STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION - REGION 4
DIVISION OF CHILDREN AND FAMILY SERVICES
805 156TH AVE. N.E., MS: N40-4
BELLEVUE, WA 98007

February 11, 2009

Bartholomew & Associates
1750 112th Avenue NE, Suite B-218
Bellevue, WA 98004
Attention: Doug Bartholomew

Dear Mr. Bartholomew:

It has come to my attention that an official DSHS letter and certificate was not mailed to you upon your program's current recertification. Please accept this letter as documentation that your program has been recertified to provide domestic violence perpetrator treatment. The period of certification is from June 1, 2008 to May 31, 2010. A certificate signifying program certification is enclosed.

You are designated SUPERVISOR and you are the only person at your agency authorized to provide direct treatment to perpetrators of domestic violence. The Department must be advised of any changes to your staff during the period of certification. Please be aware that for re-certification, documentation of 40 hours (20 hours for each year after certification) of continuing education is required for each staff that provides direct treatment to perpetrators of domestic violence.

If you have any questions, you may contact me by telephone at (360) 902-7602, by FAX at (360) 902-7903, by e-mail at croy300@dshs.wa.gov, or in writing at PO Box 45710, Olympia, WA 98504.

Sincerely,

Roy Carson, Program Manager
Division of Program and Policy
Children's Administration

Department of Social and Health Services

VICTIMS ASSISTANCE UNIT

CERTIFIES

Bartholomew and Associates
1750 112th Avenue NE, Suite B-218
Bellevue, WA 98004

AS QUALIFIED FOR REGULATED PRACTICE ACCORDING TO
THE DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM STANDARDS

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

June 1, 2008
Certification Date

May31, 2010
Expiration Date

Tony G. Carson
Domestic Violence Program Manager

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
14TH & JEFFERSON • OB-2
PO Box 45710 • Olympia, WA 98504-5710
(360) 902-7920 • TDD (360) 902-9706 • FAX (360) 902-7903

June 5, 2006

Bartholomew & Associates
1603 116th Avenue NE, Suite 120
Bellevue, WA 98004
Attention: Doug Bartholomew

Dear Mr. Bartholomew:

Your program has been certified to provide domestic violence perpetrator treatment. The period of certification is from June 1, 2006 to May 31, 2008. A certificate signifying program certification is enclosed.

You are designated SUPERVISOR and you are the only person at your agency authorized to provide direct treatment to perpetrators of domestic violence. Before Myrna Pinedo can be added as direct treatment staff at Bartholomew and Associates, a current criminal history background check performed by the Washington State Patrol will need to be submitted to DSHS.

The Department must be advised of any changes to your staff during the period of certification. Please be aware that for re-certification, documentation of 40 hours (20 hours for each year after certification) of continuing education is required for each staff that provides direct treatment to perpetrators of domestic violence.

If you have any questions, you may contact me by telephone at (360) 902-7602, by FAX at (360) 902-7903, by e-mail at croy300@dshs.wa.gov, or in writing at PO Box 45710, Olympia, WA 98504.

Sincerely,

Roy R. Carson

Roy Carson, Program Manager
Division of Program and Policy
Children's Administration

Department of Social and Health Services

VICTIMS ASSISTANCE UNIT

CERTIFIES

Bartholomew and Associates
1603 116th Avenue NE, Suite 120
Bellevue, WA 98004

AS QUALIFIED FOR REGULATED PRACTICE ACCORDING TO THE DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM STANDARDS

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

June 1, 2006
Certification Date

May31, 2008
Expiration Date

Roy R. Carson
Domestic Violence Program Manager

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
14th & Jefferson • OB-2
PO Box 45710 • Olympia, WA 98504-5710
(360) 902-7920 • TDD (360) 902-7906 • FAX (360) 902-7903

June 2, 2004

Doug Bartholomew
1603 116th Avenue NE, Suite 120
Bellevue, WA 98004

Dear Mr. Bartholomew:

Your program has been certified to provide domestic violence perpetrator treatment. The period of certification is from June 1, 2004 to May 31, 2006. A certificate signifying program certification is enclosed.

You are designated SUPERVISOR and you are the only person at your agency authorized to provide direct treatment to perpetrators of domestic violence. The Department must be advised of any changes to your staff during the period of certification.

Please be aware that for re-certification, documentation of 40 hours (20 hours for each year after certification) of continuing education is required for each staff that provides direct treatment to perpetrators of domestic violence.

