

New Jersey Association of Domestic Violence Professionals

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

July 1, 2007-June 30, 2009 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 out to: NJCBW.

DVS NAME _____ DVS # (next to the year on your certificate) _____
 ADDRESS _____ PHONE/E-MAIL: _____

Section I: Required Hours

Subject Category*	Course Title /Instructor	CE Hours
Race and Culture		

*A minimum 3 of the total 21 CE hours must be documented in Race and Culture. Web-based and/or telephone conferences are not eligible for CE Hours in this Section.

Section I Total _____

Section II: Elective Hours

NJADVP Pre-approved/DV Related Subject**	Course Title/ Instructor	CE Hours

** A minimum 12 of the 18 Elective CE Hours must be documented in NJADVP pre-approved, DV related subjects. Web-based and/or telephone conferences are eligible for only 3 CE Hours.

Non-Approved and/or Non-DV Related Subject***	Course Title/ Instructor	CE Hours

*** A maximum 6 CE hours of the 18 Elective CE Hours are allowed for consideration in this category. Web-based and/or telephone conferences are eligible for CE hours. 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 of DV Materials

Course and/or Publication Title	CE Hours
	Please attach a copy of the course outline, or a copy of your publication,
	or a copy of the Table of Contents and Title/Author page from longer publications.

Section III Total _____

APPLICANT'S SIGNATURE _____	DATE _____	TOTAL HOURS _____
FOR OFFICE USE ONLY: Reviewer's Signature _____	Date _____	

