

## Mental Health Professional/Mental Health Specialist Instructions

This form should be used to request acknowledgement of Mental Health Professional/Child Mental Health Specialist qualifications, while working at a licensed behavioral health agency, as required by [WAC 246-341-0515](#).

### Requirements

- Complete Mental Health Professional (MHP)/Child Mental Health Specialist (CMHS) acknowledgement request form
- Attach all supporting documents as indicated
- Email completed request with all supporting documentation to the Department of Health (DOH) at [HSQACredentialing@doh.wa.gov](mailto:HSQACredentialing@doh.wa.gov)

### Instructions Checklist

- Indicate whether you are requesting acknowledgement of meeting the requirements for MHP, Child MHS, or both.
- Indicate if you are requesting acknowledgement via DOH designation or agency attestation. If requesting via agency attestation, only fill out sections 1-3 of this application. If requesting via DOH designation, you will need to fill out all sections of this application.
- 1. **Demographic Information**
  - Legal Name:** List your full name: first, middle, and last.
  - Birth Date:** Provide the month, day, and year of your birth.
  - Email:** Enter your email address, if you have one.
  - Credential Number:** List your DOH credential number.
- 2. **Agency Information**
  - Agency Name:** List the agency name.
  - Agency Credential Number:** Provide the credential number of the agency.
  - Agency Email:** Enter an email address for the agency.
  - Agency Address:** List the agency's physical address.
- 3. **Agency Attestation:** Fill out this section ONLY if the agency is attesting that the agency has verified the applicant meets all of the requirements for the MHP/MHS being requested. If this section is completed, no additional sections of this application are required to be completed. **Please note**, DOH may verify that the agency attested correctly during routine on-site surveys.

4. **MHP Qualifications** Fill out this section only if the agency is not attesting in section 3, and you are requesting DOH MHP acknowledgement

**Required Documentation attached for review for MHP:**

- College/university diploma or transcripts with degree and graduation date posted

5. **Child MHS Qualifications:** Fill out this section only if the agency is not attesting in section 3, and you are requesting MHS acknowledgement

**Required Documentation attached for review for Child MHS:**

- Specialist Training Documentation and Hours
- Documentation of supervised hours by a Child MHS

6. **Supervised Experience by MHP:** Provide MHP name and hours

7. **Supervised Experience by Child MHS:** Provide Child MHS name and hours

8. **Applicant's Attestation:** Sign and date this section if applying by DOH designation.

**In order to process your request:**

Please mail or email your documentation to:

Mental Health Professional Credentialing Section  
P.O. Box 47877  
Olympia, WA 98504-7877

[HSQACredentialing@doh.wa.gov](mailto:HSQACredentialing@doh.wa.gov)



Mental Health Professional  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

Date  
Stamp  
Here

## Mental Health Professional/Mental Health Specialist

I am requesting acknowledgement that I meet the requirements for:

Mental Health Professional (MHP) and/or  Child Mental Health Specialist

I am requesting DOH designation -or-  I am requesting acknowledgment via Agency Attestation

### 1. Demographic Information

Name: First Middle Last

Birth Date (mm/dd/yyyy) Email Address

Credential Number

### 2. Agency Information

Agency Name Agency Credential Number

Agency Email Address

Agency Mailing Address

City State

Zip Code County

### 3. Agency Attestation

**I certify that I am an agency representative and have verified that the individual named above meets all experience and credentialing requirements for the designation(s) indicated on this application.**

Signature of Agency Representative: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**4. MHP Qualifications** (Check all qualifications that apply and attach supporting documentation)

I am:

- A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapters [71.05 RCW](#) and [71.34 RCW](#);
- A person who is licensed by the Department of Health as a Mental Health Counselor, Mental Health Counselor Associate, Marriage and Family Therapist or Marriage and Family Therapist Associate;
- A person who is registered by the Department of Health as an Agency Affiliated Counselor who has a master's degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. In addition, I have at least two years of experience in direct treatment of person(s) with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional recognized by the department or attested to by the licensed behavioral health agency.

**5. Child MHS Qualifications** as defined in [RCW 71.34.020](#)  
(Attach supporting documentation)

| Training Completion Date | Subject | Training Hours |
|--------------------------|---------|----------------|
|                          |         |                |
|                          |         |                |
|                          |         |                |
|                          |         |                |
|                          |         |                |

**6. Supervised Experience by Mental Health Professional**

| Name of Supervisor | Number of Hours |
|--------------------|-----------------|
|                    |                 |
|                    |                 |
|                    |                 |
|                    |                 |

**7. Supervised Experience by Child Mental Health Specialist**

| Name of Supervisor | Number of Hours |
|--------------------|-----------------|
|                    |                 |
|                    |                 |
|                    |                 |
|                    |                 |
|                    |                 |

**8. Applicant Attestation**

I certify that I meet the criteria as indicated above. I have attached the required documentation regarding my education, experience, and supervision:

Signature of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_