DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DOMESTIC VIOLENCE INTERVENTION TREATMENT (DVIT) PROGRAM

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) 388-60B 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

PROGRAM NAME			TELEPHONE NUMBER (WITH AREA CODE)
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
DIRECTOR'S NAME	TELEPHONE NUMBER (WITH AREA CODE)	EMAIL ADDRESS	

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 388-60B-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