

Confidential
PROVIDER ATTESTATION

San Diego County Mental Health Plan for TERM Network

DOMESTIC VIOLENCE VICTIM GROUP CLINICIAN SPECIALTY REQUIREMENTS

Important Note: TERM is a specialized panel focusing on evaluation and treatment of children and families referred through the dependency and delinquency systems. Because of the forensic and high risk nature of the referrals, specialized treatment and evaluation experience is required. The criteria below represent minimum requirements for the Domestic Violence Victim Group specialty designation.

Signature on this form is required of all TERM Domestic Violence Victim Group Providers

DOMESTIC VIOLENCE GROUP TREATMENT – VICTIM

- Minimum of six (6) months supervised training experience working with Domestic Violence Victims and topics relevant to the CWS population
- Documented completion of an approved (40) hour training program in Domestic Violence that fulfills California State's requirement for domestic violence victim counselors

AND both of the following:

- Fifteen (15) hours CEU in Domestic Violence Victim training in the last thirty-six (36) months
- Evidence of recent practice experience in Domestic Violence Victim group treatment

Please mark one of the following:

- I attest that I meet the above Domestic Violence Victim Group Treatment Provider attestation criteria
- I am NOT ABLE to attest to the above Domestic Violence Victim Group Treatment Provider attestation criteria

I understand that Optum requires documentation to verify that I meet the criteria outlined under TERM Domestic Violence Victim Group Clinician Specialty Requirements. I will cooperate by submitting documentation to support that I meet the above criteria. I hereby attest that all of the information above is true and accurate to the best of my knowledge, and that I will maintain proficiency in all specialty areas to which I have attested. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue/incorrect may result in termination from the Optum networks.

You are required to check a box and sign this document even if you are not able to attest to the above specialty designation. Please note that standard credentialing criteria must be met before this specialty designation can be considered. All clinicians are required to sign this form whether the specialty area of Domestic Violence Victim Group Provider is applicable or not. Failure to sign this form will impact your status as a Domestic Violence Victim Group Provider.

Printed name of Applicant: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Signature of Applicant

Please submit the completed attestation form by April 1, 2015, via:

FAX: 877-309-4862 (attention Zelda)

-OR-

EMAIL: sdu_providerserviceshelp@optum.com