



Domestic Violence Training

Format: 20-Hour Module/20-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.

| Please identify which modules you plan to utilize for this training. | | | |
|--|--------|--|-----------------------------------|
| ICADV Modules | | Other: _____ | |
| 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 |
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| Include the Following for 20-Hour Module/20-Hour In-Person Domestic Violence Training Site Renewal. | | | |
| Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP certified 20-Hour Module/20-Hour In-Person Domestic Violence training site and must be signed by a current CDVP overseeing the training. | | | |
| Copy of completed Tracking Documentation Form 11B 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. | | | |
| ~~~~~ STAFF USE ONLY ~~~~~ | | | |
| Approved | Denied | Pending | Date: |
| <i>Signature of Reviewer:</i> | | | |