

CHILDREN'S ADMINISTRATION
 DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM
APPLICATION FOR PROGRAM CERTIFICATION

The enclosed forms must be filled out completely. Incomplete forms will not be accepted.
 The application fee is \$100.00. Only those Staff Statement of Qualifications forms (DSHS 10-210) submitted with this application are accepted under this fee; the Department may charge an additional fee for adding documents.
 Programs that do not meet the standards for certification will be notified by the Department as stated in WAC 388-60-0465 and WAC 388-60-0485.

Mail completed application to: Department of Social And Health Services (DSHS)
 Children's Administration
 Domestic Violence Perpetrator Treatment Program Certification
 PO Box 45710
 Olympia, WA 98504-5710

PROGRAM NAME <i>Doug Bartholomew & Assoc. Inc.</i>		FAX NUMBER <i>425-457-8184</i>
MAILING ADDRESS <i>1750 112nd Ave NE #B-213 Bellevue</i>	CITY <i>WA</i>	STATE <i>WA</i>
DIRECTOR'S NAME <i>Doug Bartholomew</i>		TELEPHONE NUMBER <i>425-635-0188</i>
E-MAIL CONTACT		ZIP CODE <i>98004</i>

LIST NAMES OF ALL DIRECT TREATMENT STAFF

NAME	STAFF LEVEL REQUESTED	FOR DSHS USE ONLY	
		APPROVED	DATE
<i>Doug Bartholomew</i>	<i>Supervisor</i>	<i>[Signature]</i>	<i>7-1-10</i>

NOTE: The program must submit a completed and signed Staff Statement of Qualifications (DSHS 10-210) for each person listed above.

Our program complies with the following sections of Washington Administrative Code (WAC) 388-60 (If yes, check all applicable boxes.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> WAC 388-60-0045 | Treatment focus |
| <input checked="" type="checkbox"/> WAC 388-60-0075 | Treatment modality |
| <input checked="" type="checkbox"/> WAC 388-60-0065 thru 0305 | Program policies and procedures |
| <input checked="" type="checkbox"/> WAC 388-60-0315 thru 0395 | Treatment staff qualifications |
| <input checked="" type="checkbox"/> WAC 388-60-0405 | Orientation and continuing professional education requirements |
| <input checked="" type="checkbox"/> WAC 388-60-0425 | Knowledge of law and justice system practices |
| <input checked="" type="checkbox"/> WAC 388-60-0455 | Cooperation with domestic violence victim programs |

Our program consents to on-site review of program files for the purpose of determining WAC compliance by DSHS staff responsible for certification of domestic violence perpetrator treatment programs. Yes No

I certify under penalty of perjury that the information provided in this application for certification/re-certification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the loss of program certification.

DIRECTOR'S SIGNATURE <i>Doug Bartholomew</i>	PRINT DIRECTOR'S NAME <i>DOUG BARTHLOMEW</i>	DATE
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FOR DEPARTMENT OF SOCIAL AND HEALTH SERVICES USE ONLY

Check deposited on: 5/10/10 Certified from 7-1-10 to 6-30-12
MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR

DSHS STAFF SIGNATURE <i>[Signature]</i>	DATE <i>7-1-10</i>
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CHILDREN'S ADMINISTRATION
DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM

STAFF STATEMENT OF QUALIFICATIONS

1. PROGRAM NAME Doug Bartholomew Assoc Inc.

2. STAFF NAME Doug Bartholomew

3. Status requested: <input type="checkbox"/> Trainee. Employee has not completed at least 250 hours of supervised direct treatment contact with perpetrators and domestic violence victim advocacy services. (Washington Administrative Code (WAC 388-60-0335)) <input type="checkbox"/> Staff. Employee meets all requirements cited in WAC 388-60-0315. <input checked="" type="checkbox"/> Supervisor. Employee is qualified to supervise direct treatment staff members and meets all requirements cited in WAC 388-60-0365.	FOR DSHS USE ONLY AUTHORIZED STATUS	
	TRAINEE	
	STAFF	
	SUPERVISOR	<u>mk 7-1-10</u>

4.a. Have you ever been convicted of a crime involving moral turpitude? YES NO
 YES NO

b. Have you ever been convicted of a crime involving violence? YES NO
 YES NO

c. Have you ever been charged or received a deferred sentence for a crime involving violence, moral, or sexual issues? YES NO
 YES NO

If the answer to questions 4a, b, or c is yes, explain on page 4.

d. Have you attached a copy of your WA State Patrol criminal history background check? YES NO
 YES NO

5. Have you ever been charged with a professional ethics violation? see attached YES NO
 YES NO

If the answer to question 5 is yes, explain on page 4.

