

Domestic Violence Coordinating Council

Certified Batterer’s Intervention Treatment Program Annual Report Form

1. Please list any new staff members and include a Statement of Qualification Form for each named individual.

Name	Classification applying for: (trainee, facilitator, supervisor)

2. Please list any staff members whose position has changed such as trainee to facilitator and include a Statement of Qualifications form for each named individual.

Name	Current Classification	Classification applying for

3. Please list the program staff included in last year’s application/annual report.

Name	Job Title

4. Please list the current program staff

Name	Job Title

5. Please provide a detailed description of any changes to your program model, if any:

The name of the staff person randomly selected for Continuing Education Review will be forwarded to the Program Director. The Staff Continuing Education Training Logs shall be submitted by the Program Director within 30 days of the DVCC request date.