



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

Approved Supervisor Certified Counselor

To the Certified Counselor Supervisor:

Please review [WAC 246-810-025](#) and [WAC 246-810-026](#).

To act as a supervisor to a certified counselor, you must meet the following:

- Have an active credential in a counseling-related field for a minimum of five years.
- The credential or credentials must be in good standing while serving as a supervisor.

You must not be a blood or legal relative or cohabitant of the credential holder, or someone who has acted as the credential holder's counselor within the past two years. You must not have a reciprocal supervisory arrangement with another credential holder.

Prior to the commencement of any supervision, you must provide the certified counselor with a declaration.

As an approved supervisor, I attest that I have completed the following education and training in:

- Supervision or management of individuals who provide counseling or mental health services
- Risk assessment
- Screening using the global assessment of functioning scale
- Professional ethics
- Washington State law

A written agreement between the certified counselor and the supervisor is required. The agreement must be reviewed and renewed at least every two years. At a minimum, the agreement addresses the agreement duration, expectations of both parties, frequency and modalities of supervision, recordkeeping, financial arrangements, client confidentiality, and potential conflict of interest. [WAC 246-810-025](#).

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Declaration of Supervisor—must be completed by the supervisor and provided to the certified counselor prior to the commencement of supervision as set in [WAC 246-810-025](#).

I, _____ a credentialed _____
Name of Supervisor (print)

in the state of Washington with credential number _____

attests to _____ that I have read and met all the
Name of Certified Counselor

requirements in accordance with [WAC 246-810-026](#).

Signature of Supervisor Date