



**Domestic Violence Training**

**Format: 40-Hour In-Person**

**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:			
Training Contact Person*: *Name listed on the ICDVP Website			
Telephone:		Email:	
Name(s) of Certified Individual(s) Overseeing Training	Title	Certification # and Expiration Date	Number of Years in Position
<b>Include the Following for 40-Hour In-Person Domestic Violence Training Site Renewal.</b>			
Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP certified 40-Hour Domestic Violence training site and must be signed by a current CDVP overseeing the training.			
Copy of completed Tracking Documentation Form 11 from most recent training with trainers full names, initials, dates, and timeframes.			
List of most recent materials/bibliography/resources used in the design and/or implementation of the training.			
Check, money order, or online payment for \$200.00.			
<b>~~~~~ STAFF USE ONLY ~~~~~</b>			
Approved	Denied	Pending	Date:
Signature of Reviewer:			