

**ILLINOIS CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL BOARD
 PETITION FOR APPROVAL OF CEU FOR COMMITTEE/BOARD PARTICIPATION
 ICDVP FORM 5**

*This form is to be used by individuals who are applying for CEU approval for the following types of active service as: **ICDVP Board or committee member**, officer of an approved local or national domestic violence network, **chair or committee member of a major domestic violence conference/ convention**, and chair or committee member of the following organizations: Chicago Battered Women's Network, Illinois Coalition Against Domestic Violence or Illinois Department of Human Services Domestic Violence Advisory committee. One meeting hour equals one CEU hour. A maximum of 6 hours of CEUs may be earned per renewal period. **If involved in more than one board/committee then you must submit petitions for each one of these boards/committees. But all hours done on any one board/committee are submitted on one petition. You may photocopy this form.***

Name:

Address:

Telephone:

E-Mail Address:

Certification Number:

Date of Request:

Checklist of Items to include in application

- Application form
- Attach documentation of attendance (i.e.: copy of minutes for each hour requested showing your name with start and end times of meeting).
- Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.
- Make checks payable to ICDVP, Inc.
- Mail petition and payment to:
ICDVP, P.O. Box 429, LaGrange, IL. 60525

Answer the following questions

- Name of Organization sponsoring group/committee/board:
- Dates of Participation:
- Role on Committee or Board:
- Number of CEUs Requested (subject to approval by ICDVP Board):
- Brief Summary of Committee/Board content and goals:

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 effect my status as an Illinois Certified Domestic Violence Professional.

Signature

Date

~~~~~**STAFF USE ONLY**~~~~~

|                 |               |              |
|-----------------|---------------|--------------|
| <b>APPROVED</b> | <b>DENIED</b> | <b>DATE:</b> |
|-----------------|---------------|--------------|

*SIGNATURE: Board/ Committee Member*

**ILLINOIS CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL BOARD  
 PETITION FOR CEUs FOR NON- APPROVED ICDVP WORKSHOPS/CONFERENCES  
 ICDVP FORM 6**

This form is to be used by individuals who are CDVP and have attended any conference that is **not** providing ICDVP continuing educational units. One training program/conference per petition. The date and number of CEU's must be included on any documentation.

**Name:**

**Address:**

**Telephone:**

**E-Mail Address:**

**Certification Number:**

**Date of Request:**

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

Application form

Attach documentation of attendance (certificate, letter of verification).

Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.

Make checks payable to ICDVP, Inc.

Mail petition and payment to:  
 ICDVP, P.O. Box 429, LaGrange, IL. 60525

**Answer the following questions**

Name of Training Program:

Date of Training Program:

Name of Organization/Agency sponsoring training:

Number of CEUs Requested (subject to approval by ICDVP Board):

Note: One hour of classroom time equals one CEU.

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 effect my status as an Illinois Certified Domestic Violence Professional.

*Signature*

*Date*

~~~~~**STAFF USE ONLY**~~~~~

APPROVED

DENIED

COPY MAILED

SIGNATURE: Board/ Committee Member

DATE:

**ILLINOIS CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL BOARD
 PETITION FOR APPROVAL OF TEACHING OR TRAINING
 AT A DOMESTIC VIOLENCE CLASS OR CONFERENCE
 ICDVP FORM 7**

This form is to be used by individuals who are CDVP and are applying for CEU approval of verified professional teaching in the field of domestic violence such as; teaching at accredited college/university, teaching ICDVP Board approved 40-hour trainings, presenting at national/state level conferences or presenting approved ICDVP CEU trainings. One teaching hour equals one CEU hour. The maximum number of hours allowed by any individual is 10 hours per renewal period. One training/class per petition. Note: Anyone who teaches part or all of an ICDVP approved 40-hour training at the same agency—during the renewal period—needs only to submit all documentation with one form and pay one fee.

Name:

Address:

Telephone:

E-Mail Address:

Certification Number:

Date of Request:

Checklist of Items to include in application

Application form

Attach documentation of this training/ class (i.e.: description, schedule, and brochure).

Petition Fee \$10.00 - please send payment, with petition, in the form of a check or money order.

Make checks payable to ICDVP, Inc.

Mail petition and payment to:
 ICDVP, P.O. Box 429, LaGrange, IL. 60525

Answer the following questions

Name of Training Program or Class:

Dates of Training Program or Class:

Name of School/Agency sponsoring training/class:

Number of CEUs Requested (subject to approval by ICDVP Board):

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 effect my status as an Illinois Certified Domestic Violence Professional.

Signature

Date

~~~~~**STAFF USE ONLY**~~~~~

APPROVED

DENIED

COPY MAILED

*SIGNATURE Board/Committee Member*

*DATE*