

Form 5

Petition For Approval Of CEU's For Committee/Board Participation

A maximum of 6 hours of CEU's may be earned per renewal period. 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. **If involved in more than one board/committee then you must submit petitions for each one of these boards/committees. All hours done on any one board/committee can be 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 CEU's 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 affect my status as an Illinois Certified Domestic Violence Professional.

Signature

Date

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

APPROVED

DENIED

DATE:

**SIGNATURE: Board/ Committee Member**

## Form 6

### Petition For CEU's For Non-Approved ICDVP/CPAIP Workshops/Conferences

This form is to be used by individuals who are CDVP/CPAIP and have attended any conference that does not provide ICDVP-approved continuing educational units. One petition is required for each training program/conference. 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 CEU's 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 affect my status as an Illinois Certified Domestic Violence Professional.

*Signature*

*Date*

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

APPROVED

DENIED

COPY MAILED

SIGNATURE: Board/ Committee Member

DATE:

Form 7

Petition For Approval Of Teaching Or Training At A Domestic Violence Class Or Conference

This form is to be used by individuals who are CDVP/CPAIP 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/20-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 and/or 20-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 CEU's 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 affect my status as an Illinois Certified Domestic Violence Professional/Certified Partner Abuse Intervention Professional.

Signature

Date

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

APPROVED

DENIED

PENDING

**SIGNATURE** *Board/Committee Member*

**DATE**

SIGNATURE

DATE

## Form 8

| Individual Certification Renewal Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                  |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|-------|
| <b>Check which certification is being renewed.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | CDVP             | CPAIP |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                  |       |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |       |
| Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | E-Mail Address:  |       |
| Certification #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Date of Request: |       |
| Application Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                  |       |
| <ul style="list-style-type: none"> <li>❖ ICDVP and CPAIP certification is valid for two year from date of issue unless suspended or revoked by ICDVP Board for disciplinary reason.</li> <li>❖ 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.</li> <li>❖ Renewal forms may be submitted no sooner than <b>three</b> months prior to expiration of certification.</li> <li>❖ <b>FOR CPAIP'S ONLY, CEU's must be from the following three categories:</b> <ul style="list-style-type: none"> <li>○ <b>Category 1:</b> conferences, workshops or trainings specific to work with victims of domestic violence. Minimum of 10 hours and a maximum of 20 hours.</li> <li>○ <b>Category 2:</b> conferences, workshops or trainings specific to work with perpetrators of domestic violence. Minimum of 10 hours and maximum of 20 hours.</li> <li>○ <b>Category 3:</b> conferences, trainings or workshops on topics useful to work with perpetrators of domestic violence but may not necessarily be specific to domestic violence. Category 3 can include but is not limited to conferences, workshops or trainings that address substance abuse, mental health, systems coordination, ethics, boundaries, legal and regulatory issues, general counseling, etc. Additionally, for category 3, up to 6 continuing education hours will be credited for participation on domestic violence or Partner Abuse committees and up to 10 continuing education hours for the provision of domestic violence or PAIP trainings.</li> </ul> </li> </ul> |  |                  |       |
| 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. <b>(only 1 applicant per check)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                  |       |
| Mail <b>signed</b> renewal form and payment to: ICDVP, P.O. Box 429, LaGrange, IL. 60525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                  |       |

**Make sure to:**

- **complete the entire form**
- **list all your courses/workshops and trainings on second page of this form**
- **double check your total hours to make sure they equal at a minimum 30 hours**
- **sign the renewal form**

**Failure to do any of the above may result in a \$25 penalty.**

