

Douglas J. W. Bartholomew, Application file RC00005458

Beginning Page	Ending Page	Entire page or group of pages withheld	Exemption
1		Licensee's phone number and social security number	RCW 42.56.350(2) and 42.56.050. RCW 42.56.350(1), and 42 USC Section 405(c)(2)(C)(vii)(1).
2		Personal data answers	RCW 42.56.360(2) and RCW 70.02.020.
3	4		None



OLYMPIA, WA 98504-8001

14P B-8-7
70692-6

APPLICATION FOR REGISTRATION
AS A

COUNSELOR

BA-RT-HD-J5088L 5458 01-19-88
BARTHOLOMEW, DOUGLAS J

FOR VALIDATION ONLY

0086 070 010688 31.50

02G-070-207-0001
02G-070-207-0002

COUNSELOR (includes HYPNO) HYPNOTHERAPIST (only)

FOR OFFICE USE ONLY

PROG (1)	TRANS (3)	PROF CODE (4)	PIC/CIC (5)	EXPIRATION DATE (9)	EXPT (10)	STAT (11)	TYPE (12)
LA	18	20701		1-13-90		9	0
KEY DATE (13)	CLASS (14)	ASSN (15)	BILLED AMOUNT (16)	SIGN	SPLIT	QTRD	
1-13-50			31.50				

PLEASE TYPE OR PRINT CLEARLY

APPLICANT'S NAME (20) BARTHOLOMEW DOUGLAS JW
LAST FIRST MIDDLE

PREFERRED ADDRESS (21) 10230 111TH Ave NE

CITY (24) KIRKLAND STATE (25) WA ZIP (26) 99033 COUNTY (27) King (1)
455-2377

TELEPHONE NUMBER (39) _____ SOCIAL SECURITY NUMBER (40) _____
ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS. REQUESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN IS VOLUNTARY AND IS NOT REQUIRED FOR LICENSING APPROVAL.

SEX (F or M) M BIRTHDATE 1 13 50
MO. DAY YR.

RESIDENCE TELEPHONE NO. _____

FOR OFFICE USE ONLY	
CERT DATE (44)	<u>01 19 88</u>
CERT NO. (45)	<u>5458</u>

IS ABOVE HOME OR BUSINESS W: 455-2377

OTHER CONTACT ADDRESS: W: Eastside Mental Health Suite #100
1605 116TH Ave NE JAN 28 1988 48

CITY Belleve STATE WA ZIP 98004

EDUCATION: Highest degree earned MS
YEAR 1978

ARE YOU PLANNING TO APPLY FOR CERTIFICATION? YES NO

APPLICANT'S OCCUPATIONAL
TITLE _____

TITLE DESCRIPTION

GIVE A COMPLETE DESCRIPTION OF YOUR THERAPEUTIC ORIENTATION, DISCIPLINE, THEORY, OR TECHNIQUE. (Attach additional 8½x11 sheet if necessary)

TYPE or PRINT clearly.

*I do cognitive-behavioral therapy in
a strategic manner*

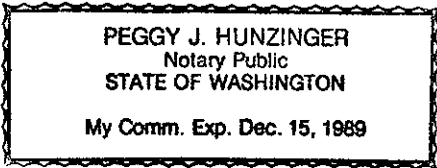
PERSONAL DATA

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1. WITHIN THE PAST TEN YEARS, HAVE YOU ENGAGED IN ANY OF THE CONDUCT DESCRIBED IN THE UNIFORM DISCIPLINARY ACT, 18.130.180 RCW, EXCLUDING THE CONDUCT DESCRIBED IN 18.130.180 (6) AND 18.130.180 (23)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. WITHIN THE PAST TEN YEARS, HAVE YOU BEEN FOUND GUILTY IN A CRIMINAL, CIVIL, ADMINISTRATIVE AGENCY, PROFESSIONAL ASSOCIATION OR CERTIFYING AGENCY PROCEEDING OF ANY OF THE CONDUCT DESCRIBED IN THE UNIFORM DISCIPLINARY ACT, 18.130.180 RCW, OR HAVE YOU AGREED TO A STIPULATION OR SETTLEMENT IN LIEU OF OR AS A RESULT OF SUCH A PROCEEDING? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. WITHIN THE PAST FIVE YEARS, HAVE YOU USED DRUGS OR ALCOHOL IN AN ADDICTIVE FASHION, OR HAVE YOU BEEN DIAGNOSED AS ADDICTED TO DRUGS OR ALCOHOL? | | |
| 4. DO YOU HAVE, OR HAVE YOU IN THE PAST FIVE YEARS BEEN DIAGNOSED AS HAVING OR BEEN HOSPITALIZED FOR A PSYCHOTIC CONDITION; OR DO YOU HAVE, OR HAVE YOU IN THE PAST FIVE YEARS BEEN DIAGNOSED AS HAVING OR BEEN HOSPITALIZED FOR ANY OTHER MENTAL CONDITION THAT SIGNIFICANTLY IMPAIRED YOUR ABILITY TO FUNCTION? | | |
| 5. DO YOU HAVE, OR HAVE YOU IN THE PAST FIVE YEARS BEEN DIAGNOSED AS HAVING, A PHYSICAL OR MEDICAL CONDITION WHICH MAY RESULT IN YOU BEING UNABLE TO PRACTICE COUNSELING WITH REASONABLE SKILL AND SAFETY? | | |

FOR EACH YES RESPONSE TO THE PERSONAL DATA QUESTIONS PLEASE SUBMIT A DETAILED WRITTEN EXPLANATION ON A SEPARATE SHEET OF PAPER.

AFFIDAVIT

I, DOUGLAS J.W. BARNOW METU
PRINT OR TYPE FULL NAME OF APPLICANT, state that I am the person described and identified in this application, that I have read 18.130.170 RCW and 18.130.180 RCW of the Uniform Disciplinary Act, and that I have answered all questions in this application truthfully and completely. I understand that the Department may require additional information from me prior to making a determination regarding my application.



Applicant's Signature *Douglas J. Barnow*

Subscribed and sworn to before me this 9th

day of December, 19 87

(SEAL)

Peggy J. Hunzinger

Notary Public for the state of Washington

Residing at Lickland



**INTENT TO APPLY FOR CERTIFICATION
AS A
COUNSELOR**

It is my intention to apply for the following certification(s): I understand that the guidelines will not be available until early 1988.

- Certified Mental Health Counselor
- Certified Social Worker
- Certified Marriage / Family Therapist

I understand the Department of Licensing will provide me with the appropriate form(s) at a later date. I understand also that I will be required to apply for each discipline in which I seek certification, provide all supporting documentation required for each, and will be subject to any fee(s) assessed at the time of application.

Douglas M. Bartholomew MS
 (SIGNATURE OF APPLICANT)
12-9-87
 (DATE)

PLEASE TYPE OR PRINT CLEARLY:

NAME: BARTHOLOMEW DOUGLAS J. W.
 (LAST) (FIRST) (M.I.)

ADDRESS: 10230 111th AVE NE
 (Street)
KIRKLAND WA 99033
 (City) (State) (Zip)

Above is my: Home Address Business Address

Date of Birth: 1 13 50
 (Month) (Day) (Year)

Telephone: (206) 455-2377
 (Where you may be reached during normal business hours)

HEALTH CARE LICENSING
 P.O. Box 9649
 Olympia, WA 98504