency)  
(Street/PO of agency, City, state, zip)

# Certificate Of Completion

For the  
**CEU training**

**Training Dates:**

**Location of Training:**

**Completed by: (name of participant)**

**Professional License Number:**

Hours Attended: # of CEU hours

---

**(Name Training Coordinator),** CDVP/CPAIP #:

**(Agency name)** is approved as a CEU training Site by the Illinois Certified Domestic Violence Professionals