Wisconsin Batterers' Treatment Provider Association

**Initial Application for Membership**

**This application should be filled out for prospecting WBTPA members who are applying for their first membership or if there has been a lapse in time since their last WBTPA membership.** If your application is approved for membership, the WBTPA will post your name, batterers' treatment program name, and your office contact information on the End Domestic Abuse Wisconsin Website.

The membership year runs from May 1– April 30.
This application is valid for the May 1, 2018 – April 30, 2019 WBTPA membership year.

**Contact information:**

Used for online WBTPA certified provider listings, renewals, membership information, and events.

Program Name

Provider Name

Job Title

Email Address

Is your program wheelchair accessible?

Website

Work/Office Phone

Work/Office Address

Counties Served

Language Services

Local Domestic Abuse Program/Shelter

For questions about the application process, please email wbtpamembership@endabusewi.org or visit www.endabusewi.org/wbtpa.

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**Education**

| Educational Degree(s) | Date(s) Conferred |
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**Continuing Education Units**: Please list your formal classroom training that specifically relates to domestic violence and perpetrator treatment services – including college/university work, workshops, seminars, and conferences. Member must have **40 hours of combined training on domestic violence and perpetrator treatment** services. If you attended the WBTPA meeting, make sure you check the days you attended and enter the number of credits you earned (one unit per hour). ***Please provide documentation for all CEU's you list: brochures, syllabi, transcripts, certificates, etc.*** You can scan and attach documents for proof of CEUs when you send in the application.

| Name of Training | Date(s) of Training | Location | CEU's |
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**Total CEUs (Must equal a minimum of 40):**

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**Batterers' Treatment Experience**

Dates and length of time providing batterers' treatment

Type/nature of experience (e.g. group facilitator, etc.)

Where did you receive your experience? (e.g. program name, city, state)

**Name all co-facilitators in group.**
(Per standards, anyone certified fewer than three years must co-facilitate with others who have met or exceeded the standards.)

| Co-Facilitator Name | Office Phone | Office Name & City | Email Address | WBTPA Certified? (Check if Yes) |
|---|---|---|---|---|
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**Can the WBTPA contact the above co-facilitators regarding membership in the WBTPA?**

☐ Yes

☐ No

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**Affiliation Acknowledgement/Assurances**

Please check all that are true.

☐ 1. I have been charged or convicted of a domestic violence offense within the past two years.
**IF YES**: I have completed a CCR approved batterers' treatment program. ☐
Program name and completion dates:

☐ 2. My agency and I adhere to the 2007 State of Wisconsin Male Batterer Treatment Standards.

☐ 3. My organizational practices prohibit discrimination in employment and the delivery of services.

☐ 4. I or my organization includes battered/formerly battered women in an advisory or review capacity to our batterers' treatment program and curriculum.

☐ 5. I or my agency participates in a local CCR.
Name of CCR:

☐ 6. I am or my agency is a member of another domestic violence organization.
IF YES: Name of organization(s)

☐ 7. I agree with the mission, goals and philosophy of End Domestic Abuse Wisconsin and the Wisconsin Batterers' Treatment Providers Association.

Signature

Date

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**References**

Please list three professional references who are knowledgeable about your work with batterers.

1. Name

   Title

   Agency

   Address

   Phone

   Email

2. Name

   Title

   Agency

   Address

   Phone

   Email

3. Name

   Title

   Agency

   Address

   Phone

   Email

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**Notification Form**

Please complete a copy of this page for each county, geographical area, or location of you batterers' treatment program. If your WBTPA application is approved, **you will send your letter of WBTPA certification to the Chief Judge, District Attorney, Coordinator of Community Response (CCR) and your local Domestic Violence Program/Shelter.** Upon certification, you will receive an unaddressed memo announcing your WBTPA membership along with certification information for each recipient to view. You may fill out the contact information of your selected officials and DV program in the unaddressed memo and give it to them for notification about your WBTPA status.

