

**N. C. Department of Administration/Domestic Violence Commission**  
**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 on the Status of Women. 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 Domestic Violence Commission as described in the North Carolina Administrative Code. The rules, along with the renewal application, are available at <https://ncadmin.nc.gov/about-doa/divisions/council-for-women> or by contacting the NC 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.

**WE WILL NO LONGER ACCEPT HANDWRITTEN RENEWAL APPLICATIONS.** If you have a technological barrier to completing this form in either Microsoft Word or a PDF editing software (Adobe Acrobat, Lumin PDF, etc.) please contact our office.

2. Provide a new signed and **notarized Memorandum of Understanding (MOU)** with the local Victim Service agency(ies) in each county where ATP services are provided.

*\*New this year, you are required to have each MOU notarized. (A TASC MOU does not fulfill this requirement)*

**\*Renewal is not complete without a current (after January 1 of renewal year) and notarized MOU for each county where services are provided.**

3. State Batterer Intervention Program (BIP) Philosophy

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 documents 7 and 8.

4. 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. Please do not send your entire staff listing for your agency.

5. Complete list of BIP Class Schedule and Fees Charged.

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 3 hours.\*\***

7. **Read, sign and have notarized the Statement of Understanding.** Please read this carefully as the last question pertains to changes to your program from the previous renewal cycle. We have changed the process for reporting program changes.
8. **Please complete the changes to program page ONLY if your program has changed since the previous renewal application.**
  - a. **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). This certification page must be signed by the Agency Director and notarized.
9. **Please attach new copies of Intake and Client Contract Materials.**

**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 and Youth Involvement  
Batterer Intervention Program Manager  
46 Haywood St. # 309  
Asheville, NC 28801  
Phone: 828-251-6169

**N. C. Department of Administration/Domestic Violence Commission  
Batterer Intervention Program  
Annual 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 BIP if different from Agency name: \_\_\_\_\_

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

4. Do you give approval to have this address and phone number made public? Yes  No

5. Program location address if different from administrative office:

\_\_\_\_\_

6. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

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

11. Email Address of Person Completing Statistical Reports: \_\_\_\_\_

12. Name of Staff Member with Direct Curriculum Training: \_\_\_\_\_

13. Status:  Public/Governmental  501(c)(3) non-profit  Private-for-profit

14. Gender of Clients Served: Males  Females

15. 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 and notarized 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:

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

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

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

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

**State your Batterer Intervention Program Philosophy:**


**List all current Batterer Intervention Program Staff, please make a note of which staff are responsible for facilitating groups and which are responsible for Direct Service/Intake (use additional sheet if needed):**

<b>Name</b>	<b>Title/responsibility</b>

**Please list your BIP class schedule and fees charged:**


**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>Certificates /Proof of Training Attached?</u>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>
				<input type="checkbox"/>

**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

**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 (conference, workshop, in-service, video, webinar)</u>	<u>Date of Training</u>	<u># of Hours</u>	<u>Certificates/ Proof of Training Attached?</u>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**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

**North Carolina Domestic Violence Commission  
Department of Administration**

**Batterer Intervention Program Statement of Understanding**

**Please read, sign and notarize this form.**

I understand and agree with the following regarding the information I have submitted for this renewal application to the North Carolina Domestic Violence Commission/Council for Women and Youth Involvement (NC DVC/CFW&YI):

1. The information in my application will be used to create a database of information on the availability of approved Batterer Intervention Programs in the State of North Carolina.
2. Inclusion in the database as an approved Batterer Intervention Program does not create an entitlement or guarantee of referrals. Approval by NC DVC/CFW&YI only guarantees consideration as a referral source for court ordered family violence offenders.
3. NC DVC/CFW&YI may release information regarding the status of my renewal and information regarding decision to deny, revoke or suspend my approval status to referring agencies.
4. If complaints are filed against me or my services, this renewal may be placed under review and my agency subject to investigation as outlined in *NCAC 17.0715*.
5. I will submit quarterly statistical reports to NC DVC/CFW&YI as required by *NCAC 17.0710*.
6. I agree to be audited for compliance with Batterer Intervention Program Rules and Recommendations set forth in N.C. Administrative Code *NCAC 17.0704-17.0718*.
7. I have indicated in the checkbox below that there have or have not been changes to the Batterer Intervention Program since the last renewal.
  - a.  There have been no changes to the Batterer Intervention Program from the last renewal and all information previously submitted is still true and accurate.
  - b.  Changes have been made to the Batterer Intervention Program since the last renewal and I have included a copy of those changes and referenced the applicable rule on the following page.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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



USE THIS PAGE IF THERE HAVE BEEN CHANGES TO THE BIP SINCE THE LAST RENEWAL PERIOD (MARCH OF LAST YEAR)

**CERTIFICATION OF CHANGES MADE  
TO BATTERER INTERVENTION PROGRAM FROM LAST RENEWAL**

\_\_\_\_\_ submits the following changes or updates that have occurred since the last renewal period for approval by the Domestic Violence Commission submitted on: \_\_\_\_\_ .

List each change and reference the applicable Rule:
