



CHILDREN'S ADMINISTRATION  
DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM

### Staff Statement of Qualifications

CA Children's Administration

1. PROGRAM NAME

2. STAFF NAME

3. Status requested: <input type="checkbox"/> Trainee. Employee has not completed at least 250 hours of supervised direct treatment contact with perpetrators and domestic violence victim advocacy services. (Washington Administrative Code (WAC 388-60-0335)) <input type="checkbox"/> Staff. Employee meets all requirements cited in WAC 388-60-0315. <input type="checkbox"/> Supervisor. Employee is qualified to supervise direct treatment staff members and meets all requirements cited in WAC 388-60-0365.	FOR DSHS USE ONLY AUTHORIZED STATUS	
	TRAINEE	
	STAFF	
	SUPERVISOR	

4. a. Have you ever been convicted of a crime involving moral turpitude? .....	YES	NO
b. Have you ever been convicted of a crime involving violence? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been charged or received a deferred sentence for a crime involving violence, moral or sexual issues? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>If the answer to questions 4a, b, or c is yes, explain on page 4.</b>		
d. Have you attached a copy of your WA State patrol criminal history background check? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been charge with a professional ethics violation?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>If the answer to questions 5 is yes, explain on page 4.</b>		
6. Have you ever been a party to a civil proceeding involving domestic violence? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>If the answer to questions 6 is yes, explain on page 4.</b>		
7. Have you attached a copy of a certificate signifying that you are a registered counselor of licensed mental health professional through the Department of Health? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Education**

8. Do you have a bachelor's degree?  Yes  No  
If yes, list the school, location, date, and your major. Attach a copy of your degree.

If no, list the experience you think is equal to a bachelor's degree:

DESCRIBE EXPERIENCE	LOCATION	FROM: MONTH / YEAR	TO: MONTH / YEAR

9. Do you have a master's degree or higher?  Yes  No  
If yes, list the school, location, date, and your major. Attach a copy of your degree.

If no, list the experience you think is equal to a master's degree:

DESCRIBE EXPERIENCE	LOCATION	FROM: MONTH / YEAR	TO: MONTH / YEAR

**Mandatory Training**

10. Do you have at least 30 hours of training from an established domestic violence victims advocacy program?

Yes    No

Complete the following regarding training you received and provide any certificates of completion.

DATE	NAME OF THE PROGRAM PROVIDING TRAINING	TITLE OF TRAINING	INSTRUCTOR	LOCATION / ADDRESS	NUMBER OF HOURS

11. Do you have at least 30 hours of training from a certified domestic violence perpetrator treatment program or an out-of-state domestic violence perpetrator treatment program which meet the standards cited in WAC 388-60?

Yes    No

Complete the following regarding training you received and provide any certificates of completion.

DATE	NAME OF THE PROGRAM PROVIDING TRAINING	TITLE OF TRAINING	INSTRUCTOR	LOCATION / ADDRESS	NUMBER OF HOURS

**Work Experience**

12. Complete the following.

**Supervised Direct Treatment Contact with Perpetrators**

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR / ACADEMIC CREDENTIALS	HOURS

**Domestic Violence Victim Advocacy Services**

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR / ACADEMIC CREDENTIALS	HOURS

**Work Experience (continued)**

13. List your experience in providing group facilitation to perpetrators of domestic violence.

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR / ACADEMIC CREDENTIALS	HOURS

I certify under penalty of perjury, that the information provided in this application for certification / recertification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the loss of certification and/or exclusion of program personnel from providing treatment to perpetrators of domestic violence.

SIGNATURE	DATE	TITLE
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**Explanation of Answers**

4a. Explanation to "Have you ever been convicted of a crime involving moral turpitude?"

4b. Explanation to "Have you ever been convicted of a crime involving violence?"

4c. Explanation to "Have you ever been charged or received a deferred sentence for a crime involving violence, moral, or sexual issues?"

5. Explanation to "Have you ever been charged with a professional ethics violation?"

6. Explanation to "Have you ever been a party to a civil proceeding involving domestic violence?"