Domestic Violence State Coordinating Council Application Coversheet

Batterers' Intervention Program Certification

Authority: Tennessee Code Annotated § 38-12-110

Name of Program_		
Date submitted	//	
Telephone Numbe Fax Number	r ()	_ -
Email Address	(<u></u>
Areas to be served (Counties or Cities	:)	
Name of Person St	ıbmitting the Application_	
Address (If differe	-	
Telephone Numbe Fax Number	r ()	
Email Address		
Type of Program	□Non-profit □ Private practitioner	□Public/Governmental □ For Profit □ Other
Executive's Name	& Title	Application Submitter
Office Use Only: Date designee recei	ved / / Cer	tification expires / /