Please supply the following information for our records:

Your Name

County in which service is provided

| Contact | Name | Office Phone | Office Name & City | Email |
|---|---|---|---|---|
| **Chief Judge** | | | | |
| **District Attorney** | | | | |
| **CCR Coordinator** | | | | |
| **Domestic Violence Program** | | | | |

**When approved, please remember to notify your selected county officials and DV program.**

**Signature**

**Date**

For questions about the application process, please email wbtpamembership@endabusewi.org or visit www.endabusewi.org/wbtpa.

Wisconsin Batterers' Treatment Provider Association
**Initial Application for Membership**

**Letter to Applicant**

Dear Applicant:

The Wisconsin Batterers Treatment Providers Association requires its applicants to contact the domestic abuse program (i.e., shelter) that serves the geographic area of their batterers' treatment program. (This would be the organization that provides safety for battered women and their children in a shelter facility/safe house network or that provides services such as crisis counseling, advocacy, and support groups.)

The WBTPA **requires** applicants to make contact with the domestic abuse program to:

• understand referral processes;

• be informed of services provided by the domestic abuse program for battered women and;

• ensure that victim's safety remains a primary concern for treatment providers.

After making contact and understanding services provided by your local domestic abuse program, please ask your local domestic abuse program to sign the attached letter and then return it with your application.

If you are unable to contact your local domestic abuse program, please note the reasons on the attached letter and return it with your application. This application will not be held up due to the missing documentation, but your next application will mandate that this information be attached.

Finally, please make copies of the attached letter for the domestic abuse program in each county or geographical area of your batterers' program.

Thank you.

The Wisconsin Batterers Treatment Providers Association (WBTPA)

Wisconsin Batterers' Treatment Provider Association
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**Letter to Domestic Abuse Program**

Dear Domestic Abuse Program:

The Wisconsin Batterers Treatment Providers Association (WBTPA), a project of End Domestic Abuse Wisconsin, requires its applicants to contact a domestic abuse program – defined as an organization that provides safety for battered women and their children in a shelter facility/safehouse network or that provides services such as crisis counseling, advocacy, and support groups – that serves the geographic area of their batterers' treatment program.

The WBTPA requires WBTPA applicants to make contact with domestic abuse programs to:

• understand referral processes;

• be informed of services provided by the domestic abuse program for victims and;

• ensure that victim safety remains a primary concern for treatment providers.

Your signature will indicate to the WBTPA that the WBTPA applicant noted below has established contact with your domestic abuse program. This does not imply that you endorse the batterers' program.

Sincerely,

The Wisconsin Batterers Treatment Providers Association

Domestic Abuse Program Name

Address

City, State, Zip

Phone Number

Signature of Domestic Abuse Program Representative

Date

Signature of WBTPA Applicant

Date

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**Agreements Relating to Membership Process**

I am submitting an application for membership in the Wisconsin Batterers Treatment Providers Association (WBTPA). In submitting my application to the WBTPA, I am agreeing to the following:

I certify that all information in my application is accurate and complete. **I also agree to immediately update WBTPA regarding any changes in the information submitted in my application** and agree to provide and/or allow WBTPA to obtain such additional information and execute such additional forms as may be requested by WBTPA in order to evaluate my professional qualifications, competence and conduct.

As an applicant for membership in WBTPA, I have a right to review the information submitted in support of my membership application. I acknowledge that WBTPA will notify me of any information obtained during the membership process that varies substantially from the information I have provided to WBTPA (and that I will have the right to correct any and all erroneous information in my application).

All information contained in this application is warranted to be true, correct and complete.

All policies of the WBTPA are administered without regard to race, color, national origin, ancestry, handicap, sex, marital status or sexual orientation.

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|---|
| Applicant Signature<br><br>Date |

**Send this application along with a copy of your curriculum and your membership checklist to wbtpamembership@endabusewi.org and submit your payment at www.endabusewi.org/wbtpa.**

**Checklist for Submission:**

- ☐ Application
- ☐ Curriculum
- ☐ Checklist
- ☐ Dues

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