ILLINOIS CERTIFIED DOMESTIC VIOLENCE PROFESSIONAL BOARD
CERTIFICATION RENEWAL FORM

ICDVP FORM 8* **(page 1 of 2) 8/07**

Name:	
Address:	
Telephone:	**E-Mail Address:**
Certification Number:	**Date of Request:**

Application Process

- ICDVP certification is valid for two year from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.
- The certification may be renewed by completion of the required renewal form and submitting proof of that 30 hours of Continuing Education units have been obtain since the professional's last renewal period.
- Renewal forms may be submitted no sooner than one month prior to expiration of certification.

Checklist of Items to include in application

	Application form
	Any petition (and the materials requested by that petition) and the required fee that is needed.
	Renewal Fee $60.00 - please send payment 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

List any workshops or any conferences – include copy of conference attendance certificate.

Date of Conference	Conference Name	CEU Hours

	Total number of hours submitted –	

I certify that to my knowledge, the above information is correct. I understand that submitting false information can result in my renewal application being denied and may effect my status as a Certified Domestic Violence Professional or Partner Abuse Intervention Professional..

Signature	*Date*

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	APPROVED		DENIED	DATE:

SIGNATURE Board President or Committee Member

***all documentation, fee and other requested materials should be attached to this application.**

6/2008