

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, H and I.**

A. Name of Agency:

Address:

Training Contact Person:

Telephone:

E-Mail:

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

E. 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 and is signed by a current certified individual overseeing the training.
- 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

F. Include the following for PAIP 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 PAIP training site and is signed by a current certified individual overseeing the training.

<ul style="list-style-type: none"> ▪ Copy of completed Tracking Documentation Form from agency's most recent training with trainers' signatures/initials, dates and time frames. 	
<ul style="list-style-type: none"> ▪ List of most recent materials/bibliography/resources used in the design and/or implement the training. 	
<ul style="list-style-type: none"> ▪ 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 PAIP trained participants for at least 5 years. 	
G. Include the following for Supervision site renewal.	
<ul style="list-style-type: none"> ▪ 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. 	
<ul style="list-style-type: none"> ▪ Explanation of how supervision of direct service staff and volunteers occurs within the agency and with external candidates. 	
<ul style="list-style-type: none"> ▪ Check box if renewing supervision 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 supervisees for at least 5 years. 	
H. Include the following for CEU site renewal (DV and non-DV)	
<ul style="list-style-type: none"> ▪ Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP approved training site and is signed by a current certified individual overseeing the training. 	
<ul style="list-style-type: none"> ▪ Copy of CEU notice/flyer provided during previous certification period that matches above certificate. 	
<ul style="list-style-type: none"> ▪ Check box if renewing CEU site status. 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 	
I. Include the following for all types of renewals.	
<i>Circle all that apply for this renewal period:</i> 40hr in-person training PAIP Training Supervision CEU Training *20-hour module / 20-hour in-person training *20-hour virtual / 20-hour in-person training	
<ul style="list-style-type: none"> ▪ Completed and signed application form postmarked by deadline. 	
<ul style="list-style-type: none"> ▪ Check or money order for \$200.00 for each certified site renewal, made payable to ICDVP, Inc. (example: provide a check for \$600.00 if renewing status for training/supervision and CEU) 	
<ul style="list-style-type: none"> ▪ Non-DV agency CEU site only-- Check or money order payable to ICDVP, Inc. for \$150.00. 	
<ul style="list-style-type: none"> ▪ 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. 	
Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or e-mail to ilcdvp@ilcdvp.org	
<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> <i>I certify that my agency will provide documentation to individuals upon completion of training and will maintain and store documentation of all training participants for at least 5 years.</i> <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~~~~~

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