

Introduction

Introduction and Purpose of the Program

KRS 403.7505 authorizes the Cabinet for Health and Family Services to promulgate administrative regulations to create a batterers intervention certification program for mental health professionals. The program is specifically designed to certify those professionals who provide court-ordered batterers intervention; it does not regulate services to victims except with respect to how collateral contacts with victims are to be made by batterer intervention providers. This program is also limited in scope to court-mandated services to domestic violence batterers.

The purpose of the program is to ensure victim safety through the provision of quality intervention services to domestic violence batterers. The program is also intended to provide for an organized referral resource for the Kentucky court system.

Qualifications of Certified Providers

The administrative regulation entitled "Batterer Intervention Provider Certification Standards" (920 KAR 2:020) establishes the requirements for certification as an autonomous provider who shall be a licensed or certified mental health professional; and certification as an associate provider who may only operate under the supervision of an autonomous provider. Certain credentials, clinical experience, baseline training and continuing education are required.

Procedures for Certification

Mental health professionals interested in becoming certified batterer intervention providers for their local court system shall make written application to the Department for Human Support Services, Batterer Intervention Program. Applicants must include documentation of education, experience, training, and, for associate providers, a signed supervision contract. The Cabinet shall respond to the applicant in writing no later than sixty (60) days after receiving a complete request for certification. Certification lasts for two (2) years.

You must complete this application, including the required attachments specified on page 5, and submit it to:

Jeanne Keen, Program Administrator
Division of Child Abuse and Domestic Violence
275 East Main Street 3 C-G
Frankfort, Kentucky 40621

Application for Certification as a Batterer Intervention Provider

Name: _____ **Professional Title:** _____

Business Address: _____

City/State/Zip: _____

Telephone/Fax: _____

Email Address: _____

Certification Request: Associate _____ Autonomous: _____

List College Degree(s) and granting institution(s):

List Professional License(s) and Certificate(s) held:

List attachments included with this application*:

***An applicant must attach verifiable documentary evidence of the qualifications required by 920 KAR 2:020 Section 4.**

Please include a copy of your current resume with your application.

**DOCUMENTATION OF SUPERVISED WORK EXPERIENCE
FOR AUTONOMOUS PROVIDERS**

*This form is to be completed and signed by Work Supervisor*and is for applicants seeking autonomous function.*

I certify that _____(Applicant Name) has completed _____clock hours of clinical work providing domestic violence services. This experience was divided approximately as follows:

_____ hours working with domestic violence batterers
_____ hours working with domestic violence victims

I further certify that I provided _____clock hours of clinical supervision to the applicant.

As a result of my supervision and experience with the applicant, I:

_____ recommend him/her for certification
_____ do not recommend him/her for certification
_____ will not offer a recommendation

Printed Name of Supervisor

Degree of Supervisor (including license or certificate number)

Signature of Supervisor

Address

City/State/Zip

Telephone

Date of Signature

***Make copies and submit separately if multiple supervisors.**

Application for Certification as a Batterer Intervention Provider

Required Affirmation

I agree to comply with all the requirements established in 920 KAR 2:020. I understand that if I violate any of those requirements my certification as an associate or autonomous provider may be denied or revoked. I also understand that certification is granted for a two (2) year period and renewal of certification requires that I receive and be able to provide documentary evidence of twelve (12) hours of continuing education related to domestic violence during the period for renewal.

I certify that the information given in this application and attachments hereto is correct and complete to the best of my knowledge. I acknowledge and agree that falsification of information given in this application or an attachment hereto constitutes sufficient grounds for denial or revocation of certification. I here by authorize the Cabinet to inquire of any institution, agency, organization or person it deems necessary to verify the contents of this application and attachments hereto. I hereby authorize any institution, agency, organization or person to disclose to the Cabinet any information contained in this application.

