



Washington State Department of
HEALTH

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Behavioral Health Support Specialist Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Verification of Behavioral Health Support Specialist Supervision and Practicum Experience

Note: Use one form per supervisor for each practicum site.

Applicant			
Name: Last	First	Middle	Birth Date (mm/dd/yyyy)
Address			
City	State	Zip Code	
Phone (enter 10 digit #)		Business Phone (enter 10 digit #)	

Direct Supervisor			
The above applicant requires verification of supervised experience for certification as a Behavioral Health Support Specialist. Please complete the following.			
Supervisor Name: Last	First	Middle	Credential #
Practicum Site Name			
Street Address			Phone (enter 10 digit #)
City	State	Zip Code	
Supervised Practicum Experience (WAC 246-81-200) From (mm/dd/yyyy):		To (mm/dd/yyyy):	

I attest that the applicant named above was under my supervision for an approved Behavioral Health Support Specialist practicum. This applicant has achieved competency as a Behavioral Health Support Specialist and has demonstrated at least one clinical skill in each competency listed in [WAC 246-821-110](#). This practicum site and my supervision met the requirements of [WAC 246-821-210](#).

Signature of Supervisor _____
Date

Direct Supervisor Attestation	Total Hours	Initial
This applicant completed at least 60 hours in direct client contact, including the co-delivery of services alongside a supervisor or other certified or licensed behavioral health provider or substance use disorder professional.		
This applicant completed at least 240 total hours in this practicum.		
This applicant completed at least 12 hours of individual supervision in this practicum.		