

# CHECKLIST

## Certified Partner Abuse Intervention Professional (CPAIP) Exam

**IMPORTANT: All items must be included with your exam application. An incomplete exam application can result in not being scheduled for examination.**

Proof of 40-hour training

- 40-hour Domestic Violence training certificates obtained prior to 2004 will not be accepted
- 40-hour Domestic Violence training must have been completed at an ICDVP certified 40-hour training site

Proof of 20-hour PAIP training

- PAIP training must have been completed at an ICDVP certified PAIP training site or training on a specific model such as Duluth or Emerge

Statement of Arrest or Conviction

- If you answer YES to any of the questions in this section, you must provide details. Refer to exam application for specifics.
- If you answer YES to any of the questions in this section, your application will be referred to ICDVP for review.

Supervisor Assessment Form

- This form is part of the exam application
- Supervision includes 150 hours of satisfactory and documented services supervised by a current CPAIP employed by an IDHS approved PAIP program within 3 years of exam application to be a Certified Partner Abuse Intervention Professional.
- Form must be the original NOT a copy
- The supervisor must complete the form documenting the total number of hours the candidate has completed. The form must be placed within an envelope bearing the name of the supervisor's agency. The envelope must be sealed, taped shut, and the supervisor must sign their name diagonally across the flap and on the body of the envelope. The envelope must then be returned to the candidate so they can include it with their application.

Exam Application Payment

- Payment must be written to "Continental Testing Services" (NOT to ICDVP)
- Payment must be a certified check or money order. No personal checks.
- Payment is non-transferable from one individual to another
- Payment must accompany the exam application

**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: \$200.00  
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. **(Proof of training enclosed)**

15. Yes \_\_\_ No \_\_\_ I have completed 150 hours of satisfactory and documented services supervised by a *current CPAIP employed by an IDHS approved PAIP program* employed by an IDHS approved PAIP program – within 3 years of application to be a Certified Partner Abuse Intervention Professional. (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 give my permission to ICDVP, Inc. to use my contact information for future communication. I understand it is my responsibility to ensure that all contact information is correct.

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.

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**Applicant Name (Print)**

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**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**

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Printed Name of Supervisor

Title

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Signature

Date

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CPAIP Number:

Expiration Date

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Name of IDHS Approved (PAIP)

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Street Address

City, State, Zip Code

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Phone Number

Email address

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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><b>Group Services:</b> 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><b>This must account for at least 120 hours of supervision</b></p>	
<p><b>Victim Service Contact:</b> 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. <b>Victim service contact should account for no fewer than 8 hours and no more than 20 hours of service.</b> This requirement may also include involvement on a committee that advocates for victims/survivors of domestic violence. <b>Involvement in a committee may account for no more than 8 hours of supervision</b></p>	
<p><b>Intake Assessments:</b> 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. <b>This may account for no more than 15 hours of supervision.</b></p>	
<p><b>Counseling:</b> 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. <b>This may account for no more than 7.5 hours of supervision.</b></p>	
<p><b>TOTAL HOURS</b></p>	

**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.

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**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.

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Signature

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Printed Name

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Supervisor's Signature

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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.