



Application for Accreditation Renewal Battering Intervention and Prevention Program (BIPP)

Please Type or Print Legibly

Instructions: This application must be completed for **accreditation renewal** by a provider or designated representative applying on behalf of a program. Email your renewal application to TDCJ-CJAD at the address provided on the third page of the application **60 days prior** to expiration. **Incomplete applications will not be processed.**

Complete only one of the categories listed below.			
PROVIDER - Texas Occupational Codes 152 (State Board of Medical Examiners), 501 (Psychologists), 502 (Marriage & Family Therapists), 503 (Licensed Professional Counselors) and 505 (Social Workers) For initial application attach a copy of your license.			
Name of Applicant: <i>Last</i>		<i>First</i>	<i>M.I.</i>
Professional License No. (if applicable):		Licensing Agency:	
Business Mailing Address:	City:	County:	Zip Code:
Telephone No.:	Fax No.:	Email Address:	
PROGRAM			
Registered Name of Program:			
Is your program? <input type="checkbox"/> Not-for-profit or <input type="checkbox"/> For profit			
If your program is not-for-profit, how long has it been not-for-profit? _____			
Designated Representative: <i>Last</i>		<i>First</i>	<i>M.I.</i>
Professional License No. (if applicable):		Licensing Agency:	
Business Mailing Address:	City:	County:	Zip Code:
Telephone No.:	Fax No.:	Email Address:	

For office use only

Date received _____

Program Number _____

March 2021

GROUP(S) SCHEDULE (Add additional lines if necessary)		
Location: Street Address, City, County (List all locations where services will be provided)	Day	Time
Do you or your program provide groups in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other languages? _____ _____		

STAFF INFORMATION List all staff who work directly with batterers and/or supervise staff who work directly with batterers. (Add additional lines if necessary)			
Name: <i>Last</i>	<i>First</i>	<i>Middle</i>	Professional License No. & Licensing Agency (if applicable)
Name: <i>Last</i>	<i>First</i>	<i>Middle</i>	Professional License No. & Licensing Agency (if applicable)
Name: <i>Last</i>	<i>First</i>	<i>Middle</i>	Professional License No. & Licensing Agency (if applicable)
Name: <i>Last</i>	<i>First</i>	<i>Middle</i>	Professional License No. & Licensing Agency (if applicable)
Who supervises the staff listed above?			

LEVEL OF FAMILY VIOLENCE SERVICES (Please update this information)
Document the level of family violence shelter center(s) or family violence non-residential center(s) available for victims in the county where your program will be providing services. Include name(s) of family violence center(s) county, contact person and phone number. Family Violence Shelter Center: County: Contact Person: Phone Number: Family Violence Non-Residential Center: County: Contact Person: Phone Number:

COLLABORATIVE EFFORTS

Programs or providers seeking accreditation or accreditation renewal should demonstrate with a written plan how they have or are establishing a collaborative working relationship with the CSCD and local family violence agencies to work together on ending family violence for each served county.

A copy of the written plan must be submitted with your application.

If the family violence center(s) declines to collaborate, a program or provider must submit documentation of the attempts made to collaborate.

Submit all required documents with your application:

- Renewal Application
- BIPP Accreditation Statement of Understanding
- BIPP Certification of Program Requirements
- Updated documentation of collaborative efforts

Email your completed application and required documents to:

Texas Department of Criminal Justice-Community Justice Assistance Division

CJAD.BIPP@tdcj.texas.gov



Texas Department of Criminal Justice Community Justice Assistance Division

Battering Intervention and Prevention Program Statement of Understanding

Please read and sign this form.

I understand that the information I have submitted for our renewal application to the Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) will be used to create a database of accredited Battering Intervention and Prevention Programs (BIPPs) in the State of Texas. I further understand and agree that:

- 1) If renewed as an accredited BIPP, I will be included in the database as an accredited BIPP that is available for referrals. I also understand and agree that such inclusion in the database does not create an entitlement to or guarantee of referrals.
- 2) TDCJ-CJAD will release information regarding the status of my application and information regarding decisions to deny, revoke or suspend my accreditation status to all referring agencies.
- 3) If complaints are filed against me, or my services, the renewal application may be immediately denied.
- 4) I must submit monthly activity reports to TDCJ-CJAD in a timely manner.
- 4) I will cooperate with all audits that TDCJ-CJAD may conduct for compliance with the Battering Intervention and Prevention Accreditation Guidelines.
- 5) I understand that if my name is included erroneously as an accredited BIPP, TDCJ-CJAD may remove it from the database.

Signature of Applicant: _____ Date: _____

Name of Applicant (type or print legibly): _____



Texas Department of Criminal Justice Community Justice Assistance Division

Battering Intervention and Prevention Program Certification of Program Requirements

Please read and sign this form.

I certify that the program is being delivered in accordance with the TDCJ-CJAD BIPP Accreditation Guidelines and that:

- 1) If applicable, all program policies and procedures have been updated to reflect requirements in the BIPP Guidelines.
- 2) The program will have available for auditing purposes, current policies and procedures, staff training, client files, and any other program documentation required by the Guidelines.

Failure to maintain or make available any of the above documentation may result in the program's Accreditation being suspended by TDCJ-CJAD.

Signature of Applicant: _____ Date: _____

Name of Applicant (type or print legibly): _____