If you have any questions, you may contact me by telephone at (360) 902-7602, by FAX at (360) 902-7903, by e-mail at croy300@dshs.wa.gov, or in writing at PO Box 45710, Olympia, WA 98504.

Sincerely,

Roy R. Carson

Roy Carson, Program Manager
Division of Program and Policy
Children's Administration

Department of Social and Health Services

VICTIMS ASSISTANCE UNIT

CERTIFIES

Bartholomew and Associates
1603 116th Avenue NE, Suite 120
Bellevue, WA 98004

AS QUALIFIED FOR REGULATED PRACTICE ACCORDING TO THE DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM STANDARDS

Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

June 1, 2004
Certification Date

May31, 2006
Expiration Date

Roy R. Carson
Domestic Violence Program Manager

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
14th & Jefferson OB-2 • PO Box 45710 • Olympia WA 98504-5710
(360) 902-7920 • TDD (360) 902-7906 • FAX (360) 902-7903

June 17, 2002

Bartholomew and Associates
1400 112th Avenue SE, Suite 210
Bellevue, WA 98004
Attention: Doug Bartholomew

Dear Mr. Bartholomew:

Your program has been certified to provide domestic violence perpetrator treatment. The period of certification is from June 1, 2002 to May 31, 2004. A certificate signifying program certification is enclosed.

You and Bill Kohlmeyer are designated as SUPERVISORS and are the only persons at your agency authorized to provide direct treatment to perpetrators of domestic violence. Before Myrna Pinedo can be added to your agency, a copy of her license with the Department of Health must be submitted.

The Department must be advised of any changes to your staff during the period of certification. In addition, please be aware that for re-certification, documentation of 40 hours (20 hours for each year after certification) of continuing education is required for each staff who provides direct treatment to perpetrators of domestic violence.

If you have any questions, you may contact me by telephone at (360) 902-7602, by FAX at (360) 902-7903, by e-mail at croy300@dshs.wa.gov, or in writing at PO Box 45710, Olympia, WA 98504.

Sincerely,

Roy A. Carson

Roy Carson, Program Manager
Division of Program and Policy
Children's Administration

Department of Social and Health Services

VICTIMS ASSISTANCE UNIT

CERTIFIES

Bartholomew and Associates
1400 122th Avenue SE, Suite 210
Bellevue, WA 98004

AS QUALIFIED FOR REGULATED PRACTICE ACCORDING TO THE DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM STANDARDS

Washington State DEPARTMENT OF SOCIAL & HEALTH SERVICES

June 1, 2002
Certification Date

May31, 2004
Expiration Date

Roy R. Carson
Domestic Violence Program Manager

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia WA 98504-5000

November 2, 1998

Doug Bartholomew and Associates
1400 112th Avenue SE, #210
Bellevue, Washington 98004
Attention: Doug Bartholomew

Dear Mr. Bartholomew:

Your program has been certified to provide domestic violence perpetrator treatment. The period of certification is from November 1, 1998 to October 31, 2000. A certificate demonstrating your program's certification in enclosed.

You have been designated as SUPERVISOR for your program; David Vandegrift, Christie Hope, and Rena Bowden have been designated as STAFF>

The Department must be advised of any changes to your staff during the period of certification. In addition, please be aware that for re-certification, documentation of 40 hours (20 hours for each year after certification) of continuing education for each staff person is required.

Should you have any questions about the above information, you may contact me either in writing at PO Box 45710, Olympia, Washington 98504 or by telephone at (360) 902-7901.

Sincerely,

Maureen Kelly, Program Manager
Division of Program and Policy
Children's Administration

Enclosure

Department of Social and Health Services

VICTIMS ASSISTANCE UNIT

CERTIFIES

Doug Bartholomew and Associates
1400 112th Ave. SE; Bellevue, WA 98004

AS QUALIFIED FOR REGULATED PRACTICE ACCORDING TO
THE DOMESTIC VIOLENCE PERPETRATOR PROGRAM STANDARDS

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

November 1, 1998

Certification Date

October 31, 2000

Expiration Date

Domestic Violence Program Manager

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

January 23, 1998

Douglas Bartholomew
1400 112th Avenue SE, #210
Bellevue, Washington 98004

Dear Mr. Bartholomew:

In response to an unrelated telephone call today from another perpetrator treatment provider, I reviewed some of the files currently held in my pending drawer. Your program's file was placed there due to fact that you had been waiting to obtain training for Rena Bowden the last time we corresponded.