6. Have you ever been a party to a civil proceeding involving domestic violence? YES NO
 YES NO

If the answer to question 6 is yes, explain on page 4.

7. Have you attached a copy of a certificate signifying that you are a registered counselor or licensed mental health professional through the Department of Health? YES NO
 YES NO

EDUCATION

8. Do you have a bachelor's degree? Yes No
 If yes, list the school, location, date, and your major. Attach a copy of your degree.
Whitman College, Psychology, Walla Walla WA 1972

If no, list the experience you think is equal to a bachelor's degree:

DESCRIBE EXPERIENCE	LOCATION	FROM: MONTH/YEAR	TO: MONTH/YEAR

9. Do you have a master's degree or higher? Yes No
 If yes, list the school, location, date, and your major. Attach a copy of your degree.
MS Psychology, West WA Univ. 1979

If no, list the experience you think is equal to a master's degree:

DESCRIBE EXPERIENCE	LOCATION	FROM: MONTH/YEAR	TO: MONTH/YEAR

MANDATORY TRAINING

10. Do you have at least 30 hours of training from an established domestic violence victims advocacy program?
 Yes No
 Complete the following regarding training you received and provide any certificates of completion.

DATE	NAME OF THE PROGRAM PROVIDING TRAINING	TITLE OF TRAINING	INSTRUCTOR	LOCATION/ADDRESS	NUMBER OF HOURS
1992	KCCADV	Basic 30	Marion County	Seaside	30

11. Do you have at least 30 hours of training from a certified domestic violence perpetrator treatment program or an out-of-state domestic violence perpetrator treatment program which meet the standards cited in WAC 388-60?
 Yes No
 Complete the following regarding training you received and provide any certificates of completion.

DATE	NAME OF PROGRAM PROVIDING TRAINING	TITLE OF TRAINING	INSTRUCTOR	LOCATION/ADDRESS	NUMBER OF HOURS
1992	WADVIP	Basic 30	panel	Everett WA	30

WORK EXPERIENCE

12. Complete the following.

SUPERVISED DIRECT TREATMENT CONTACT WITH PERPETRATORS

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR/ACADEMIC CREDENTIALS	HOURS
11-82	9-90	Eastside Mental Health	Dr. Larry Jacobs, MD Dr. Marcia Jimenez, Ph.D	8K±
9-90	current	DB+A inc, cert@supervisor level		10K±

DOMESTIC VIOLENCE VICTIM ADVOCACY SERVICES


START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR/ACADEMIC CREDENTIALS	HOURS
1-74	10-75	San Crisis Center	none @ that time	100±
1-76	12-78	Sojourner Truth House (shelter in Chehalis, I was treasurer)	Anne Prescott	100±

WORK EXPERIENCE (continued)

13. List your experience in providing group facilitation to perpetrators of domestic violence.

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR/ACADEMIC CREDENTIALS	HOURS
11-82	9-90	East Side Mental Health	Dr. Larry Jacobs, MD Dr. Marcia Houdek - Vinnier Ph-D SKI	
9-90	current	DBAA Inc. cert	supervisor level 10K±	

I certify under penalty of perjury, that the information provided in this application for certification/re certification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the loss of certification and/or exclusion of program personnel from providing treatment to perpetrators of domestic violence.

SIGNATURE 	PRINT NAME Dana BACPD Houdek	DATE 4/30/00
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EXPLANATION OF ANSWERS

4a. Explanation to "Have you ever been convicted of a crime involving moral turpitude?"

4b. Explanation to "Have you ever been convicted of a crime involving violence?"

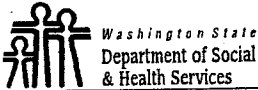
4c. Explanation to "Have you ever been charged or received a deferred sentence for a crime involving violence, moral, or sexual issues?"

