

**INDIANA COALITION AGAINST DOMESTIC VIOLENCE, INC.**

**BATTERER INTERVENTION PROGRAM  
RENEWAL APPLICATION ADDENDUM**

**\*\*Submit along with Certification Packet.\*\***

Date of application \_\_\_\_\_

**Agency Information:**

Agency name: \_\_\_\_\_

Program name: \_\_\_\_\_

Agency address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person, phone number and email address:

\_\_\_\_\_

Indicate: Not for Profit \_\_\_\_\_ For Profit \_\_\_\_\_

Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Owners: Name \_\_\_\_\_

Name \_\_\_\_\_

Officers: President \_\_\_\_\_

Secretary/Treasurer \_\_\_\_\_

Additional office locations \_\_\_\_\_

**Program Information:**

Days and Times of Groups

Provider:

City:

\_\_\_\_\_

\_\_\_\_\_

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Any groups other than English (i.e. women perpetrator groups)?

Days and Times of Groups

Provider:

City:

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Describe changes made in your programs since previous certification was granted:

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Number of sessions in your program \_\_\_\_\_

Describe how those sessions are broken down by subject, role plays, control logs, topic:

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**Attachments required to accompany this application:**

1. Up-to-date continuing education hours for certified providers/staff members.
2. Quarterly monitoring reports for the last two years for all providers listed above.
3. New signed and dated monitoring Memorandum of Understanding.
4. New applications for all BIP providers (to include new signed Code of Ethics, Forms A and B).
5. Any new staff applications for certification with appropriate documentation and signed Forms A and B.
6. Attach a list of non-certified providers.
7. Updated letters that are sent to victims and referral sources.
8. Any updated Policies and Procedures since previous certification.
9. Photo of Notice of Rights posted in the agency.
10. Attach curriculum, agendas, educational items used in groups, etc

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date