



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

Behavioral Health Support Specialist Practicum Supervisor Statement of Qualifications

Note to Supervisor:

To be considered an appropriate supervisor, you must be licensed in the state of Washington, with no license restrictions, as one of the following provider types:

- (1) Independent clinical social worker or associate licensed under chapter [18.225 RCW](#);
- (2) Marriage and family therapist or associate licensed under chapter [18.225 RCW](#);
- (3) Mental health counselor or associate licensed under chapter [18.225 RCW](#);
- (4) Psychiatric advanced practice registered nurse licensed under chapter [18.79 RCW](#);
- (5) Psychologist or associate licensed under chapter [18.83 RCW](#); or
- (6) Other credentialed provider listed in [WAC 246-821-410](#) who is competent to assess, diagnose, and treat behavioral health conditions and support a student BHSS appropriately.

A practicum supervisor may not be a blood or legal relative, significant other, cohabitant of the student, or someone who has provided behavioral health counseling to the student in the last two years.

Do not sign this form verifying applicants' hours unless you meet the criteria and can provide documentation if called upon to do so.

My qualifications include: _____

I certify the above information is, to the best of my knowledge, accurate and complete. I understand the department may request additional information, if needed, to evaluate the application of the individual named on this document. I also attest that I meet or exceed the educational and supervision requirements for certification (as required by [WAC 246-821-215](#))

Signature of Supervisor

Date

Please return this form directly to the address above.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.