

C.R.S. §14-10-127.5 DOMESTIC VIOLENCE AND CHILD ABUSE
TRAINING AFFIDAVIT

*The CFI/PRE must turn in one submission containing certificates of completion of all required training hours and this training affidavit.

I acknowledge the following as it relates to the training courses listed below (initial each of the following):

_____(INITIAL) A professional trainer conducted the training, and the professional trainer has substantial experience in assisting survivors of domestic violence or child abuse. (See §14-10-127.5, C.R.S.)

_____(INITIAL) The professional trainer relied on evidence-based and peer-reviewed research conducted by recognized experts or research conducted in the field by recognized domestic violence victim advocates that focuses on the types of abuse described in §14-10-127.5(5)(b) and did not include theories, concepts, or belief systems in the required training that are not supported by evidence-based and peer-reviewed research or research conducted in the field by recognized domestic violence victim advocates. (See §14-10-127.5, C.R.S.)

_____(INITIAL) The training was culturally informed and did not include information that is discriminatory because of a child's or parent's disability, race, creed, religion, color, sex, sexual orientation, gender, gender identity, gender expression, culture, national origin, ancestry, or immigration status. (See §14-10-127.5, C.R.S.)

_____(INITIAL) The training courses focused on domestic violence and child abuse, including child sexual abuse; physical abuse; emotional abuse; coercive control; implicit and explicit bias, including biases relating to parties with disabilities; trauma; long-term and short-term impacts of domestic violence and child abuse on children; victim and perpetrator behavioral patterns and relationship dynamics within the cycle of violence; interviewing; and forensic report writing.

* REMAINDER OF PAGE INTENTIONALLY LEFT BLANK*

	Name of course as it appears on attached certificate of completion (if the session is part of a larger conference, please list the name of the conference and the session title)	Date completed	Clock hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

VERIFICATION TO BE COMPLETED BY THE CFI/PRE

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

I, _____, affirm that I have (*check only one box*):

completed the initial 20 hours of Domestic Violence and Child Abuse training in compliance with C.R.S. §14-10-127.5.

completed the 15 hours of ongoing Domestic Violence and Child Abuse training in compliance with C.R.S. §14-10-127.5.

Executed on the ____ day of _____, _____, at _____.
(date) (month) (year) (city or other location, and state OR country)

(Printed name)

(Signature)