

**509 - ILLINOIS CERTIFIED PARTNER ABUSE INTERVENTION PROFESSIONAL
CERTIFICATION EXAMINATION APPLICATION**

PLEASE PRINT IN INK

1. Exam Date Applying For: February____
September____ **2. Exam Location** Chicago Area
Springfield Area **3. Fee: \$175.00**
Certified Check or Money Order **ONLY**
Payable to: Continental Testing Services, Inc.

4. Social Security Number: _____ - _____ - _____ **e-mail address:** _____

5. Name: _____ _____ _____
 Last **First** **MI**

6. Home Address: _____
 Street Number and Name or P.O Box

 City **State** **ZIPCODE**

Contact Information: _____
 Home Phone with Area Code Cell Phone with Area Code

7. Business Information: _____
 Employer

 Street Number and Name or P.O. Box (Please indicate Room Number, if applicable)

 City **State** **ZIPCODE**

 Work Phone with Area Code (include ext) **Fax Number with Area Code**

8. I prefer mail to go to: _____ **Home Address** _____ **Work Address**

9. Maiden or former surname(s) (If any): _____

10. Daytime telephone number where you may be reached: _____
 Include Area Code

11. Date of Birth: ____ / ____ / ____
 Month **Day** **Year**

12. Modification: Requesting special accommodations for ADA Candidates or language considerations. (See guide for instructions)
Check if applicable: **ADA** **Language**

13. I have completed 40 hours of Domestic Violence Training at an ICDVP Approved training site.
Yes___ No___ Proof of training completion enclosed. **(40-hour Domestic Violence Training certificates obtained prior to 2004 will not be accepted.)**

14. Yes___ No___ I have completed 20 hours of partner abuse intervention-specific training at an ICDVP Approved PAIP training site or training on a specific model such as Duluth or Emerge.

15. Yes___ No___ I have completed 150 hours of satisfactory supervised work by a CPAIP at an IDHS approved program within 3 years of examination. (Attach completed Supervisor Assessment Form.)

16. Yes ___ No ___ I certify that I have not perpetrated violence against any person within the past 5 years.
17. Yes ___ No ___ I certify that no order of protection has been issued against me within the past 5 years.
18. Statement of Arrest or Conviction:
- A. Yes ___ No ___ Have you ever been convicted of a misdemeanor or a felony, or are criminal charges currently pending against you. If yes, give details on an attached sheet.
- B. Yes ___ No ___ Has any licensing or credentialing agency ever taken any disciplinary action against you, including, but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the names of the credentialing agency and date of action.
- C. Yes ___ No ___ Is disciplinary action pending against you? If yes, attach a sheet providing details about pending action, including the name of the agency and status of this action.
- D. Yes ___ No ___ Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.

If you answered yes to any of the above, your application will be referred to ICDVP for review.

19. CANDIDATE CERTIFICATION AND WAIVER

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I agree that if for any reason my examination papers or result are unavailable, an examination is not held, or my application is denied, any claim I may have shall be limited to the amount of the examination fee.

I give my permission to ICDVP, Inc., its volunteers and its staff to investigate my background as it relates to statements contained in this application for certification. I understand that false or misleading statements or intentional omissions shall result in the denial or revocation of certification.

I consent to the release of information contained in my application file and other related materials to ICDVP, Inc. staff and volunteer members and Continental Testing Services, Inc.

I further agree to hold ICDVP, Inc., Continental Testing Services, Inc., its officers, members and employees free from any civil liability for damages and complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with the application and subsequent examinations, and/or failure of ICDVP, Inc. to issue certification.

I have read and agree to abide by the ICDVP, Inc. Code of Ethics which are a part of this application.

Signature

Date

Mail completed form with fee(s) to:

**Illinois Certified Partner Abuse Intervention
Professional Certification Examination
Continental Testing Services, Inc.
P.O. Box 100
La Grange, IL 60525-0100**

(CONTINUE APPLICATION ON BACK)

**CERTIFIED PARTNER ABUSE INTERVENTION PROFESSIONAL (CPAIP)
SUPERVISOR ASSESSMENT, Part 1**

I am submitting an application to become a Certified Partner Abuse Intervention Professional. I have identified your agency as one where I successfully completed work that may be used toward the requirement of 150 hours of successful supervised work within 3 years of exam at an IDHS approved Partner Abuse Intervention Program (PAIP). In submitting this form to you, I hereby waive any right I may have to view or inspect this form after it is completed, now or in the future. Note: No application will be accepted unless this form is processed as described below.

