



## Approval Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Building/Office #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Type (Undergraduate, Graduate; Major, Minor, Certificate, Professional Program, micro-credential, etc.): \_\_\_\_\_

### Eligibility Requirements

1. Is the institution's CAST programming currently implemented without conditional provisions to course(s) or faculty?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. CAST faculty and administration will demonstrate a commitment to comply with Zero Abuse Project's CAST Approval process and requirements thereof?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. CAST faculty and administration are committed to cooperating with a CAST site visit (in-person or virtual), CAST auditor questions and requests for information?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. CAST faculty and administrators will provide sufficient preliminary evidence* to evaluate as an indicator that the CAST program is potentially eligible for Approval audit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

\*Note: Preliminary evidence includes:

- CAST Questionnaire filled out in its entirety with supporting evidence where applicable.
- CV of CAST faculty demonstrating ability to teach CAST programming.
- Most current faculty evaluations for CAST instructors.
- Student evaluations of most current CAST courses taught.
- Syllabi of all CAST courses.
- Program enrollment data—CAST demographics (e.g. number students, students by majors) since CAST program implementation.
- Description or documentation of institutional and program competencies (e.g. CAST mission, program learning outcomes; institutional outcomes relevant to CAST).
- Policies in place for mandatory reporting, Title IX reporting, etc. pertinent to documenting and disclosing any maltreatment reports from students.
- Policies for self-care and trauma-informed approaches either embedded in the program, coursework, or at the institutional level.

*Preliminary evidence should be appended to the application document as a supplemental attachment.*

### Application Fee

- Application Fee: \$500.
- Payment forms accepted: Check or electronic bank funds transfer
- Payment should be made to: Zero Abuse Project (following receipt of invoice)

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*Zero Abuse Project reserves the right to modify or otherwise revise this document and any applicable policies related to CAST at any time.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Application Packet Submission

Please send application packet consisting of fully completed application and supplemental preliminary evidence as prefaced above to:

**Tyler Council, Ed.D.** | Director, Child Advocacy Studies (CAST) | Zero Abuse Project  
812.698.1065 | [tyler@zeroabuseproject.org](mailto:tyler@zeroabuseproject.org) | [zeroabuseproject.org](http://zeroabuseproject.org)

*Electronic submissions (via email) or physical copies are accepted at this time.*