

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH



Seeking Safety Training Verification Form

Name of Trainee:		Discipline & License Number:	
Legal Entity or DO Clinic:		Email Address:	
Provider Number:		Phone Number:	
Trainee's Signature	Date Completed		Requirements for Training of Internal Agency Staff (to be completed during a six (6) month period)
		A	Trainee will read and become familiar with SS Manual.
		B	DVD #1: Overview of Seeking Safety
			DVD #2: Example of a Session
			DVD #3: Client's Story / Grounding
		C	Trainee will read SS Website's Frequently Asked Questions (FAQs) at www.SeekingSafety.org .
		D	Trainee will submit a minimum of one (1) audio/video recorded session(s) to SS Champion for rating (utilizing SS Adherence Scale Score Sheet) and feedback (utilizing SS Supervision Format). More audio/video recorded sessions may be needed until SS Champion determines the trainee is consistently providing strong adherence (score of 2.0 or better on each section) to the model.
		E	Trainee will demonstrate working knowledge of all the above with the SS Champion.
Name of SS Champion:		Legal Entity or DO Clinic:	
Signature of SS Champion: <small>(confirming successful completion of items A-E)</small>		Date Signed:	
Please submit completed form with attention to "Seeking Safety Practice Lead" via email (SeekingSafety@dmh.lacounty.gov) or fax (213-351-6571). Email confirmation and approval will be sent after submission.			