



**Domestic Violence Training**

**Format: 40-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. If an approved agency has not provided the training in this format since their last renewal, they must still submit all fully completed forms. Blank forms will be returned.**

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
<b>Include the Following for 40-Hour In-Person Domestic Violence Training Site Renewal.</b>			
Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP certified 40-Hour Domestic Violence training site and must be signed by a current CDVP overseeing the training. If training has not been provided during previous renewal, please submit a proposed certificate for consideration.			
Copy of completed Tracking Documentation Form 11 from most recent training with trainers full names, initials, dates, and timeframes. If training has not been provided during previous renewal, please submit a proposed tracking form for consideration.			
List of most recent materials/bibliography/resources used in the design and/or implementation of the training.			
Check, money order, or online payment for \$225.			
<b>~~~~~ STAFF USE ONLY ~~~~~</b>			
Approved	Denied	Pending	Date:
Signature of Reviewer:			