FORM 8 – INDIVIDUAL CERTIFICATION RENEWAL

Individual Certification Renew	al Form									
	Check which certification is being renewed.			CDVP	CPAIP					
Name:					•					
Address:										
Telephone:		E-Mail Address:								
Certification #:		Date of Request:								
CDVD/CDAID Denough Application Process										

- **CDVP/CPAIP Renewal Application Process**
- 1. CDVP and CPAIP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.
- 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.
- 3. All Continuing Education units must be related to the 40-hour Domestic Violence training and/or 20-hour PAIP training content.
- 4. Renewal forms may be submitted no sooner than **two** months prior to expiration of certification.

Checklist of Items to include in application

- Application form filled out completely, signed and postmarked by deadline. Incomplete forms
 or unsigned forms will be returned and may incur additional fees if not submitted by
 deadline.
- 2. List all CEU trainings, workshops, conferences, teaching, committee/board participation to be considered for CEU Renewal credit on page 2 of the renewal form.
- 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.
- 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.
- 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.

Mail the completed application and requested materials to ICDVP, P.O. Box 429, LaGrange, IL 60525.

Any questions can be e-mailed to ilcdvp@ilcdvp.org

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Date	Name of training/w	orkshop, teaching/f committee/board a	acilitation, college cre ctivity	edit,	CEU Hours	• if In- person	• if Petition (attach petition form)
		Crand Total au	mber of hours su	hmittad			
Certify that to	my knowledge the above				e informa	tion can re	sult in my
renewal appl	ication being denied and n	may affect my status a	as an Illinois Certified De Intervention Profession	omestic Viol			
ignature	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~STAFF L	Date JSE ONLY~~~	, , ,	,,, ,,,	~~~~	,,,,
PPROVED	A THE STATE OF THE	DENIED		PENDIN			

Reviewer Signature:

Date: