

**N. C. Department of Administration  
North Carolina Council for Women and Youth Involvement  
Batterer Intervention Program  
Annual Renewal Process**

North Carolina Administrative Code, Title One – Administration, Chapter 17 – Council on the Status of Women, Section .0700 – Abuser Treatment Programs, sets forth the minimum standards of practice for abuser treatment programs for domestic violence offenders and outlines the procedure for approval of Batterer Intervention Programs by the Council for Women & Youth Involvement. 01 NCAC 17 .0702

01 NCAC 17.0703 (a) provides that “In addition to initial approval, each abuser treatment program shall be reviewed annually by the commission.” The following document outlines the procedures and process for the annual review of each approved abuser treatment program by the Council for Women & Youth Involvement as described in the North Carolina Administrative Code. The rules, along with the renewal application, are available at [www.councilforwomen.nc.gov](http://www.councilforwomen.nc.gov) or by contacting the CFW&YI at (828) 251-6169 or the Raleigh office at (919) 733-2455.

**INSTRUCTIONS: Annual Renewal Process:** The Renewal process entails the submission of the following required documents:

1. Complete cover sheet
2. Choose one of the two following pages to complete:
  - a. **No Changes Certification page**, asserting there were no program changes made since application or last renewal date. This Certification page must be signed by the Agency Director.OR
  - b. **Changes to program page**: List any changes made since program application or the last renewal date (including/but not limited to: changes in program Director/direct service staff/group facilitators; program location; curriculum).
3. Provide a new signed Memorandum of Understanding (MOU) with the local Victim Service agency in each county where ATP services are provided. (Not a TASC MOU)  
**\*Renewal will not be complete without a current (after January 1 of current year) MOU**
4. State Batterer Intervention Program (BIP) Philosophy
  - a. This should be the same program philosophy you submitted with your original application. If it has changed, please list it as a change to your program with document 2b.

5. Complete list of BIP staff members and titles. Direct Service Staff (those responsible for intake and assessment) and Group Facilitators (those responsible for facilitating groups). These are only the people involved with the Batterer Intervention Program itself, we do not need a complete staff listing of your agency.
6. Attach documentation of continuing education in domestic violence training, for each BIP staff. Direct Service Staff, minimum of 20 hours, and Group Facilitator(s) minimum of 6 hours. This training may be obtained through a combination of internal (i.e., presented within the agency as an in-service, with documentation) and external sources (i.e., regional or state conferences, on-line presentations, with documentation). Continuing Education hours must be completed between February 21<sup>st</sup> of the previous year and February 19<sup>th</sup> of the renewal year. Reported CEUs must be spread out through the year. **\*\*Please limit hours from CE4Less.com to no more than 5 hours.\*\***
7. Complete Program impact questions.
8. Please attach new copies of Victim Safety Materials as well as any outreach materials you would like us to have on file.

**Renewal forms must be postmarked by February 20 (No Faxed Copies accepted)**

**\*\*ALL SIGNATURES MUST BE IN BLUE INK\*\***

Submit completed form to:

NC Council for Women  
Batterer Intervention Program Manager  
46 Haywood St. # 309  
Asheville, NC 28801  
Phone: 828-251-6169

**N. C. Department of Administration  
Council for Women & Youth Involvement  
Batterer Intervention Program Yearly Renewal**

Date of Renewal: \_\_\_\_\_

Number of years agency has been providing BIP services: \_\_\_\_\_

**A. Provider Identification (Administrative Location):**

1. Name of Agency: \_\_\_\_\_

2. Name of Program if different from Agency name: \_\_\_\_\_

3. Administrative Address \_\_\_\_\_

4. Program location address if different from administrative office:

\_\_\_\_\_

5. Telephone \_\_\_\_\_ Fax \_\_\_\_\_

6. Website (if applicable): \_\_\_\_\_

7. Agency/Program Director: \_\_\_\_\_

8. Name of Person Completing Statistical Reports: \_\_\_\_\_

9. Email Address of Program Director: \_\_\_\_\_

10. Status: ( ) Public ( ) 501©(3) non-profit ( ) Private-for-profit

11. Gender of Clients Served: Males \_\_\_\_\_ Females \_\_\_\_\_

12. Spanish-speaking services provided: Yes  No

B. Delivery Site(s): (use additional sheet if necessary) List individual county names and office addresses, including Judicial Districts, of each site where groups are held. Indicate that you have attached a signed MOU with the Victim Service Agency in each County where BIP service is provided.

