



Batterers' Intervention Program Certification Application

Instructions: This application must be completed for new certification as well as annual renewal by the owner or the designated representative of a corporation or partnership. Email the application and required documents to the Department at BIPCertification@myflfamilies.com. Certification is contingent upon completion of all requirements outlined in Chapter 65H-2, F.A.C. and renewal certification is dependent on completion of any corrective action imposed by the Department. An incomplete application will not be accepted.

Type of Application. Check Appropriate Box(es)

- New Application
- Renewal Application
- Change of Ownership
- Change of Address or Added Location
- Multiple Circuits

Applications for initial certification of a Batterers' Intervention Program shall include:

- Form CF 831, Batterers' Intervention Program Certification Application
- The program's policy and procedure manual
- All screening and assessment tools
- All curricula, forms, and informational brochures used by the program
- Educational, experiential, and training documentation for each direct service staff and, if applicable, contracted assessor (diploma, transcript, resumé, training certificates, proof of supervision hours, etc.)
- Form CF 1649, Affidavit of Good Moral Character, (insert date), which is incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-14615>, for each direct service staff and contracted assessor. Thereafter, this information must be updated and maintained in such a form as to permit review for rule compliance by the Department.

Applications for renewal of certification of a Batterers' Intervention Program shall include:

- Form CF 831, Batterer Intervention Program Certification Application
- Any updates made to the following information initially provided in the application for initial certification:
- Policy and procedure manual
 - Screening and assessment tools
 - Curricula, forms, and informational brochures used by the program
 - Educational, experiential, and training documentation for each direct service staff and, if applicable, contracted assessor

The Batterers' Intervention Program Certification Application and any accompanying documentation must be submitted to the ODV for renewal of certification at least 60 days prior to the expiration of certification to ensure that a lapse of certification does not occur.



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APPLICANT INFORMATION	
Name of Applicant (First Middle Last):	
Position/Title:	
Check One:	<input type="checkbox"/> Owner <input type="checkbox"/> Designated Representative (corporations and partnerships only.)
Applicant's Mailing Address:	
County:	
Telephone Number:	
Email Address:	

LEGAL OWNERSHIP OF BIP

Complete only one: Corporation, Partnership, or Individual

CORPORATION (not-for-profit or for profit)	
Registered Name:	
FEID Number:	
Registered Agent:	
Position/Title:	
Registered Mailing Address:	
County:	
Telephone Number:	
Email Address:	
Attachments required:	<input type="checkbox"/> Certificate of status or acknowledgement letter of registration from the FL Dept. of State

PARTNERSHIP or LLC	
Registered Name:	
FEID Number:	
Registered Agent:	
Position/Title:	
Registered Mailing Address:	
County:	
Telephone Number:	
Email Address:	
Attachments required:	<input type="checkbox"/> Certificate of status or acknowledgement letter of registration from the FL Dept. of State <input type="checkbox"/> A list of partners/members with title, address, and phone number.



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INDIVIDUAL	
Name of Owner (First Middle Last):	
Position/Title:	
FEID Number/ DL Number:	
Business Mailing Address:	
County:	
Telephone Number:	
Email Address:	

PROGRAM INFORMATION	
Name of Program as it is to appear on certification:	
Program Street Address (do not enter P.O. Box): <i>If more than one location, attach additional sheet(s) in the application.</i>	
City:	
County:	
Zip Code:	
Telephone Number:	
Email Address:	
Program Mailing Address, if different than above:	
City:	
County:	
Zip Code:	
Number of Locations:	
Judicial Circuit(s) Served:	

Please specify BIP model used:

- Psychoeducational
- Cognitive Behavioral Therapy
- Other: (identify)

Name of Curriculum(s) used:



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SITE LOCATION AND PROGRAM SCHEDULE		
List locations, day, and time of all running or proposed group(s).		
STREET ADDRESS, CITY, COUNTY (please specify if group is virtual)	DAY(s) of groups	TIME(s) of groups

ONSITE DIRECTOR INFORMATION	
If more than one site, please attach additional sheets.	
Name of Director (First Middle Last):	
Professional License Number (if applicable):	
City:	
County:	
Zip Code:	
Telephone Number:	
Email Address:	

FACILITATOR INFORMATION		
<i>Attach additional sheets if needed. All facilitators must be approved by the Department.</i>		
Name (First Middle Last)	Professional License No. (if applicable)	Employed or Contracted?



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ASSESSOR INFORMATION		
Name (First Middle Last)	Professional License No. (if applicable)	Employed or Contracted?



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Attestation

I attest that the named program in this application meets all standards for state certification as required by Chapter 65H-2, Florida Administrative Code, and sections 741.325 and 741.327, Florida Statutes, and that all staff required to do so by Chapter 65H-2 have passed at minimum a Level 1 background screening. By submission of this application and upon approval for certification, I agree to abide by all standards, policies and procedures that apply to the operation of a certified batterers' intervention program. I understand that falsification of application information is grounds for denial or revocation of certification, and that certification is non-transferable.

Under penalty of perjury punishable as provided in section 837.06, Florida Statutes, I swear and affirm that all information given within this application is complete and accurate.

Print Name of Applicant _____

Signature of Applicant _____

STATE OF FLORIDA COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, _____.

My Commission Expires

Commissioned Notary Public, State of Florida

My signature, as a Notary Public, verifies the applicant's identification has been validated by:
