**Batterer’s Intervention Program**

**Certification Application**

**Domestic Violence State Coordinating Council**

Before completing this application, please review Chapter 0490-1: Rules for Batterer’s Intervention Programs. All Certified Batterer’s Intervention Programs are subject to these Rules, and it is upon these Rules that the application will be evaluated.

• The main principles guiding your batterers’ intervention program should be **Victim Safety** and **Offender Accountability**

• A batterer’s intervention program MUST work with the local domestic violence shelter. To the greatest extent possible, victim advocates from your local domestic violence shelter should be the people contacting and communicating with victims.

•A batterers’ intervention program cannot operate alone and should be a part of the coordinated community response.

• A batterer’s completion of the program is not predictive of future nonviolence or non-abusive behaviors. The best indicator of whether an individual is behaving in a non-violent manner is to ask those who live with him

• The victim/partner’s name MUST be blackened out on any forms containing her information. Please do not blacken out the batterer’s name.

• Remember that the procedures should outline the specific steps that will be taken to follow each policy, including the relevant documentation and communication that is to take place.

•If you need sample forms for guidance when creating your Policies and Procedures please contact the Coalition. Please keep in mind that the sample forms do not constitute legal advice. Should you need legal assistance in completion your application or complying with the Rules you should consult an attorney. These forms are suggested ways to comply with the standards and should be modified to suit the structure of your community and batterers intervention program

**Date of Submission:**

**Name of the Program:**

**Name of person submitting the application:**

**Mailing Address:**

**Telephone Number: ( )**

**Fax Number: ( )**

**Email Address:**

**Areas to be served (counties or cities):**

**Address(es) where classes are/will be held:**

**Class schedule:**

**Day of the Week: Time:**

Type of Program ❑ Non-profit ❑ Public/Governmental

 ❑ For Profit ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your organization’s mission statement?
2. What is your program philosophy?
3. What materials or programs has your program developed aimed at increasing community awareness of domestic violence and available resources? Please attach examples.
4. In what ways is your program involved in efforts in the community to reinforce the understanding of the need for and support of batterer accountability and to end domestic violence? Please attach supporting documents.

**Curriculum:**

Which BIP curriculum will the class be using?

❑Duluth ❑Emerge ❑Men Stopping Violence

❑Other (attach a copy of the curriculum to your application): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑I understand that in addition to the lessons, each curriculum must include the statutory definitions of “domestic abuse”, “victim”, and the acts of abuse that may or may not be criminal offenses as found in Tennessee Code Annotated 36-6-601

❑ I understand that by indicating that my BIP will be using Duluth/Emerge/MSV, my BIP facilitators will need to attend training to become certified in the use of that curriculum.

❑ I understand that by indicating that my BIP will be using Duluth/Emerge/MSv, I am obligated to use the curriculum in its entirety.

**Personnel:**

Please attach copies of your BIP’s:

\_\_\_Personnel Policy \_\_\_ Supervisor job description \_\_\_Facilitator/instructor job description \_\_\_ Training Policy

\_\_\_Sexual Harassment Policy \_\_\_ Staff Training Log

\_\_\_Supervisory Contact Log \_\_\_Staff Training Outline & Objectives

BIP Staff names:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each BIP staff member please attach:

­­­\_\_\_Proof of education \_\_\_Signed Free from Abuse Statements

\_\_\_Background check \_\_\_Signed Staff Certification Statements

**Contact with Victims and Victim Advocates:**

Please attach copies of your BIP’s:

\_\_\_Victim Contact Policy \_\_\_Victim Contact Form

\_\_\_Victim Confidentiality Policy \_\_\_Victim Notification Letter

\_\_\_Victim Advocate Consultation Form \_\_\_Safety Planning Information

\_\_\_List of Domestic Violence Services

**Class Policies and Structure:**

Please attach copies of your BIP’s:

\_\_\_Reporting Policy \_\_\_Referral Out Form

\_\_\_Information Sharing Policy \_\_\_Referral Form

\_\_\_Research Policy \_\_\_Responsibility Plan

\_\_\_Participant Policy \_\_\_Incident Report Form

\_\_\_Referral Policy \_\_\_Progress Report Form

\_\_\_Class Structure \_\_\_Communications Checklist

\_\_\_Group Rules \_\_\_Attendance Forms/Sign in Sheet

\_\_\_Orientation Materials \_\_\_Roster/Class Schedule

\_\_\_Screening Form \_\_\_Group notes

\_\_\_Inspection of Pertinent Records Form \_\_\_Fee Schedule

\_\_\_Participant Contract \_\_\_Completion Letter

\_\_\_Letter of Discharge \_\_\_List of Referrals/Resources

**Additional Required Attachments for All Applicants:**

\_\_\_ $200 Certification Fee (T.C.A. § 38-12-110): Checks should be made payable to the Tennessee Coalition to End Domestic & Sexual Violence.

\_\_\_Current documentation of ongoing working relationships (i.e. letter(s) of collaboration from local domestic violence shelter(s) and services).

\_\_\_Organizational Chart

\_\_\_Signed Monitoring Agreement

\_\_\_Participant File (name redacted; may be a mock file if the program is new): Must include five consecutive group notes and five group sign in sheets.

\_\_\_Optional: Any additional information you think the Council should know about the BIP

When complete, please mail this form and all attachments to:

Batterers’ Intervention Recertification Application

Domestic Violence State Coordinating Council

2 International Plaza Drive; Suite 425

Nashville, TN 37217

Questions? Call: 615-386-9406

*Office Use Only:*

*Date designee received\_\_\_\_/\_\_\_\_/\_\_\_\_ Recertification expires\_\_\_/\_\_\_/\_\_\_*