

TRAINING AND EDUCATION LOG FOR INITIAL APPLICANTS FOR DOMESTIC VIOLENCE SPECIALIST CERTIFICATION

Please list hours of Domestic Violence Training and Education. At least 50% of training and education hours must have taken place within the last five years. This includes workshops, conferences, agency in-service training, and formal coursework towards a degree. Please refer to the Domestic Violence Specialist Initial Application Information Booklet for a complete list of categories and descriptions. 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. You may use your own tracking system (i.e. Excel spreadsheet) in lieu of this log as long as the required information is included.

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 ____