Attachment Two (2)

CDV Batterers' Treatment Subcommittee Agenda July 16, 2018

Contents: DHHS Recommendations Checklist



Nevada Department of Health and Human Services DIVISION OF PUBLIC AND

BEHAVIORAL HEALTH

BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

DOMESTIC VIOLENCE COMMITTEE RECOMMENDATIONS TO DIVISION FOR NEW DOMESTIC VIOLENCE PROGRAM

Program Name: ___Care Counseling_____ Location of Program: 1024 W Owens Ave, Las Vegas, NV 89106

Brief Description of Program's Services: _____ New Agency Domestic Violence Treatment Program

Division's Review of Program

Initial Application Requirements	Met	Not Met	Comments
Qualified Supervisor	Х		
Qualified Provider of Treatment	Х		
Submitted a Copy of the Curriculum & Instructional Materials Used in the Program	Х		
Attests to/evidence of satisfying requirements of NAC 228.010 to NAC 228.225	x		

Recommendations of Committee: _____

The Committee recommends the Division approve the program as presented.

The Committee recommends the Division approve the program with Committee's recommendations.

The Committee does not recommend the Division approve the program.

If the Committee recommends program not be approved, list reasons:

Name of Attorney General's Office Representative submitting Committee Recommendations to Division:

_____ Date Heard by Committee: ______

Name of Division Representative: Leticia Metherell, RN, CPM, HPM III