

State of Nevada
Division of Public and Behavioral Health
727 Fairview Dr, Suite E
Carson City, NV 89701
Phone (775) 684-1030 Fax (775) 684-1073

EXISTING SUPERVISOR OF TREATMENT APPLICATION

(For submission with a New Initial Domestic Violence Program Application)

*(Only to be used by Supervisors of Treatment that have been approved by the Division of Public and Behavioral Health or the Commission on Domestic Violence as a Supervisor of Treatment **AND** that is currently employed, or retained as an independent contractor, in the position of a supervisor of treatment by a currently certified Nevada Program for the Treatment of Domestic Violence)*

SUPERVISOR INFORMATION

Name of Supervisor: _____

Address: _____
Street/P.O. Box City State Zip

Telephone: _____ Fax: _____

Email Address: _____

PROOF OF APPROVAL AS A SUPERVISOR OF TREATMENT

Submit proof of approval as a supervisor of treatment issued by the Division of Public and Behavioral Health or the Committee on Domestic Violence (such as approval of your original supervisor of treatment application);

OR

I do not have written approval (in this case the Division will verify if you are on the approved list of supervisors)*

*If proof of prior approval of a supervisor of treatment cannot be verified you may be required to submit a regular Supervisor of Treatment Application.

CONTINUING EDUCATION REQUIREMENT

Upload proof of having satisfactorily completed at least 15 hours of approved domestic violence training during the 2 years immediately preceding the date on which you were hired by the program.

SUPERVISOR CURRENT EMPLOYMENT INFORMATION** (only need to list one)

Name of NV certified domestic violence program: _____

Certificate Number: _____

Agency Address: _____
Street/P.O. Box City State Zip

**Employment information will be verified with your current employer

INITIAL DOMESTIC VIOLENCE PROGRAM INFORMATION

Name of New Initial Domestic Violence Program (name on program application being submitted) which this application will be included with: _____

- I attest I have never been convicted of a crime which demonstrates unfitness to act as a supervisor of treatment.
- I attest that I am free of violence.
- I attest I am not currently an abuser of prescription drugs, alcohol, or a use of illegal drugs.

I hereby declare, under penalty of perjury, that all information provided and attached to this application is to the best of my knowledge true, accurate, and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

Supervisor's Signature: _____

Date: _____