**Batterers’ Intervention Program**

**Recertification Application**

**Domestic Violence State Coordinating Council**

Instructions: In accordance with TCR 0490-1, it is the policy of the Domestic Violence State Coordinating Council (DVSCC) that certified batterer intervention programs should submit all necessary application documents for re-certification prior to, but no later than sixty (60) days after, the expiration date of the program's certification. Accordingly, if application materials are not received by the Council's designee (Tennessee Coalition to End Domestic & Sexual Violence) prior to, or within sixty (60) days after, expiration of the program's certification, certification shall be deemed void.

**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 held:**

**Class schedule:**

**Day of the Week: Time:**

Type of Program ❑ Non-profit ❑ Public/Governmental

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

Were there any conditional items listed on the original BIP certification letter to be completed by re-certification? \_\_\_\_ No \_\_\_\_Yes; if yes, please attach documentation to show that the conditional items have been completed.

Which court do most of the BIP’s referrals come from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since the BIP’s last certification, have any new staff been hired to work in the BIP? \_\_\_\_No

\_\_\_\_Yes. If yes, for each new staff member please attach:

* Proof of education
* Background check
* Signed Free from Abuse Statements

Since the BIP’s last certification, have there been any changes made to the:

* Victim Contact Policies and/or Procedures: \_\_\_\_ No

\_\_\_\_ Yes; if yes, please attach documentation of all changes.

* Victim Confidentiality Policy and/or Procedures: \_\_\_\_ No

 \_\_\_\_ Yes; if yes, please attach documentation of all changes.

* Reporting Policies and/or Procedures: \_\_\_\_ No

\_\_\_\_ Yes; if yes, please attach documentation of all changes.

* Information sharing Policies and/or Procedures: \_\_\_\_ No

\_\_\_\_ Yes; if yes, please attach documentation of all changes.

* Curriculum: \_\_\_\_ No

\_\_\_\_ Yes; if yes, please attach documentation of all changes.

Required Attachments for All Applicants:

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

\_\_\_Copy of original letter of certification

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

\_\_\_Batterer Responsibility Plan

\_\_\_Copy of contract signed by participant

\_\_\_Updated signed Free from Abuse Statements from BIP staff

\_\_\_Staff training logs and documentation since last certification

\_\_\_Updated signed Monitoring Agreement

\_\_\_Participant File (name redacted): Must include five consecutive group notes and five group sign in sheets.

\_\_\_Program Outcomes since last certification:

 # of participants:\_\_\_\_\_\_

 # referred to court for non-compliance:\_\_\_\_\_\_

 # completing program:\_\_\_\_\_

 Any other follow up data on outcomes:\_\_\_\_\_\_

\_\_\_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

404 BNA Drive; Suite 210

Nashville, TN 37217

Questions? Call: 615-386-9406

*Office Use Only:*

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