Applicant Name (Print)

Applicant Signature

DATE

Instructions to supervisor: The above listed individual has named you as a current or former supervisor and has requested documentation of the number of hours of work supervised by you. Refer to the Eligible Services List (found on pages 12 and 13 of the ICDVP Policy Manual) for types of functions that may be included. Note that the CPAIP credential indicates a higher level of skill, knowledge, and commitment than is required by the Illinois Department of Human Services to work in an IDHS approved program. Document only those hours for which the applicant **successfully performed eligible services at an IDHS approved Partner Abuse Intervention Program (PAIP) within 3 years of exam**. The applicant has waived the right to view or inspect this form.

Complete the form documenting the total number of successful service hours on page one and in each category on page two. Certify that this work was successfully completed. Place the form within an envelope bearing the name of your agency. **Seal the envelope, tape the flap shut, and sign your name diagonally across the flap and onto the body of the envelope.** Return the form to the applicant.

_____ I certify that the above listed individual has successfully performed hours of eligible services and I certify that this individual is qualified to become a Certified Partner Abuse Intervention Professional. This certification is based on:

_____ personal supervision by me and/or

_____ evaluations from former supervisors working for this program.

_____ I am unable to certify that this person has successfully completed hours of direct service and do not believe that this individual is qualified to become a CPAIP.

The 150 hours of supervision in question occurred over the course of the following dates:

FROM: ____/____/____ **TO** ____/____/____
Month Day Year Month Day Year

Printed Name of Supervisor

Title

Signature

Date

CPAIP Number:

Expiration Date

Name of IDHS Approved (PAIP)

Street Address

City, State, Zip Code

Phone Number

Email address

Directors Name (printed)

Director's signature

Candidate Name: _____
Certified Partner Abuse Intervention Professionals
Supervisor Assessment Part 2

The services listed below clarify the kinds of activities that qualify for the 150 hours of service requirement. Candidates are required to fulfill all the Group Service and Victim Service Contact hours as part of the 150 hours. For example, candidates may choose to complete 142 Group Service hours and 8 Victim Service hours. Please list the hours of successful work in the areas shown below:

SERVICES	Number of Hours
<p>Group Services: Services provided by a partner abuse intervention professional to more than one adult client at a time, with the purpose of educating, challenging belief systems, providing necessary information, promoting responsibility and holding clients accountable for their abusive behavior. The groups must be co-facilitated, preferably by a male/female co-facilitation team.</p> <p>This must account for at least 120 hours of supervision</p>	
<p>Victim Service Contact: Involvement would include direct service with a victim/survivor through employment or volunteer work at a victim services agency, partner safety checks, or communication in a professional capacity with victims/survivors. Victim service contact should account for no fewer than 8 hours and no more than 20 hours of service. This requirement may also include involvement on a committee that advocates for victims/survivors of domestic violence. Involvement in a committee may account for no more than 8 hours of supervision</p>	
<p>Intake Assessments: A one-to one interaction between a partner abuse intervention professional and an adult client. Examples of intake assessments include collecting information pertaining to the abuser. This may account for no more than 15 hours of supervision.</p>	
<p>Counseling: A one-to-one interaction between a partner abuse intervention professional and an adult client. Examples of counseling include: education, problem solving, promoting responsibility, working with clients who are not appropriate for group intervention, addressing co-occurring conditions, making referrals to appropriate services and holding clients accountable for their abusive behavior. This may account for no more than 7.5 hours of supervision.</p>	
TOTAL HOURS	

**SPECIAL EXAMINATION ARRANGEMENTS
LANGUAGE PROFIECIENCY**

For the
Illinois Certified Domestic Violence Professional and the
Certified Partner Abuse Intervention Professional Examinations

The Illinois Certified Domestic Violence Professionals, Inc. values diversity in the domestic violence field. Some test candidates for whom English is not their first language may experience difficulty taking a test in English and may benefit from special examination arrangements. Such candidates may, upon approved request:

- Have an additional 30 minutes to take the exam;
- Bring with them to the exam a dictionary that translates English into another language. This dictionary must translate word-for-word (no definitions). An electronic dictionary is **NOT** permitted.

