

OAG Sexual Assault Training Program (SATP) Certification Application

Section 1 - Sexual Assault Program (SAP) Information

SAP Name	
SAP Address	
SAP City	
SAP State	
SAP Zip Code	
Counties Served	
SATP Primary Contact Name	
SATP Primary Contact Title	
SATP Primary Contact Phone	
SATP Primary Contact E-mail	
Authorized Official Name	
Authorized Official Title	
Authorized Official Phone	
Authorized Official Email	

Section 2 - Eligibility (Yes/No)

	Does your organization meet the definition of a Sexual Assault Program (SAP) as defined by Texas Government Code, Section 420.003 (7)?
	Is the agency is a current SAPCS-State Grantee? (if no then complete SAPCS Minimum Service Standards Assurances Document and SAPCS Minimum Service Standards Verification Form)

Section 3 - Submission Checklist (X all documents included in the agency's submission)

	OAG SATP Certification Application
	Signed SAPCS Minimum Service Standards Assurances Document - ONLY REQUIRED IF NOT A CURRENT SAPCS-STATE GRANTEE
	Signed SAPCS Minimum Service Standards Verification Form - ONLY REQUIRED IF NOT A CURRENT SAPCS-STATE GRANTEE
	SAP's Training Agenda

Section 4 - Certifications and Signature

The undersigned certifies they have reviewed the OAG Sexual Assault Training Program (SATP) Certification Guide and further certifies the applicant meets all the OAG SATP Certification Requirements.

The undersigned certifies the organization's sexual assault training program includes all topics listed in the OAG SATP Curriculum Requirements. The undersigned certifies that the information contained in this application is true and correct to the best of his/her knowledge. Furthermore, the undersigned certifies that the SAP Authorized Official identified above has the authority to submit this application for SATP Certification on behalf of the SAP listed above.

Date	SAP Authorized Official Signature