



Kentucky Coalition
Against Domestic Violence

KCADV

Batterer Intervention Provider Renewal Request

Name: _____

Current Certification:

Autonomous

Associate

Certificate number: _____

Place of Employment: _____

Address: _____

Business Phone: _____ Cell Phone: _____

Email address: _____

1. Have you been convicted of a felony since your last application or renewal? NO YES
If yes, list offense(s) and provide details on a separate sheet of paper.
2. Have you been subjected to disciplinary action by a mental health credentialing board? NO YES
If yes, give details on a separate sheet of paper.
3. Have you been denied licensure or certification by a mental health credentialing board since your last application? NO YES

AFFIDAVIT

I, _____, am requesting recertification as a Batterer Intervention Provider as defined in 920 KAR 2:210. I certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my certification could be subject to disciplinary action.

I have completed _____ hours of continuing education in the past two years related to domestic violence, pursuant to Section 2 of 920 KAR 2:210. Provide list of courses attended.

Signature: _____ Date: _____

Printed Name: _____

