



APPLICATION FOR CERTIFICATION BATTERER INTERVENTION PROGRAM

Check Appropriate Box(es)

- ☐ New - \$300
☐ Renewal - \$150
☐ Change of Ownership
☐ Change of Address
☐ Change of Director

PLEASE TYPE OR PRINT LEGIBLY

Instructions: This application must be completed for new certification as well as annual renewal by the owner of the program or in the case of a corporation or partnership, the designated representative of the owner. A separate application and fee must be submitted for each circuit. Mail the application with the application fee and required documents to the department at the address provided. Make checks payable to the Department of Children & Families. Renewal of certification is contingent upon completion of any corrective action imposed by the department. An incomplete application will not be accepted.

PROGRAM INFORMATION

Program ID (Not required for new applications)			
Name of Program as it is to appear on certification			
Program Street Address (do not enter P.O. Box) If more than one location, attach additional sheet(s).			Judicial Circuit Served
City	County	Zip Code	Number of Locations within Circuit
Telephone No.	Fax No.	Email Address	
Program Mailing Address, if different			
City	County	Zip Code	

GROUP(S) SCHEDULE

List locations, day, and time for group(s). For first-time applicants, list proposed schedule

STREET ADDRESS, CITY, COUNTY	DAY	TIME

ONSITE DIRECTOR INFORMATION (If multiple sites with multiple directors, attach additional sheets.)

For initial application, attach copy of resume and CF 1649D, Declaration of Good Moral Character form

Name of Director	First	Middle	Last	Professional License No. (if applicable)
City	County			Zip Code
Telephone No.	Fax No.	Email Address		

FACILITATOR INFORMATION (Attach additional sheets if needed.)

All facilitators must be approved by the department. For each, attach college transcript, training certificates, current resume and CF 1649D, Declaration of Good Moral Character form. Attachments are not required for previously approved facilitators on renewal applications, but must be maintained in personnel file.

Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)

APPLICANT INFORMATION (Applicant is the person with authority to request certification.)

For initial application attach copy of resume and CF 1649D, Declaration of Good Moral Character form

Name of Applicant	First	Middle	Last	Position/Title
Check One:	<input type="checkbox"/> Owner <input type="checkbox"/> Designated Representative (Applicable to corporations and partnerships only.)			
Applicant's Mailing Address				
City	County			Zip Code
Telephone No.	Fax No.	Email Address		



ATTACHMENT 1

APPLICATION FOR CERTIFICATION BATTERER INTERVENTION PROGRAM ADDITIONAL PROGRAM LOCATIONS

Authority: ss. 741.325, 741.327, F.S., Chap. 65C-5, F.A.C.

PLEASE TYPE OR PRINT LEGIBLY

Instructions: For programs with more than one business location, please provide information for each location.

PROGRAM & ONSITE DIRECTOR INFORMATION			
A copy of the resume and DCF Form ____, Affidavit of Good Moral Character, is required for initial certification only.			
Name of Program			
Program Street Address (do not enter P.O. Box)			Number of Locations
City	County	Zip Code	Judicial Circuit
Telephone No.	Fax No.	Email Address	
Name of Director <i>First</i> <i>Middle</i> <i>Last</i>			Professional License No. (if applicable)
City	County	Zip Code	
Telephone No.	Fax No.	Email Address	
Program Street Address (do not enter P.O. Box)			Number of Locations
City	County	Zip Code	Judicial Circuit
Telephone No.	Fax No.	Email Address	
Program Mailing Address, if different			
City	County	Zip Code	
Name of Director <i>First</i> <i>Middle</i> <i>Last</i>			Professional License No. (if applicable)
City	County	Zip Code	
Telephone No.	Fax No.	Email Address	
Program Street Address (do not enter P.O. Box)			Number of Locations
City	County	Zip Code	Judicial Circuit
Telephone No.	Fax No.	Email Address	
Program Mailing Address, if different			
City	County	Zip Code	
Name of Director <i>First</i> <i>Middle</i> <i>Last</i>			Professional License No. (if applicable)
City	County	Zip Code	
Telephone No. ()	Fax No. ()	Email Address	



ATTACHMENT 2

APPLICATION FOR CERTIFICATION
BATTERER INTERVENTION PROGRAM
FACILITATORS

Authority: ss. 741.325, 741.327, F.S., Chap. 65C-5, F.A.C.

PLEASE TYPE OR PRINT LEGIBLY

Instructions: Please list additional facilitators below.

FACILITATOR INFORMATION				
All facilitators must be approved by the department. Attach copies of college transcripts, training certificates, current resume and DCF Form ____, Affidavit of Good Moral Conduct. Documents are not required for previously approved facilitators on renewal applications.				
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)
Name	First	Middle	Last	Professional License No. (if applicable)