I hereby certify that I have not been convicted of pled guilty to any offense listed in 920 KAR 2:020 Section 3(3)(a); I have not had a domestic violence protective order issued against me in the last five (5) years; I am not currently subject to a court order restraining or enjoining me from providing services pursuant to any professional license or certification I hold; and I do not presently have and have not had an alcohol or other drug abuse problem as defined in KRS 222.005 within the tow years immediately prior to the date of this application.

Signature: _____ Date: _____
Name of Applicant

Required Attachments Check-list

Required Attachments for an Associate Provider

1. A copy of a Bachelor's degree conferred by an accredited college or university;
2. A curriculum vitae or other documentation that demonstrates two (2) years and 4000 hours of relevant work experience and
3. Completion of specialty training in domestic violence (must equal or exceed twenty-four (24) clock hours);
4. A supervision agreement (must be signed by the applicant and the supervisor);
5. Letters of recommendation from two (2) victim advocates (one of whom must work for an agency separate from the applicant); and,
6. A copy of the core curriculum for group participation that will be used.

Required Attachments for an Autonomous Provider

1. A copy of a Master's degree or a higher degree from an accredited college or university;
2. A copy of each professional license or certification held by the applicant;
3. Completion of specialty training in domestic violence (must equal or exceed twenty-four (24) clock hours);
4. Documentation of 150 clock hours of supervised domestic violence work experience;
5. A letter of recommendation for certification as an autonomous provider from the professional who provided the clinical supervision required;
6. Letters of recommendation from two (2) victim advocates (one of whom must work for an agency separate from the applicant);
7. A copy of the core curriculum for group participation that will be used.

Certified Batterers Intervention Provider
Clinical Supervision Agreement

For Associate Providers

I am an autonomous Batterer Intervention Provider and I agree to provide one hour per week of clinical supervision to _____

This supervision will include case discussion, review of reading assignments, skill building, direct observation, or review of audio or video recording of assessment or intervention performed by the associate Batterer Intervention Provider.

This supervision will continue until such time that the provider listed above achieves autonomous functioning, no longer works with batterers, or we agree for supervision to end.

After two (2) years of supervising the associate's work experience I may recommend to the Cabinet that the applicant be granted autonomous function.

Printed Name of Supervisor

Signature of Supervisor and Date Signed

Address

City/State/Zip

Telephone

Signature of Associate Batterer Intervention Provider Applicant

***Make copies and submit separately if multiple supervisors**

**REQUEST FOR KENTUCKY STATE POLICE CRIMINAL OFFENSE
CONVICTION/PROTECTIVE ORDER DATA**

Pursuant to KRS 403.7505 and regulations promulgated thereunder, request is made for records maintained by Kentucky State Police of convictions/guilty pleas, including Alford and nolo contendere pleas, to all criminal offenses including but not limited to all felonies and those misdemeanors and violations against person(s), as well as any records of domestic violence protective order(s), (including emergency protective order(s)), issued within the previous five (5) years. This information shall be released to the applicant at the address listed below.

ACKNOWLEDGEMENT BY APPLICANT

I have applied for certification as Batterer Intervention Provider, pursuant to KRS 403.7505 and the administrative regulations promulgated thereunder. I know, agree and hereby authorize the Kentucky State Police (K.S.P.) to provide me with all records of convictions/guilty pleas, including Alford and nolo contendere pleas, of criminal offenses, (including, but not limited to, all felonies and those violations and misdemeanors against persons), as well as records of any domestic violence protective order(s), (including emergency protective order(s)), issued within the previous five (5) years. I know and acknowledge that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the K.S.P. and any K.S.P. employee from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (Please type or print)

Last Name	First Name	Middle Name	Maiden Name
Sex	Race	Date of Birth	Social Security Number
Signature		Date	

Ensure that all applicant information is correctly completed. Send this form along with a check or money Order made payable to the **Kentucky State Treasurer** in the amount of \$10.00 to:

**Kentucky State Police
Attn: Name Search Unit
1250 Louisville Road
Frankfort, KY 40601**

December 15, 2007

Please enclose the original copy as an attachment to your application to become a Certified Batterer Intervention Provider.