# 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.

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<th>Date</th>
<th>SAP Authorized Official Signature</th>
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CVSD 03/17