5. Explanation to "Have you ever been charged with a professional ethics violation?"

I have been investigated regarding multiple complaints from Chae Hany - a former client, but, at this time, while under investigation, none have ~~been~~ resulted in charges

6. Explanation to "Have you ever been a party to a civil proceeding involving domestic violence?"

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CHILDREN'S ADMINISTRATION
DOMESTIC VIOLENCE PERPETRATOR TREATMENT PROGRAM

STAFF STATEMENT OF QUALIFICATIONS

1. PROGRAM NAME
Doug BARTHOLOMEW + Associates Inc.

2. STAFF NAME
Doug BARTHOLOMEW

3. Status requested:
 Trainee. Employee has not completed at least 250 hours of supervised direct treatment contact with perpetrators and domestic violence victim advocacy services. (Washington Administrative Code (WAC 388-60-0335))
 Staff. Employee meets all requirements cited in WAC 388-60-0315.
 Supervisor. Employee is qualified to supervise direct treatment staff members and meets all requirements cited in WAC 388-60-0365.

FOR DSHS USE ONLY AUTHORIZED STATUS	
TRAINEE	
STAFF	
SUPERVISOR	

4.a. Have you ever been convicted of a crime involving moral turpitude? *NO* YES NO

b. Have you ever been convicted of a crime involving violence? *NO* YES NO

c. Have you ever been charged or received a deferred sentence for a crime involving violence, moral, or sexual issues? YES NO

If the answer to questions 4a, b, or c is yes, explain on page 4.

d. Have you attached a copy of your WA State Patrol criminal history background check? YES NO

5. Have you ever been charged with a professional ethics violation? YES NO

If the answer to question 5 is yes, explain on page 4.

6. Have you ever been a party to a civil proceeding involving domestic violence? YES NO

If the answer to question 6 is yes, explain on page 4.

7. Have you attached a copy of a certificate signifying that you are a registered counselor or licensed mental health professional through the Department of Health? YES NO

EDUCATION

8. Do you have a bachelor's degree? Yes No
If yes, list the school, location, date, and your major. Attach a copy of your degree.

*Whitman College, WACOTA WACOTA WA, Psychology
6-72*

If no, list the experience you think is equal to a bachelor's degree:

DESCRIBE EXPERIENCE	LOCATION	FROM: MONTH/YEAR	TO: MONTH/YEAR

9. Do you have a master's degree or higher? Yes No
If yes, list the school, location, date, and your major. Attach a copy of your degree.

West. WA Univ. Bellingham WA, psychology 1978

If no, list the experience you think is equal to a master's degree:

DESCRIBE EXPERIENCE	LOCATION	FROM: MONTH/YEAR	TO: MONTH/YEAR

MANDATORY TRAINING

10. Do you have at least 30 hours of training from an established domestic violence victims advocacy program? Yes No

Complete the following regarding training you received and provide any certificates of completion.

DATE	NAME OF THE PROGRAM PROVIDING TRAINING	TITLE OF TRAINING	INSTRUCTOR	LOCATION/ADDRESS	NUMBER OF HOURS
1992	KCCADV	BASIC 30	Merril Cousins et al	Northgate, Seattle	30

11. Do you have at least 30 hours of training from a certified domestic violence perpetrator treatment program or an out-of-state domestic violence perpetrator treatment program which meet the standards cited in WAC 388-60? Yes No

Complete the following regarding training you received and provide any certificates of completion.

DATE	NAME OF PROGRAM PROVIDING TRAINING	TITLE OF TRAINING	INSTRUCTOR	LOCATION/ADDRESS	NUMBER OF HOURS
1992	WADVIS	BASIC 30	Panel	Everett WA	30

WORK EXPERIENCE

12. Complete the following.

SUPERVISED DIRECT TREATMENT CONTACT WITH PERPETRATORS

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR/ACADEMIC CREDENTIALS	HOURS
1982	1990	Eastside MH	Dr. Larry Jacobs, Psychiatrist	3,000
1990	current	self-employed		9,000

DOMESTIC VIOLENCE VICTIM ADVOCACY SERVICES

START DATE	END DATE	ORGANIZATION PROVIDING EXPERIENCE	SUPERVISOR/ACADEMIC CREDENTIALS	HOURS
1974	1975	Sun Crisis Center, Bellingham, Whatcom Co MH	staff	500?
1976	1979	Board Secretary for Sijourne	Trula House, Chehalis, Bruce Prescott	200?

