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|  |  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 CertificationPO Box 45470Olympia, 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. |
|  |  | [ ]  **Yes** |
|  |  | [ ]  **Yes** |
| **Removing Direct Treatment Staff** |
| NAME | LAST DATE OF SERVICE |
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|  |  |
| **Required Documentation for New or Changing Direct Treatment Staff** |
| [ ]  A statement of qualifications (DSHS form #10-210); and [ ]  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 |