

# New Jersey Association of Domestic Violence Professionals

c/o NJCBW 1670 Whitehorse - Hamilton Square Road Trenton, NJ 08690

## July 1, 2009-June 30, 2011 DVS Recertification Application

Please review the "Information and Directions" page in this packet before completing this form. Verification of attendance is required for all Continuing Education (CE) Hours. A recertification fee of \$50.00 must be included. Checks and money orders should be made payable to: NJCBW.

NAME \_\_\_\_\_

DVS Number (next to the year on your certificate) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE/E-MAIL: \_\_\_\_\_

### Section I: NJADVP Pre-Approved/DV-Related Subjects\*

Course Title	Instructor/Source	Type of Course	CE Hours

\*A minimum 10.5 of the 21 required CE Hours must be documented in Section I. Non-classroom CE hours are eligible for only 5.0 CE Hours total in all categories and may be divided between sections.

**Section I Total** \_\_\_\_\_

### Section II: Non-Approved and/or Non-DV Related Subjects\*\*

Course Title	Instructor/Source	Type of Course	CE Hours

\*\* The remaining 10.5 CE hours of the 21 required CE Hours are allowed in this section. Five (5.0) non-classroom CE hours are eligible for use in this section, if not used for the hours in Section I. For non-DV related subjects, attach an explanation of how this content will enhance your work in the DV field.

**Section II Total** \_\_\_\_\_

### Section III: Teaching and/or Authorship and/or Grant Writing of DV Materials

Course, Publication and/or Grant Title	CE Hours
Attach a copy of the course outline, or a copy of the publication, or a copy of the Table of Contents and Title/Author page from longer publications or grant summation page.	

**Section III Total** \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**TOTAL HOURS** \_\_\_\_\_

FOR OFFICE USE ONLY: Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_