FORM 6 - PETITION FOR CEU TRAINING (Non-ICDVP Certified Site) or COLLEGE COURSE

Petition for Approval of CEU Training (Non-ICDVP Certified Site) or College Course

This form is to be used by individuals who are CDVP/CPAIP and have attended a training that does not provide ICDVP certified continuing education units. One petition is required for each training.One petition is required for the college course(s). The date and number of CEUs/credit hours must be included on any documentation.

Date of Request:	
Name:	E-Mail Address:
Address:	
Telephone:	Certification Number:
Checklist of Items to i	nclude in application:
1. Petition form filled out completely, signed, included	with renewal application, and postmarked by deadline.
2. Attach documentation of attendance (certificate, letter the college course description or syllabus).	of verification, official transcript showing a passing grade, and
3. Petition Fee \$10 in the form of a check or money order	made payable to ICDVP, Inc.

4. Mail the completed application and requested materials to ICDVP, P.O. Box 429, LaGrange, IL 60525 or via our website at ilcdvp.org. Any questions can be e-mailed to ilcdvp@ilcdvp.org

Provide the following information

Date of	Training	or Col	lege	Course:
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Name of Organization/Agency sponsoring training/college course: _____

Number of CEUs Requested (subject to approval by ICDVP Board): ______

It is required that you pick a specific topic from the drop-down list. Choose from the drop down list, the 40-hour DV or 20-Hour PAIP Training topic this training was related to (subject to approval by ICDVP board). If more than one topic applies, include it in the description below.

Please describe how this training was related to the identified topic:

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.

Signature:	Date:						
Staff Use Only							
	DENIED						
Date:	REVIEWER SIGNATURE:						