## FORM 8 – INDIVIDUAL CERTIFICATION RENEWAL

| Individual Certification Renewal Form |                                 |               |      |       |  |  |  |  |  |  |
|---------------------------------------|---------------------------------|---------------|------|-------|--|--|--|--|--|--|
|                                       | Check which certification is be | eing renewed. | CDVP | CPAIP |  |  |  |  |  |  |
| Name:                                 |                                 |               |      |       |  |  |  |  |  |  |
| Address:                              |                                 |               |      |       |  |  |  |  |  |  |
|                                       |                                 |               |      |       |  |  |  |  |  |  |
|                                       |                                 |               |      |       |  |  |  |  |  |  |
| Telephone:                            | E-Mail Address                  | •             |      |       |  |  |  |  |  |  |
| Certification #:                      | Date of Reques                  | st:           |      | -     |  |  |  |  |  |  |
|                                       | DVD/CDATD Denous LAmplica       | tion Drososs  |      |       |  |  |  |  |  |  |

## **CDVP/CPAIP Renewal Application Process**

- 1. CDVP and CPAIP certification is valid for two years from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.
- 2. The certification may be renewed by completion of the required renewal form and submitting proof that 30 hours of Continuing Education units have been obtained since the professional's last renewal.
- 3. All Continuing Education units must be related to the 40-hour Domestic Violence training and/or 20-hour PAIP training content.
- 4. Renewal forms may be submitted no sooner than **two** months prior to expiration of certification.

## **Checklist of Items to include in application**

- Application form filled out completely, signed and postmarked by deadline. Incomplete forms
  or unsigned forms will be returned and may incur additional fees if not submitted by
  deadline.
- 2. List all CEU trainings, workshops, conferences, teaching, committee/board participation to be considered for CEU Renewal credit on page 2 of the renewal form.
- 3. Include copies of attendance certificates/letters for all CEU trainings, workshops, conferences, teaching, committee/board participation to be considered for CEU Renewal credit on page 2 of the renewal form.
- 4. Include all applicable Petition Forms for non-ICDVP approved CEU trainings/workshops, college credit, teaching or committee/board participation and the required petition fee.
- 5. Check or money order for the \$75.00 renewal fee and all applicable petition fees made payable to ICDVP, Inc. Renewal fee and petition fees can be combined into one payment. Only one certification renewal/individual per payment. Payments can also be made online at ilcdvp.org/online-payment-and-renewal.

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>

|                    | ACH ITEM FOR CEL                                 | J CREDIT. This                           | continued<br>should match sup       | porting     |              |                |  |
|--------------------|--|--|-------------------------------------|-------------|--------------|----------------|--|
| Attendance<br>Date | Name of training/wo                              | orkshop, teaching/f<br>committee/board a | acilitation, college cre<br>ctivity | edit,       | CEU<br>Hours | • if In-person | • if<br>Petition<br>(attach<br>petition<br>form) |
|                    |  |  |                                     |             |              |                |  |
|                    |  |  |                                     |             |              |                |  |
|                    |  |  |                                     |             |              |                |  |
|                    |  |  |                                     |             |              |                |  |
|                    |  |  |                                     |             |              |                |  |
|                    |  |  |                                     |             |              |                |  |
|                    |  |  |                                     |             |              |                |  |
|                    |  |  |                                     |             |              |                |  |
|                    |  |  |                                     |             |              |                |  |
| J,-                |  | Grand Total nu                           | mber of hours su                    | bmitted     |              |                |  |
|                    | my knowledge the above cation being denied and m | nay affect my status a                   |                                     | omestic Vio |              |                |  |
| ignature           | CCI  | idiica i didici AbdSe                    | Date                                | ui.         |              |                |  |
| ,~~~~              |  | ~~~STAFF L                               | ISE ONLY~~~                         | ,<br>,<br>, | ,<br>,       | ~~~~           | ,<br>,<br>,                                      |
| PPROVED            |  | DENIED                                   |                                     | PENDIN      | NG           |                |  |

Reviewer Signature:

Date: