



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DOMESTIC VIOLENCE INTERVENTION TREATMENT (DVIT) PROGRAM

Add, Change, or Remove Direct Service Staff for a Certified DVIT Program

All forms must be signed and filled out completely. Incomplete forms will not be accepted. See Washington Administrative Code (WAC) 388-60B for Domestic Violence Intervention Treatment (DVIT) Program standards. There is no fee to submit this application.

Submit the completed application, and supporting documents to:

Department of Social and Health Services (DSHS)
Domestic Violence Intervention Treatment Program Certification
PO Box 45470
Olympia, WA 98504-5470

Program Information		
PROGRAM NAME	TELEPHONE NUMBER (WITH AREA CODE)	
PHYSICAL ADDRESS	CITY	STATE ZIP CODE
DIRECTOR'S NAME	TELEPHONE NUMBER (WITH AREA CODE)	EMAIL ADDRESS
New or Changing Direct Treatment Staff		
NAME	STAFF LEVEL REQUESTED (TRAINEE, STAFF OR SUPERVISOR)	DSHS FORM 10-210, BACKGROUND CHECK AND DOH CREDENTIAL ATTACHED.
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
Removing Direct Treatment Staff		
NAME	LAST DATE OF SERVICE	
Required Documentation for New or Changing Direct Treatment Staff		
<input type="checkbox"/> A statement of qualifications (DSHS form #10-210); and <input type="checkbox"/> A current DOH license as a licensed or registered counselor and the results of current criminal history background checks, conducted in each state the person has lived in for the last ten years.		
Attestation		
I certify under penalty of perjury that the information provided in this application for certification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the denial or loss of program certification.		
DIRECTOR'S SIGNATURE	DATE	PRINT DIRECTOR'S NAME
For Department of Social and Health Services Use Only		
APPROVED BY:	Certified from:	to:
DSHS STAFF SIGNATURE	DATE	PRINT STAFF NAME