



**Domestic Violence Training**

**Format: 20-Hour Module/20-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.**

Please identify which modules you plan to utilize for this training.			
ICADV Modules		Other: _____	
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 20-Hour Module/20-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 20-Hour Module/20-Hour In-Person Domestic Violence training site and must be signed by a current CDVP overseeing the training.			
Copy of completed Tracking Documentation Form 11B from most recent training with trainers full names, initials, dates, and timeframes. If your agency has not provided a training during the past renewal period, you must submit a proposed Tracking Documentation Form 11B.			
List of most recent materials/bibliography/resources used in the design and/or implementation of the training.			
Check, money order, or online payment for \$225.00.			
<b>~~~~~ STAFF USE ONLY ~~~~~</b>			
Approved	Denied	Pending	Date:
<i>Signature of Reviewer:</i>			