



DOMESTIC VIOLENCE INTERVENTION TREATMENT (DVIT) PROGRAM
Continuing Education Summary for DVIT Providers

Washington Administrative Code 388-60B-0275

DIRECT TREATMENT STAFF'S NAME	DVIT PROGRAM'S NAME
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Two years (40 hours) continuing education summary from: _____ to: _____
DATE DATE

Domestic Violence Intervention Treatment Training

All staff having direct treatment contact with participants must complete a minimum of ten hours of continuing professional education in domestic violence intervention treatment each year after the program is certified, or each year after the staff person is added.

COURSE / WORKSHOP / SEMINAR TITLE	DATE: MM/YYYY	PRESENTER / SPONSOR	HOURS COMPLETED	RELATIONSHIP TO DVIT

Domestic Violence Victim Training

All staff having direct treatment contact with participants must complete a minimum of nine hours of continuing professional education in victim training each year after the program is certified, or each year after the staff person is added.

COURSE / WORKSHOP / SEMINAR TITLE	DATE: MM/YYYY	PRESENTER / SPONSOR	HOURS COMPLETED	RELATIONSHIP TO DV VICTIM SERVICES

Suicide Prevention

All staff having direct treatment contact with participants must complete a minimum of one hour of continuing professional education in suicide prevention training each year after the program is certified, or each year after the staff person is added.

COURSE / WORKSHOP / SEMINAR TITLE	DATE: MM/YYYY	PRESENTER / SPONSOR	HOURS COMPLETED	RELATIONSHIP TO DV

This form must be accompanied by completion certificates, course / workshop outline, and supervisor signature.

I verify under penalty of perjury that the information provided on this form for CEUs 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.

SUPERVISOR'S SIGNATURE	DATE	PRINT SUPERVISOR'S NAME
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