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|  |  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 CertificationPO Box 45470Olympia, 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 treatmentList 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 |