



Washington State Department of  
**Health**  
Substance Use Disorder Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## **Employment Verification Form for Substance Use Disorder Professional Probationary Certification**

“Probationary license” means a temporary license issued to out-of-state applicants qualifying for licensure reciprocity in Washington state under the restrictions and conditions of [RCW 18.205.150](#) and this chapter.

A person who holds a probationary license may only practice in the relevant profession in a licensed or certified service provider, as defined in [RCW 71.24.025](#).

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Applicant's Name and Credential Number (Please Print)

I verify that the above applicant is currently employed or will begin employment with the licensed or certified service provider, as defined in [RCW 71.24.025](#) listed below.

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Licensed or Certified Service Provider's Name

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Licensed or Certified Service Provider's Physical Address

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City	State	Zip Code
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Signature of employer

Date MM/DD/YYYY

**Send this completed form to the address above.**