Domestic Violence State Coordinating Council

Recertification Application Coversheet

Batterers' Intervention Program Recertification

Authority: Tennessee Code Annotated § 38-12-110

Name of Program_____

Date submitted_____/_____/_____

Address: _____
_____
_____ Zip Code_____

Telephone Number (___) _____
Fax Number (___) _____

Email Address _____@_____

Areas to be served: _____
(Counties or Cities) _____

Name of Person Submitting the Application_____

Address (If different from above) _____
_____

Telephone Number (_____) _____
Fax Number (_____) _____

Email Address _____@_____

Type of Program ❑Non-profit ❑Public/Governmental
❑ Private practitioner ❑ For Profit_____
❑ Other_____

_____ _____
Executive's Name & Title Application Submitter

Office Use Only:
*Date designee received*_____/_____/_____ *Recertification expires*___/___/___