



CHILDREN'S ADMINISTRATION
DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM

Application for Program Certification

The enclosed forms must be filled out completely. Incomplete forms will not be accepted.

The application fee is **\$100.00**. Only those Staff Statement of Qualifications forms (DSHS 10-210) submitted with this application are accepted under this fee; the Department may charge an additional fee for adding documents.

Programs that do not meet the standards for certification will be notified by the Department as stated in WAC 388-60-0465 and WAC 388-60-0485.

Mail completed application to: Department of Social And Health Services (DSHS)
Children's Administration
Domestic Violence Perpetrator Treatment Program Certification
PO Box 45710
Olympia, WA 98504-5710

PROGRAM NAME				FAX NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER
DIRECTOR'S NAME			EMAIL CONTACT		

List names of all direct treatment staff:

NAME	STAFF LEVEL REQUESTED	FOR DSHS USE ONLY	
		APPROVED	DATE

NOTE: The program must submit a completed and signed Staff Statement of Qualifications (DSHS 10-210) for each person listed above.

Our program complies with the following sections of Washington Administrative Code (WAC) 388-60. (If yes, check all applicable boxes.)

- WAC 388-60-0045 Treatment focus
- WAC 388-60-0075 Treatment modality
- WAC 388-60-0065 thru 0305 Program policies and procedures
- WAC 388-60-0315 thru 0395 Treatment staff qualifications
- WAC 388-60-0405 Orientation and continuing professional education requirements
- WAC 388-60-0455 Knowledge of law and justice system practices
- WAC 388-60-0425 Cooperation with domestic violence victim programs

Our program consents to on-site review of program files for the purpose of determining WAC compliance by DSHS staff responsible for certification of domestic violence perpetrator treatment programs. Yes No

I certify under penalty of perjury that the information provided in this application for certification/ re-certification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the loss of program certification.

DIRECTOR'S SIGNATURE	DATE	PRINT DIRECTOR'S NAME
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For Department of Social and Health Services Use Only

Check deposited on: _____ **Certified from:** _____ **to** _____

DSHS STAFF SIGNATURE	DATE
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