

FORM 10F



Site Renewal Application CDVP Supervision Site

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

Name of Agency:				
Address:				
Telephone:			Email:	
List names of all supervisors of staff/volunteers providing direct services to victims/survivors of domestic violence.	Job Title	Is this person currently certified?	Certification # and Expiration Date	Number of Years in Position
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		
		Yes No		
Include the Following for CDVP Supervision Site Renewal.				
Organizational chart that includes the following: clear, defined lines of authority, names of all supervisors, and CDVP/CPAIP information for all supervisors. Include certification numbers and expiration dates.				
Explanation of how supervision of direct service staff and volunteers occurs within the agency and with external candidates.				
If a supervisor is not certified, submit a plan of supervision in the box below. Per ICDVP standards, agencies will ensure that newly hired supervisors become CDVP within one year from the time of hire.				
Signature confirmation on the Cover Sheet (ICDVP Form 10) to ensure victims/survivors of				

domestic violence receive services from staff and/or volunteers who are supervised by current CDVPs.			
Check, money order, or online payment for \$200.00.			
~~~~~ <b>STAFF USE ONLY</b> ~~~~~			
Approved	Denied	Pending	Date:
<i>Signature of Reviewer:</i>			

Explanation of supervision with direct service staff and volunteers (if not submitted separately):

Plan of supervision for supervisors who are not currently certified (if applicable):