

# FORM 6 - PETITION FOR 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: \_\_\_\_\_ Certification Number: \_\_\_\_\_

### Checklist of Items to include in petition:

1. Petition form filled out completely, signed, included with renewal application, and postmarked by deadline.
2. Attach documentation of attendance (certificate, letter of verification, official transcript showing a passing grade, and the college course description or syllabus).
3. Petition Fee \$10 in the form of a check or money order made payable to ICDVP, Inc.

### Provide the following information

Name of Training or College Course: \_\_\_\_\_

Date of Training or College Course: \_\_\_\_\_

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(s) from the 40-hour DV Training or 20- Hour PAIP Training** that this training was related to (subject to approval by ICDVP board). Please list the specific topic(s) and describe how this training was related to the identified topic. Please refer to the manual for more detail for each topic:

#### 40-Hour DV Topics

- ☐ Foundations
- ☐ Dynamics
- ☐ Direct Service
- ☐ Safety & Assessment
- ☐ People Who Cause Harm
- ☐ Children's Issues
- ☐ Teen Dating Violence
- ☐ Cultural Humility
- ☐ Complex Issues
- ☐ IDVA & Legal
- ☐ Professional Conduct
- ☐ Other

#### 20-Hour PAIP Topics

- ☐ Orientation to Group
- ☐ Domestic Violence Information
- ☐ PAIP Issues
- ☐ Facilitator Issues
- ☐ Group Dynamics
- ☐ Skill Building
- ☐ Misc/Special Populations

#### Describe how this training was related to the identified topic(s):

☐ 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		
Approved	Denied	Pending
Date:	Reviewer Signature:	