



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) 388-60A 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	