



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

## Licensed Counselor Supervisor Directory

The purpose of the Licensed Counselor Supervisor Directory is to facilitate placement of mental health counselor, marriage and family therapist, and social worker associates seeking supervisors for postgraduate supervision under chapter [246-809 WAC](#).

Individual supervisors and supervising facilities use this form to request being added to the directory .

### To the Facility:

In order to be added to the directory, a facility must:

- Provide behavioral health services,
- Complete facility licensing information below, and
- Verify at least one employee meets directory requirements for an individual supervisor and complete the Individual Supervisor section of this form.

**The following information is required to be listed on the directory as a facility. If you are an individual provider, skip this section.**

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Name of Facility

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Facility License Number

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Address of Facility

**To the Individual Supervisor:**

Please review [246-809 WAC](#) to confirm you meet requirements to be an approved supervisor and complete the following attestation:

I attest I hold an active or retired active license that permits treatment of individuals in the state of Washington, in one of the following professions:

- Mental health counselor, marriage and family therapist, or social worker under chapter [18.225 RCW](#);
- Psychologist under chapter [18.83 RCW](#);
- Physician practicing as psychiatrist under chapter [18.71 RCW](#); or
- Psychiatric nurse practitioner under chapter [18.79 RCW](#).

I attest I have completed the following:

- Reviewed chapter 246-809 WAC and confirmed I meet the requirements for an approved supervisor;
- A minimum of fifteen clock hours of training in clinical supervision obtained through:
  - A supervision course;
  - Continuing education credits on supervision;
  - Supervision of supervision;
  - Any combination of these; and
- Twenty-five hours of experience in supervision of clinical practice.

With this form, please submit documentation of the 15 clock hours of training in clinical supervision and twenty-five hours of experience in supervision of clinical practice.

I attest that I will gain full knowledge of the supervisee's practice activities including:

- Practice setting,
- Record keeping,
- Financial management, or
- Ethics of clinical practice, and
- A backup plan for coverage.

Before beginning any supervision, you shall provide the supervisee this attestation, stating that you have met the requirements of chapter [246-809 WAC](#) and that you qualify as an approved supervisor.

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**The following information is required to be listed on the directory:**

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Name: First

Last

Contact Information

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Credential number

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Credentials willing to supervise

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County/counties of practice location

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(Optional) Population served or area of specialty (ex. LGBTQ+, veterans, children, families, developmental disabilities, etc.)

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(Optional) Languages spoken

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(Optional) Race/ethnicity

Do you use distance supervision?  Yes  No

By participating in the Licensed Counselor Supervisor Directory, the Supervisor signing below agrees to comply with all applicable law, including without limitation Washington law governing the practice of professions regulated under Chapter [18.225 RCW](#).

To the fullest extent permitted by applicable law, the Supervisor signing below expressly agrees to release and hold harmless the State of Washington, the Department of Health, or its officers, employees or agents (referred to collectively as "State Parties") from and against all claims arising out of or related to participation in the Licensed Counselor Supervisor Directory.

The State Parties assume no liability for any Claims related to the Supervisor's participation in the Licensed Counselor Supervisor Directory. "Claims" as used in the Licensed Counselor Supervisor Directory means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, related in any manner to the Supervisor's participation in the Licensed Counselor Supervisor Directory.

The State Parties are required to comply with the Public Records Act, Chapter [42.56 RCW](#). The information you submit in relation to the Licensed Counselor Supervisor Directory may be subject to disclosure as a public record.

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Signature of Supervisor

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Date