

## FORM 4 - CONTINUING EDUCATION SITE APPROVAL

Application for Continuing Education Site Approval			
Name of Agency:			
Address:			
Training Contact Person:			
Telephone:		E-Mail:	
Name(s) of all persons providing oversight of training.	Title	<b>CDVP or CPAIP</b> Certification # and Expiration Date	Number of Years in Position
<b>Checklist of Items to Include in Application for CEU sites</b>			
	1. Application filled out completely, signed and postmarked by 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.		
	3. Copy of 501C(3) letter OR copy of Articles of Incorporation		
	4. At least one example of proposed CEU workshop/training including time frames.		
	5. Copy of CEU workshop/training attendance monitoring document.		
	6. Copy of evaluation form.		
	7. Copy of completion certificate or letter.		
	8. <b>Victim/survivor services providers</b> - Statement on how your agency incorporates victim/survivor empowerment and social activism/social change in your training.		
	9. <b>Partner Abuse service providers</b> - Statement on how your agency incorporates abuser stages of change and the importance of the victim/survivor's voice within PAIP in your training.		
	10. A description of agency programs/services, relationship within the DV community, and statistical data of the domestic violence/PAIP services provided for the past 5 years.		
	11. Copy of agency's mission statement.		
	12. Check or money order for \$200.00 made payable to ICDVP, Inc.		
	Mail the completed application and requested materials to ICDVP, P.O. Box 429, LaGrange, IL 60525. Any questions can be e-mailed to <a href="mailto:ilcdvp@ilcdvp.org">ilcdvp@ilcdvp.org</a>		

Form 4 continued

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

Is your agency 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 new CEU 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 CEU 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:**