

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
 - 20-hour PAIP training certificates obtained prior to 2011 will not be accepted
 - PAIP training must have been completed at an ICDVP certified PAIP training site.
- Special Accommodations
 - Indicate you are requesting special accommodations for ADA or Language Consideration.
 - See Language Proficiency form in the exam application for language consideration.
 - See Continental Testing Services (CTS) home page for State Exam ADA Forms and instructions.
- 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.
- Exam application and fees must be mailed to the following address:

Illinois Certified Domestic Violence Professional Certification Exam
Continental Testing Services, Inc.
P.O. Box 100
La Grange, IL 60525-0100

**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 40-hour training site.
NOTE: 40-hour domestic violence training certificates obtained prior to 2004 will not be accepted.
YES _____ NO _____ Proof of training completion enclosed.
14. I have completed 20 hours of partner abuse intervention specific training at an ICDVP approved PAIP training site.
NOTE: 20-hour PAIP training certificates obtained prior to 2011 will not be accepted.
YES _____ NO _____ Proof of training completion enclosed.

15. I have completed 150 hours of satisfactory and documented services supervised by a current CPAIP employed by an IDHS approved PAIP program that is currently adhering to the IDHS Administrative Code within 3 years of exam application to become a Certified Partner Abuse Intervention Professional.
Yes ___ No ___ _____ Supervisor Assessment included
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**

**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 in the ICDVP Manual for types of services 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 and IDHS Approved Program. Document only those hours for which the applicant performed eligible services at an IDHS approved PAIP program within 3 years of examination. The applicant has waived the right to view or inspect this form.

Complete the form documenting the total number of service hours the candidate has 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 completed the 150 required 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 certify that the above listed individual has completed 8 hours of Victim Service Contact at the following Domestic Violence Agency: _____

_____ I am unable to certify that this individual successfully completed the required hours of eligible services and do not believe that this individual is qualified to become a CPAIP.

The 150 hours of supervised practice 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 – SERVICES/DEFINITIONS

The services listed below clarify the kinds of activities that qualify for the 150 hours of supervised work requirement. CPAIP candidates must have at least 90 hours of the 150 hours in Group Services and a minimum of 8 hours in Victim Service Contact.

SERVICES	Number of Hours
<p>Group Services – Any services provided by a partner abuse intervention professional to more than one adult 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. This must account for at least 90 hours.</p>	
<p>Victim/Survivor Contact - Direct service with a victim/survivor as an employee or volunteer at a domestic violence victim service agency to include partner safety checks, appropriate referrals, or communication in a professional capacity with victim/survivors. This requirement may also include involvement in a committee that advocates for victims/survivors. This must account for a minimum of 8 hours of supervised direct service.</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 a potential PAIP participant.</p>	
<p>Counseling - A one-to-one interaction between an 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.</p>	
<p>Case Management/Advocacy – Activities by a partner abuse intervention professional to advocate with other entities regarding participant issues. Case management with the participant to access services.</p>	
<p>Prevention - Activities by a partner abuse intervention professional that promote awareness of the dynamics of domestic violence and provide information to reduce the likelihood of domestic violence.</p>	
<p>Training - Provision of domestic violence information by a partner abuse intervention professional to other professionals who are in contact with people who cause harm or victims/survivors to assist them in developing more appropriate responses to domestic violence that align with ICDVP standards.</p>	
	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <small>Page 6 of 10 Revised Dec. 1, 2024 2024 Continental Testing Services, Inc.</small> </div>

<p>Outreach & Community Education - Direct contact by a partner abuse intervention professional with people in a community setting to identify and educate about domestic violence effects and available services.</p>	
<p>Systems Advocacy - Actions by a partner abuse intervention professional to change established systems to ensure a more effective and appropriate response to domestic violence.</p>	
<p>TOTAL HOURS</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.

**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



Illinois Certified Domestic Violence Professionals, Inc. Code of Ethics

The following Code of Ethics is intended to govern Certified Domestic Violence Professionals (CDVP) and Certified Partner Abuse Intervention Professionals (CPAIP) and ICDVP certified sites 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 Board of Illinois Certified Domestic Violence, Inc. when allegations of misconduct are reported.

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

ICDVP Certified professionals and ICDVP certified sites are required to abide by any disciplinary rulings based on the Code of Ethics which will be determined by an unbiased panel of professional peers. ICDVP certified professionals and certified sites shall also take adequate measures to discourage, prevent, and correct the ethical misconduct of colleagues.

ICDVP certified professionals and certified sites shall abide by the following:

1. Protect the safety of domestic violence victims/survivors at all times.
2. Have a primary commitment to provide the highest quality professional support for those who seek services.
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 or funders for personal advantage.
5. Do not solicit clients 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 law.
9. Do not discriminate against clients or professionals based on age, gender, gender identity, spiritual beliefs, race, ethnicity, sexual orientation, marital status, socio-economic status, national origin, legal status 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 the best interest of the client.
12. Do not perpetuate or condone domestic violence as defined in the Illinois Domestic Violence Act (IDVA) and its amendments.
13. Respect the rights and the views of other professionals, agencies, and organizations serving people who cause harm and victims/survivors of domestic violence.
14. Take personal responsibility for professional growth.

15. Do not knowingly misrepresent their credentials or those of their employer.
16. Abide by all ICDVP requirements for professional certification standards.
17. All certified professionals and sites 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/survivors 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 Adult Protective Services 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 the above, due to the specific nature of work with people who cause harm, Certified Partner Abuse Intervention Professionals and certified sites 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.
24. Adhere to all the principles of the IDHS Administrative Code for approved PAIP programs.

Violations of this Code of Ethics may result in suspension or revocation of certification(s) at the sole discretion of ICDVP, Inc.