



INDIANA COALITION AGAINST DOMESTIC VIOLENCE, INC

**BATTERER INTERVENTION PROGRAM
CERTIFICATION APPLICATION**

Date of application: _____

Agency Information:

Agency name: _____

Program name and Director: _____

Agency address: _____

City _____ State _____ Zip: _____

Telephone: _____ Fax: _____

Primary Contact person: _____

Contact Email and Phone: _____

Indicate one: Not for Profit _____ For Profit _____
Partnership _____ Corporation _____ Sole Proprietorship _____

Owners: Name _____
Name _____

Officers: President _____
Secretary/Treasurer _____

Additional office locations _____

Program Information:

Submit a Policy and Procedure Manual to address at a minimum the policies addressed in these Standards. Procedures should be included to address each policy.

Batterer Intervention Program Principles of Practice:

Enclosure Number 1***

Enclose the section(s) of your Policy and Procedure Manual documenting compliance with Section IV, Principles of Practice from ICADV Standards for Batterers Intervention Programs. Submit a list of staff/position with agency and an organizational chart.

Waiver of Confidentiality:

Enclosure Number 2***

Enclose the section(s) of your Policy and Procedure Manual documenting compliance with Section V, Waiver of Confidentiality from ICADV Standards for Batterers Intervention Programs. Submit the Waiver of Confidentiality and intake packet that participants sign.

Ethical Standards for BIP Providers

Enclosure Number 3***

Enclose the section(s) of your Policy and Procedure Manual documenting compliance with Section VI, Ethical Standards for BIP Providers from ICADV Standards for Batterers Intervention Programs. Submit signed and dated Code of Ethics for program providers. Submit a photo of the Notice of rights posted at the agency.

Educational and Training requirements for BIP Providers***

Enclose the section(s) of your Policy and Procedure Manual documenting compliance with Section VII, Educational and Training requirements for BIP Providers from ICADV Standards for Batterers Intervention Programs.

Attach a listing of education hours for each certification – Attach Provider Application Form B, and Code of Ethics Form A for each BIP provider. Submit continuing education hours for each certified staff member.

Service Standards and Content

Enclosure Number 4***

Enclose the section(s) of your Policy and Procedure Manual documenting compliance with Section VIII, Service Standards and Content from ICADV Standards for Batterers Intervention Programs. Submit sample letters to batterers/participants and referral sources. Submit Orientation Packet that is provided to participants. Submit batterer's rights and form that participant signs when entering program. Submit discharge forms, records, and letters. Submit a list of groups provided, what audience the group is targeted to, and facilitator for agency/groups. Submit curriculum, agenda, and all educational pieces/role plays/videos/activities, etc. that will be used for group sessions.

Monitoring

Enclosure Number 5***

Enclose the section(s) of your Policy and Procedure Manual documenting compliance with Section IX, Monitoring from ICADV Standards for Batterers Intervention Programs. Include evidence of your compliance with Monitoring Standard, such as Memorandum of Understanding with agency, or letter from monitor. Submit quarterly monitoring forms if application is for recertification.

Partner Contact

Enclosure Number 6***

Enclose the section(s) of your Policy and Procedure Manual documenting compliance with Section X, Partner Contact from ICADV Standards for Batterers Intervention Programs. Enclose sample letters to victims, partner contact forms, referral sheets and documentation forms.

Duty to Warn

Enclosure Number 7***

Enclose the section(s) of your Policy and Procedure Manual documenting compliance with Section XI, Duty to Warn from ICADV Standards for Batterers Intervention Programs.

***** MARK ALL ENCLOSURES*****

Applicant agrees ICADV has the right to conduct site visits to ensure compliance with the standards. Applicant further agrees ICADV may truthfully reveal to the general public applicant's certification status, and findings and conclusions issued by ICADV in response to allegations of ethical violations.

Director Signature

Date

Please call ICADV for fee information. 317-917-3685 ext. 22