

**TRAINING AND EDUCATION LOG FOR DOMESTIC VIOLENCE SPECIALIST/DOMESTIC VIOLENCE PREVENTION SPECIALIST
RECERTIFICATION**

Please list hours of Domestic Violence Training and Education. Training and education hours must have occurred after the *submission* date of the applicant's last DVS application. This includes workshops, conferences, agency in-service training, and formal coursework towards a degree. Documentation (copies of certificates, training agendas, CEU credits, workshop descriptions, etc.) must be attached and labeled for each training and education event. Please make additional copies of this log as needed.

Name of Applicant: _____

Date	Topic/Title	Sponsor Agency	Presenter/Trainer	Clock Hours	Category (I through XIII)	Type of Training	Documentation Provided
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Webinar/teleconference <input type="checkbox"/> In-service <input type="checkbox"/> Other in-person event	<input type="checkbox"/> Yes <input type="checkbox"/> No

I CERTIFY THAT ALL INFORMATION PROVIDED IS ACCURATE AND THAT I HAVE ATTENDED THESE EVENTS FOR THE INDICATED HOURS.

Applicant's Signature

Date

Total Hours Submitted

TOTAL HOURS THIS PAGE _____
PAGE ____ OF ____