



Illinois Certified Domestic Violence Professionals, Inc. External Supervision Form

The ***External Supervision Form*** is to be used for an individual who is seeking CDVP certification and is working at a domestic violence agency that is **NOT** an ICDVP certified supervision site.

Per ICDVP standards, the 150 hours of supervised direct service must be completed at an ICDVP certified supervision site. If an applicant for CDVP is employed at a domestic violence agency that is not a certified supervision site, that individual may request approval from ICDVP for the following:

- to perform the eligible services at their own agency, and
- to make an arrangement to obtain supervision of those services with a CDVP who is currently employed at a *separate* domestic violence agency that holds supervision site certification.

Domestic violence agencies are defined as those programs that:

- Is a legal incorporated not for profit organization whose principal mission is to provide services to victims of domestic violence. Services consist of one or more of the following: information, crisis intervention, emergency shelter, referral, counseling, advocacy, or emotional support.
- Have a record of providing effective, victim-centered services for the past two years. Victim-centered services are those that promote empowerment and self-determination of victims and which hold abusers accountable for their behavior.
- Provide services that are free, nondiscriminatory, and confidential.
- Adhere to confidentiality and privileged communication as defined by the IDVA. (750 ILCS 60/227) (from Ch. 40, par. 2312-27)
Sec. 227. Privileged communications between domestic violence counselors and victims.
- Provide 24-hour telephone accessibility by personnel without requiring the victim to make a second phone call or wait for a return call.
- Provide access to safe housing, including access to trained staff and services to effectively meet the needs of victims.

This form must be submitted to ICDVP at ilcdvp@ilcdvp.org. Supervision may not begin until after this request has been approved by the ICDVP Standards Committee, who will review the matter and make a determination.

COMPLETE THE FOLLOWING

Name of individual seeking supervision: _____

Name of domestic violence agency where this individual is employed: _____

Name of prospective supervisor who is a current CDVP: _____

CDVP Number: _____ Expiration Date: _____

Name of domestic violence agency, which is an ICDVP-certified supervision site, where prospective supervisor is currently employed: _____

TO BE COMPLETED BY THE SUPERVISOR

I agree to provide supervision to the applicant listed above.

I certify that all information provided on this form is true and accurate to the best of my knowledge.

Name: _____

Date: _____

TO BE COMPLETED BY CANDIDATE FOR CDVP

I certify that all information provided on this form is true and accurate to the best of my knowledge.

Name: _____

Date: _____

ICDVP staff use only:

Request approved _____ Request Denied _____

Committee member signature: _____

Committee member printed name: _____

Date: _____