

Staff Statement of Qualifications

for Washington Administration Code 388-60B

1. PROGRAM NAME
2. DIRECT TREATMENT STAFF'S NAME
<p>3. Status level requested</p> <p><input type="checkbox"/> Trainee Status (see WACs 388-60B-0210 and 388-60B-0230)</p> <p><input type="checkbox"/> I am currently licensed or registered as a counselor by Washington State Department of Health (DOH).</p> <p><input type="checkbox"/> I am free of criminal convictions involving domestic violence or moral turpitude (if not, I have attached a written explanation of my convictions and a request for an exception to this requirement, which must be approved by DSHS).</p> <p><input type="checkbox"/> I am in good standing with DSHS.</p> <p><input type="checkbox"/> I have a bachelor's degree from an accredited university in a related field (if not, I have attached documentation of year-for-year professional level experience equivalent to a related bachelor's degree and requested an exception from DSHS for the degree requirement).</p> <p><input type="checkbox"/> I have completed a minimum of 30 hours of domestic violence training from an established domestic violence victim services program as defined in WAC 388-60B.</p> <p><input type="checkbox"/> I have completed a minimum of 30 hours of training on the provision of domestic violence intervention treatment, provided by an established and certified DVIT program or other organization that has been approved by DSHS to provide the training. The training included all criteria listed in WAC 388-60B-0210 (4)(c):</p> <ul style="list-style-type: none"> • An orientation to the treatment program, if applicable; • An overview of applicable policies and procedures; • Instructions on how to conduct behavioral assessments; • Instructions on how to facilitate groups; and • Instructions regarding the implementation, administration, interpretation, and utilization of domestic violence offender risk assessment tools. <p><input type="checkbox"/> Staff Status (see WAC 388-60B-0240). I meet all qualifications listed above for trainee and:</p> <p><input type="checkbox"/> I have accrued and documented a minimum of 50 hours of supervised, direct treatment services to domestic violence participants in a certified DVIT program or out of state equivalent and the experience includes observation of at least six (6) certified DVIT groups including debriefings with the facilitator.</p> <p><input type="checkbox"/> I have accrued and documented a minimum of 50 hours of experience working with victims of domestic violence.</p> <p><input type="checkbox"/> Supervisor Status (see WAC 388-60B-0250). I meet all qualifications listed above for trainee and staff, and:</p> <p><input type="checkbox"/> I have a master's degree from an accredited university in a related field (if not, I have not already been given an exception for the bachelor's degree, and I have attached documentation of year-for-year professional level experience equivalent to a related master's degree and a request for an exception from DSHS for the master's degree).</p> <p><input type="checkbox"/> I have accrued and documented a minimum of two years of experience in facilitating DVIT groups at a certified DVIT program.</p> <p><input type="checkbox"/> I have accrued and documented at least two hundred and fifty hours of direct treatment contact with participants in a certified DVIT program.</p> <p><input type="checkbox"/> I have accrued and documented at least one hundred hours of experience working with victims of domestic violence.</p>

4. **Attachments** YES NO
- a. I have attached a copy of my Washington DOH credential as a licensed or registered counselor.....
 - b. I have attached a copy of a background check for each state I have lived in for the past 10 years.....
 - c. I have attached a copy of all my higher education degrees.
 - d. I have attached a copy of all my DVIT and victim services training certificates.
 - e. I have attached any requests for exceptions to a related bachelor's or master's degree.....
 - f. I have attached a written explanation of my convictions and a request for an exception, if applicable.

DVIT and Victim Services Trainings

DATE	NAME AND LOCATION OF PROGRAM	TITLE OF TRAINING	INSTRUCTOR	NUMBER OF HOURS

Work Experience

12. Complete the following.

Supervised experience providing domestic violence intervention treatment:

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

Experience working with victims 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 is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the loss of certification or exclusion of program personnel from providing treatment to perpetrators of domestic violence.

DIRECT TREATMENT STAFF'S SIGNATURE	DATE	TITLE
DIRECTOR'S SIGNATURE	DATE	TITLE