

**FORM 3A – 4-HOUR VIRTUAL/16-HOUR IN-PERSON TRAINING SITE APPLICATION**

4-HOUR VIRTUAL / 16-HOUR IN-PERSON TRAINING SITE APPLICATION			
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
Checklist of Items to include in application			
Check whether current certified 20-hour PAIP Training Site or applying as new site			
Current Certified 20-hour Training Site		New Site – no current ICDVP training site certification	
	1. Application form filled out completely, signed and postmarked by the 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. (NEW SITE only)		
	3. Copy of 501C(3) letter OR Copy of Articles of Incorporation (NEW SITE only)		
	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 4-hour virtual/16-hour in-person Domestic Violence training schedule/agenda, which includes days and times and whether a session is virtual or in-person.		
	6. Copy of agency’s tracking documentation form including training topics, subtopics and required timeframes and whether the topic is virtual or in-person.		
	7. Copy of 4-hour virtual/16-hour in-person attendance monitoring documentation for both the in-person and virtual portions.		
	8. Sample of 4-hour virtual/16-hour in-person completion certificate or letter.		
	9. Statement of policies and procedures regarding tardiness, virtual connection issues, and make up sessions for the 4-hour virtual/16-hour in-person training.		
	10. Bibliography of training material used for 4-hour virtual/16-hour in-person Domestic Violence 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. (NEW SITE only)		

	12.A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence victim/PAIP services provided for the past 5 years. (NEW SITE only)
	13.Copy of agency mission statement. (NEW SITE only)
	14.Copy of CPAIP certificate of person(s) overseeing the training. (NEW SITE only)
	15.Check or money order for \$200.00 made payable to ICDVP, Inc. (NEW SITE only)

Mail all requested items to ICDVP, P.O. Box 429, LaGrange, IL. 60525 or email to [ilcdvp@ilcdvp.org](mailto:ilcdvp@ilcdvp.org).

**Form 3A continued**

Do you provide training in any language other than English: If so, which language(s)

Is your domestic violence program 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 **4-hour virtual/16-hour in-person 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:**