



Office of Customer Service
 PO Box 47865
 Olympia WA, 98504-7865
 360-236-4700

Renewal Extension Request

This option is only available for MFT, MHC, or SW Associates and SUDP Trainees.

Individuals who would like to request an additional renewal under [RCW 18.205.095](#) or [RCW 18.225.145](#), please complete this request form. Please indicate how you have experienced difficulties obtaining experience or examination opportunities resulting from a governor-declared state of emergency. Applicants must meet all standard renewal requirements, such as applicable continuing education and fees.

Name:	Credential Number and Expiration Date:
Phone Number:	Email Address:
Justification for the additional renewal:	
<input type="checkbox"/> I attest that I meet the Continuing Education requirements for this renewal period. *	

*By checking the box above and giving an electronic signature below, I attest that I meet the continuing education requirements for this Associate counselor renewal cycle. SUDP Trainees do not need continuing education.

Signed: _____ Date: _____

Submit the completed request to [our review team](#) and copy the program manager.

- [Associate Counselors](#)
- [SUDP Trainees](#)

Please visit your profession’s web page to determine the correct renewal fee. Once a renewal extension is approved, applicants may make renewal payment by calling the Office of Customer Service at 360-236-4700 or mail the completed form and payment to: Department of Health, PO Box 1099, Olympia, WA 98507. For further questions, contact the Office of Customer Service at (360) 236-4700.

The department will only consider requests made no more than 90 days before the final expiration of a non-renewable credential.