I had in fact reviewed your program back in December of 1996 and authorized certification effective September 1, 1996 to August 31, 1998. However, a copy of the certificate and accompanying letter were not kept in the program file and I am unable to document that these documents were ever sent to you. Therefore, enclosed is a copy of your current certificate for your files and a copy has now been placed in my file also.

My listing for your program does not include Ms. Bowden as a trainee or staff since documentation of completion of 60 hours of training was never received for her. My listing notes you as the sole employee and supervisor of your program. If she now qualifies for trainee or staff, please let me know by sending me documentation of her training.

If you did not previously receive the notification letter, here's the official wording:

- ☐ Your program has been certified to provide domestic violence perpetrator treatment. The period of certification is from January 1, 1998 to December 31, 1999. A certificate demonstrating your certification in enclosed. You have been designated as Supervisor for your program.

- ☐ Please note that the Department must be advised of any changes to your staff during the period of certification. In addition, please be aware that for re-certification, documentation of 40 hours (20 hours for each year after certification) of continuing education for each staff person is required.

Should you have any questions about the above information, you may contact me either in writing at PO Box 45710, Olympia, Washington 98504 or by telephone at (360) 902-7901.

Sincerely,

Maureen Kelly, Program Manager
Division of Program and Policy
Children's Administration

Department of Social and Health Services

DOMESTIC VIOLENCE PROGRAM

CERTIFIES

Douglas Bartholomew

AS QUALIFIED FOR REGULATED PRACTICE
ACCORDING TO
THE DOMESTIC VIOLENCE PERPETRATOR PROGRAM STANDARDS

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

September 1, 1996
Certification Date

August 31, 1998
Expiration Date

Domestic Violence Manager

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia WA 98504-5000

March 18, 1998

Douglas Bartholomew
1400 112th Avenue SE, #210
Bellevue, Washington 98004

Dear Mr. Bartholomew:

I received your documentation regarding Rena Bowden's required training in order to add her to your staff listing. Your program's listing has been updated to show Ms. Bowden as Staff for your program and you are listed as Supervisor. A new certificate will not be issued. Please inform me of any other changes to your staff during the period of certification.

Should you have any questions about the above information, you may contact me either in writing at PO Box 45710, Olympia, Washington 98504 or by telephone at (360) 902-7901.

Sincerely,

Maureen Kelly, Program Manager
Division of Program and Policy
Children's Administration

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504-0095

September 22, 1994

Douglas J.W. Bartholomew, MS
1400 112th Avenue S.E.
#210
Bellevue, WA 98004

Dear Douglas:

Congratulations on completing the required 30 hours of Domestic Violence Victims training. You are now officially designated Supervisor, and your program is certified for two years. Enclosed is the certificate for September 22, 1994 to September 22, 1996.

Thank you for all your time consulting and offering support whenever it was requested. You are indeed a nurturing human being.

Thank you for applying to provide treatment to Domestic Violence perpetrators. Only by offering counseling to offenders, by accredited programs can we hope to break the cycle of violence in our society.

Sincerely,

Bernadette M. Gerhardt

BERNADETTE M. GERHARDT
Program Manager
DSHS/DCFS

BMG:nu

Enclosure

Department of Social and Health Services

DOMESTIC VIOLENCE PROGRAM

CERTIFIES

Douglas J.W. Bartholomew, MS

AS QUALIFIED FOR REGULATED PRACTICE
ACCORDING TO THE
DOMESTIC VIOLENCE PERPETRATOR PROGRAM STANDARDS

September 22, 1994
CERTIFICATION DATE

September 22, 1996
EXPIRATION DATE

Bernadette M. Gerhardt
DOMESTIC VIOLENCE PROGRAM MANAGER

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504-0095

November 1, 1993

Douglas J.W. Bartholomew, MS
1400 112th Avenue S.E.
#210
Bellevue, WA 98004

Dear Mr. Bartholomew:

Your program application for certification under the Domestic Violence Pepetrator Program Standards has been accepted and approved on a provisional basis. Your certificate is enclosed and is valid for one year.

In order for your program to apply for recertification at the end of one year, you must have completed 30 hours of training from an established domestic violence advocacy program. There is no fee required for reapplication.

Thank you for applying to provide treatment to Domestic Violence perpetrators. Only by offering counseling to offenders, by accredited programs can we hope to break the cycle of violence in our society.

If you have any questions please do not hesitate to call me at (206) 664-0591.

Sincerely,

Bernadette M. Gerhardt
Program Manager
DSHS/DCFS

Enc.

BMG/bws