To request special examination arrangements related to language proficiency, the applicant must complete the form below and have it signed by their supervisor. This form must be submitted with the candidate's exam application, or **faxed to Continental Testing Services, Inc. at least 8 days before the actual exam date.** Fax number is: 708-354-9922.

**REQUEST FOR SPECIAL EXAMINATION ARRANGEMENTS
LANGUAGE PROFICIENCY**

I am requesting special examination arrangements related to proficiency with the English language. I am a person for whom English is not my first language and have sufficient difficulty with written English that I would benefit from having additional time to take the exam and/or the use of a word to word dictionary, no definitions included, that translates English into my first language. This request must also be signed by my supervisor.

Signature

Printed Name

Supervisor's Signature

Supervisor's Printed Name

ICDVP Code of Ethics

The following Code of Ethics is intended to govern Certified Domestic Violence Professionals (CDVP) and Certified Partner Abuse Intervention Professionals (CPAIP) in their various roles and relationships and at the various levels of responsibility at which they function. These principles also serve as a basis for adjudication by the Illinois Certified Domestic Violence Professionals, Inc. when allegations of misconduct are reported.

The Code sets forth general principles of conduct and the judicious appraisal of conduct in our matters which have ethical implications. This Code is not intended to be all inclusive or exhaustive. CDVPs/CPAIPs are expected to adhere to the spirit as well as the letter of this Code.

A CDVP or a CPAIP is required to abide by any disciplinary rulings based on the Code which will be determined by an unbiased jury of professional peers. A CDVP or a CPAIP shall also take adequate measures to discourage, prevent, and correct the ethical misconduct of colleagues.

1. Have a primary commitment to provide the highest quality professional support for those who seek services.
2. Protect the safety of domestic violence victims at all times.
3. Maintain confidentiality of the working relationship and information resulting from it consistent with all legal obligations.
4. Do not exploit any relationship, including but not limited to; clients, staff funders or for personal advantage.
5. Do not solicit client of one's agency for private practice.
6. Do not have sexual or romantic relationships with clients.
7. Avoid any action that will violate or diminish the legal and civil rights of clients.
8. Do not condone or engage in sexual or other harassment as defined by the law.
9. Do not discriminate against clients or professionals based on age, gender, gender identity, spiritual beliefs, race, ethnicity, sexual orientation, marital status, national origin or ability.
10. Develop knowledge, personal awareness, and sensitivity pertinent to the client populations served and incorporate culturally relevant techniques into their practice.
11. Be willing to release or refer a client to another program or individual when it is in the best interest of the client.
12. Do not perpetuate or condone domestic violence as defined in the Illinois Domestic Violence Act and its amendments.
13. Respect the rights and the views of other professionals, agencies and organizations serving domestic violence perpetrators and victims.

ICDVP Code of Ethics

14. Take personal responsibility for professional growth.
15. Do not knowingly misrepresent their credentials of those or their employer.
16. Abide by all ICDVP requirements for professional certification standards.
17. All certified individuals and agencies must remain in compliance with state, local and federal law.
18. Work in the best interest of clients, so long as it is consistent with safety for victims and children and ethical standards
19. Do not practice outside the scope of their competence and credentials.
20. Acknowledge that they are mandated reporters under the Illinois Abused and Neglected Child Reporting Act and the Elder Abuse Act.
21. Acknowledge their responsibility under the Illinois Mental Health Code to warn of any imminent threat of harm by notifying the threatened person and appropriate law enforcement agencies and/or personnel.

In addition to all of the above, due to the specific nature of work with perpetrators of domestic violence, CPAIPs will also abide by the following:

22. Challenge clients to develop the skills needed to be safe and accountable.
23. Work to protect the legal and civil rights of clients without colluding in client's oppression of their intimate partner.

Violators will result in suspension of certification(s) pending the outcome of the investigation of charges/complaints. When the outcome of the complaint/charge is finding of guilty-certification (s) will be revoked at the sole discretion of ICDVP, Inc.