WORK EXPERIENCE (continued)

13. List your experience in providing group facilitation to perpetrators 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 for certification/re certification is true and correct. I understand that any material misrepresentation or misstatement of fact may result in sanctions, including the loss of certification and/or exclusion of program personnel from providing treatment to perpetrators of domestic violence.

SIGNATURE <i>Doug Bartholmeus</i>	PRINT NAME Doug Bartholmeus	DATE 8-20-09
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EXPLANATION OF ANSWERS

4a. Explanation to "Have you ever been convicted of a crime involving moral turpitude?"

4b. Explanation to "Have you ever been convicted of a crime involving violence?"

4c. Explanation to "Have you ever been charged or received a deferred sentence for a crime involving violence, moral, or sexual issues?"

5. Explanation to "Have you ever been charged with a professional ethics violation?"

6. Explanation to "Have you ever been a party to a civil proceeding involving domestic violence?"

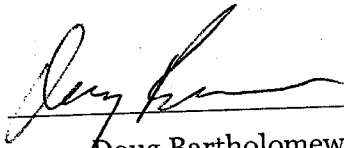


Doug Bartholomew, MS, LMHC
1750 112th Ave. NE # B-218
Bellevue, WA 98004
Ph; 425-635-0188 Fax; 425-451-8184
Email doug@doug-bartholomew.com
Website; www.doug-bartholomew.com

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August 25, 2008

I swear under penalty of perjury of the laws of the State of Washington that I have not been a party to any civil proceedings involving domestic violence.



Doug Bartholomew

Signed on this twenty fifth day of August in the City of Bellevue in the State of Washington.

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Children's Administration
Domestic Violence Perpetrator Treatment Program Certification
PO Box 45710
Olympia, WA 98504-5710

PROGRAM NAME DOUG BARTHOLOMEW + ASSOC INC				FAX NUMBER 425-457-8184	
MAILING ADDRESS 7603 116th Ave NE #120 Bellevue		CITY Bellevue	STATE WA	ZIP CODE 98004	TELEPHONE NUMBER 425-635-0188
DIRECTOR'S NAME DOUG BARTHOLOMEW			E-MAIL CONTACT doug@dksandg.com		

LIST NAMES OF ALL DIRECT TREATMENT STAFF

NAME	STAFF LEVEL REQUESTED	FOR DSHS USE ONLY	
		APPROVED	DATE
> 1495 Gillman Blvd, #4 Issaquah			
Bartholomew	Sup 98027	RC	6/2/06

NOTE: The program must submit a completed and signed Staff Statement of Qualifications (DSHS 10-210) for each person listed above.

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- | | |
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| <input checked="" type="checkbox"/> WAC 388-60-0065 thru 0305 | Program policies and procedures |
| <input checked="" type="checkbox"/> WAC 388-60-0315 thru 0395 | Treatment staff qualifications |
| <input checked="" type="checkbox"/> WAC 388-60-0405 | Orientation and continuing professional education requirements |
| <input checked="" type="checkbox"/> WAC 388-60-0425 | Knowledge of law and justice system practices |
| <input checked="" type="checkbox"/> WAC 388-60-0455 | Cooperation with domestic violence victim programs |

Our program consents to on-site review of program files for the purpose of determining WAC compliance by DSHS staff responsible for certification of domestic violence perpetrator treatment programs.

Yes No

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DIRECTOR'S SIGNATURE Doug Bartholomew MS	PRINT DIRECTOR'S NAME DOUG BARTHOLOMEW	DATE 5/18/06
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FOR DEPARTMENT OF SOCIAL AND HEALTH SERVICES USE ONLY

Check deposited on: 5/30/06 Certified from 6/1/06 to 5/31/08
MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR

DSHS STAFF SIGNATURE Ray R. Curran	DATE 6/2/06
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