

# FORM 10



## Site Renewal Certification

### Cover Form

**This form can only be used by agencies that have been previously approved by the ICDVP Board of Directors and are in good standing. This form must be included with renewal applications.**

Name of Agency:
Address:
Contact Person:
Telephone:
Email:
Check the site certifications you are renewing with this application:  Domestic Violence Training (40-hour in-person) – Form 10A  Domestic Violence Training (20-hour module/20-hour in-person) – Form 10B  Domestic Violence Training (20-hour virtual/20-hour in-person) – Form 10C  PAIP Training (20-hour in-person) – Form 10D  PAIP Training (4-hour virtual/16-hour in-person) – Form 10E  CDVP Supervision Site – Form 10F  CEU Training Site – Form 10G  CEU Training Site (NON-DV Program) – Form 10H
<b>Checklist for Site Renewal Application</b>
Complete each renewal application and submit required documentation. Separate renewal applications are required for each site renewal. If submitting the application via mail, the renewal packet must be signed, dated, and postmarked by the deadline. If submitting the application online, the renewal packet must be signed, dated, and uploaded by the deadline.

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.

Submit a check or money order for \$200.00 for each certified site renewal, made payable to ICDVP, Inc. Online payments can also be made through the ICDVP website at [www.ilcdvp.org](http://www.ilcdvp.org). If you pay online, there is a processing fee.

Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL 60525 OR submit the application online through the ICDVP website at [www.ilcdvp.org](http://www.ilcdvp.org).

### **Certifications**

By signing below, I indicate the following to be true:

*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 notify ICDVP when there are changes that can affect ICDVP site certification. If changes are not submitted in a timely manner, it may affect our site certification.*

*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 certify that this agency will participate in oversight and monitoring of all site certifications when needed.*

*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:*

*Title:*

*Date:*

*Date:*