Add or Remove a Service for an Existing DVIT Certification

All forms must be signed and filled out completely. Incomplete forms will not be accepted. See Washington Administrative Code (WAC) 110-60A for Domestic Violence Intervention Treatment (DVIT) Program standards. There is no fee for filing 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

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>TELEPHONE NUMBER (WITH AREA CODE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>PHYSICAL ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>DIRECTOR’S NAME</td>
<td>TELEPHONE NUMBER (WITH AREA CODE)</td>
</tr>
</tbody>
</table>

Adding a Domestic Violence Intervention Treatment Service

Please select all treatment services this program is applying to add:
- [ ] Domestic violence behavioral assessments
- [ ] Levels 1, 2, and 3 domestic violence intervention treatment
- [ ] Level 4 domestic violence intervention treatment

List the name of the supervisor who will facilitate all Level 4 treatment: _______________________________; and
- [ ] Check here to indicate you have attached documentation of their initial six-hour Level 4 training and a completed Level 4 questionnaire.
- [ ] Check here to indicate that you have attached all applicable policies and procedures with this application to provide any new services, as outlined in WAC 110-60A-0115.

Removing a Domestic Violence Intervention Treatment Service

Please select all treatment services this program would like to remove from its existing certification:
- [ ] Domestic violence behavioral assessments
- [ ] Levels 1, 2, and 3 domestic violence intervention treatment
- [ ] Level 4 domestic violence intervention treatment

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