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
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.	
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.	
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.	
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.	
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.	
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.	
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.	

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.	
Systems Advocacy - Actions by a partner abuse intervention professional to change established systems to ensure a more effective and appropriate response to domestic violence.	
TOTAL HOURS	