

## 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	CPAIP 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. 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:**