

**BIP CERTIFICATION APPLICATION
BATTERERS' INTERVENTION PROGRAM**

**FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF CERTIFICATION AND MONITORING**

DATE: _____

NAME OF PROGRAM: _____

ADDRESS: _____

TELEPHONE NUMBER: (_____) _____

JUDICIAL CIRCUITS TO BE SERVED _____

TERMS AND CONDITIONS:

*It is understood and agreed upon by the undersigned that (1) approval status granted as a result of this application is for the purpose set forth herein and is in accordance with all applicable state laws and regulations and policies of the Florida Department of Corrections, Office of Certification and Monitoring; (2) I have read the **Certification Procedures and Minimum Standards for Assessors and Batterers' Intervention Programs** in its entirety and I agree to adhere to all program standards, policies and procedures contained therein that apply to my certification as an assessor/program (3) My program/assessment files will be monitored based on the monitoring instruments contained in the certification packet; (4) Any failure to correct deficiencies after proper notification by the Office of Certification and Monitoring may result in de-certification (5) any proposed changes in the certification process as approved, will be submitted in writing by the Office of Certification and Monitoring, Florida Department of Corrections and, upon notification to the assessor/program, shall be deemed incorporated into and shall become a part of this approval; and (6) that this approval is subject to annual renewal.*

Any misstatement or misrepresentation made in the application process may be cause for denial or revocation of certification.

Chief Executive Officer (please print)

Chief Executive Officer (signature)

Date

1/2000

NAME OF PROGRAM: _____

The following must be attached with the application:

- A signed, completed application form found in Part Two of the Certification Procedures and Minimum Standards for Assessors and Batterers' Intervention Programs,
- A cover letter requesting certification as a batterers intervention provider, along with a check for \$ 300.00, made payable to the Florida Department of Corrections.
- A brief narrative demonstrating an understanding of the established minimum standards and how the program will implement these standards.
- Proof of insurance (General liability, fire, etc.).
- A statement signed by the executive director, president or sole proprietor (on program letterhead) advising of program sites accessibility to persons with disabilities in accordance with Public Law 101-36, Americans with Disabilities Act, USC s.504 of the Rehabilitation Act (29 USC 704, the Architectural Barriers Act of 1968 (42 USC 4151-4157, as amended) Uniform Federal Accessibility Standards 795, 29 June, 1987.
- A statement signed by the executive director and on program letterhead that the applicant is an Equal Opportunity Employer (EOE) and that it has a hiring policy that supports employment of persons who represent the demographic diversity of the local area.
- A copy of a code of ethical conduct (on program letterhead) for staff that actively promotes work on staff's own issues of power and control and prohibits: use of violence, use of illegal drugs, use of alcohol prior to or during working hours, conflicts of interest and sexual conduct with program participants.
- A copy of the program's emergency plan for facilitators on program letterhead (i.e. dangerous or disruptive participants).
- A copy of the program's duty to warn policy on program letterhead.
- A copy of the program's sexual harassment policy, signed by the executive director and on program letterhead.
- Copies of all degrees, certificates and/or documentation of required education, training and experience for each program staff member as outlined in the standards.
- A complete, **current** resume for all program staff. The resume should clearly indicate the staff member's experience in domestic violence, families in crisis, victim advocacy and
- Job descriptions for specific program staff and a list specifying the role of each staff member (i.e. John Smith-facilitator, Mary Jones-facilitator, supervisor, Jane Wilson-victim liaison, etc.