



Agency Affiliated Counselor Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Certified or Licensed Agency Affiliated Counselor Employment Verification Form

A certified or licensed agency affiliated counselor means a person who is employed by an agency as defined by the department.

Certified agency affiliated counselors may conduct mental health assessments and make mental health diagnoses which shall be reviewed by a clinical supervisor who is a mental health professional able to independently provide mental health assessments and diagnoses according to the scope of practice of the mental health professional's credential. A certified agency affiliated counselor may not provide clinical supervision.

Licensed agency affiliated counselors may independently conduct mental health assessments and make mental health diagnoses.

**Check One:**     New Agency                       Update / Change Agency                       Additional Agency

Applicants may not provide unsupervised counseling prior to completion of a criminal background check performed by either the employer or the Department of Health.

Agency affiliated counselors shall notify the department if they are either no longer employed by the agency identified on their application or are now employed with another agency, or both. See [RCW 18.19.210](#).

\_\_\_\_\_  
Agency Affiliated Applicant Name and Credential Number (Please Print)

\_\_\_\_\_  
Date of Hire (MM/DD/YYYY)

I verify that the above applicant is currently employed or will begin employment with the agency listed below as required by [WAC 246-810-015](#).

\_\_\_\_\_  
Agency or Facility Employer Name

\_\_\_\_\_  
Agency or Facility Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

My Agency is a county, state agency, federally recognized Indian tribe located within Washington State or has been recognized by the Secretary of Health to be able to employ agency affiliated counselors.

See [WAC 246-810-016](#) and [WAC 246-810-015](#). Please see the [approved agency affiliated list](#).

\_\_\_\_\_  
Signature of employer or designated/authorized employee

\_\_\_\_\_  
Date MM/DD/YYYY

**Send this completed form to the address above.**