



Site Renewal Application

CEU Site

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 CEU Training | Title | Certification # and Expiration Date | Number of Years in Position |
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| Include the Following for CEU Site Renewal. | | | |
| Copy of training certificate or letter of completion provided during previous certification period. Certificate must state the agency is an ICDVP certified CEU 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 CEU notice/flyer provided during previous certification period that matches above certificate. If training has not been provided during previous renewal, please submit a proposed tracking form for consideration. | | | |
| Check, money order, or online payment for \$225.00. | | | |
| ~~~~~ STAFF USE ONLY ~~~~~ | | | |
| Approved | Denied | Pending | Date: |
| Signature of Reviewer: | | | |