**Idaho Council on Domestic Violence**

**CEU Report**

**Organization**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Name Hours Initial**

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I certify that the above-named employees have completed the hours of instruction as indicated above.

**SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director**

**Guidelines for filing CEU Hours**

* Please attach a separate sheet detailing any employee’s who have left your organization, and any new personnel (including date of hire, and position). Please note any name changes that may have occurred on this attachment as well.
* Please print legibly or type the report, as it may affect the accuracy of our records.
* If no hours were accrued during specified quarter, there is no need to report the name on the sheet.
* Each line on the sheet corresponds to one employee, there is no need to list specific conferences/training's attended, just total amount of hours accrued.
* Acceptable "Levels" are [B]asic, [I]ntermediate, and [A]dvanced. Please see the ICDV Domestic Violence Program and Personnel Standards booklet, page 12 for more information.
* For each line, the **program director** must initial next to it certifying that the said hours were completed.
* Each program will only need to send in one signed and initialed CEU Report sheet unless they have greater than 20 Employees whose CEU hours they are reporting, in which case, just continue on to a new sheet.