1. County \_\_\_\_\_  
Judicial District: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email if different: \_\_\_\_\_  
MOU Attached: \_\_\_\_\_

2. County: \_\_\_\_\_  
Judicial District: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email if different: \_\_\_\_\_  
MOU Attached: \_\_\_\_\_

3. County: \_\_\_\_\_  
Judicial District: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email if different: \_\_\_\_\_  
MOU Attached: \_\_\_\_\_

4. County: \_\_\_\_\_  
Judicial District: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email if different: \_\_\_\_\_  
MOU Attached: \_\_\_\_\_

**Certification: The information provided in this renewal is accurate**

\_\_\_\_\_  
Signature (Agency Director)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

CERTIFICATION OF NO CHANGES

(Complete next page if *there have been* changes to  
the program from last recertification period)

I certify that the Batterer Intervention Program,

\_\_\_\_\_, is in compliance with all rules  
(Name of Agency, if different)

set out in NC Administrative Code, Title One – Admin., Chapter 17 – Council on the

Status of Women, Section .0700 Abuser Treatment Programs. I further certify that no

changes have been made from the original application, or from the last renewal date, and

that all information is still accurate.

\_\_\_\_\_  
Signature of Agency Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature and Seal

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires

**Submission of Changes to Original Application or last Recertification**

\_\_\_\_\_ submits the following changes or updates  
(Name of Agency)

to the original application or last recertification period for approval by the Council for

Women and Youth Involvement submitted on: \_\_\_\_\_  
(original date of application or date of last reported change)

List each change and reference the applicable Rule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**CERTIFICATION**

I certify that the above information is true and correct and that in all aspects the program is in compliance with the rules set out in North Carolina Administrative Code, Title One – Administration, Chapter 17 – Council on the Status of Women, Section .0700 – Abuser Treatment Programs.

\_\_\_\_\_  
Signature of Agency Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature and Seal

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires



**CONTINUING EDUCATION CERTIFICATION**

Reference Rule: 01 NCAC 17 .0712

**NOTE:** Documentation for all training must be attached, please limit hours from CE4Less.com to no more than 5 hours. Reported CEUs must be spread out through the year.

**Group Facilitator(s): 6 hours each - List each group facilitator separately below:**

<u>Staff member name</u>	<u>Title of and type of Training (conference, workshop, in-service, video, webinar)</u>	<u>Date of Training</u>	<u># of Hours</u>	<u>Attach documents</u>

**I hereby certify that each group facilitator(s) received a minimum of 6 hours of continuing education or training on domestic violence.**

\_\_\_\_\_  
Signature, Agency Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**CONTINUING EDUCATION CERTIFICATION**

Reference Rule: 01 NCAC 17 .0712

Note: Documentation for all training must be attached, please limit hours from CE4Less.com to no more than 5 hours. Reported CEUs must be spread out through the year.

**Direct Service Staff: 20 hours each - List each Direct Service Staff separately below**

<u>Staff member name</u>	<u>Title of and type of Training</u> <i>(conference, workshop, in-service, video, webinar)</i>	<u>Date of Training</u>	<u># of Hours</u>	<u>Attach documents</u>

**I hereby certify that each Direct Service Staff member received a minimum of 20 hours per year of continuing education or training on domestic violence.**

\_\_\_\_\_  
Signature, Agency Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## **BATTERER INTERVENTION PROGRAM IMPACT**

**Describe any speaking engagements or educational programs the BIP staff have provided during the last year (April – March).**

**Describe community awareness events BIP staff members attended during the last year (April – March, other than trainings).**

**Explain your agency's working relationship with the victim service agency and describe your staff interaction with the victim service agency staff during the last year (April – March).**

**Provide a summary of program participant feedback surveys.**

**Explain other evaluation methods your agency uses to demonstrate impact including recidivism.**