



Behavioral Health Support Specialist Education Program Approval Application Packet

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Mail your completed application with documents to:

Behavioral Health Support Specialist
Education Program Approval
P.O. Box 47852
Olympia, WA 98504-7852

Notify us by email when you mail in your packet at:

bhss@doh.wa.gov

Contact us:

360-236-4700

Before you start: Review the “BHSS Education Program Approval process” on the [BHSS website](#) for helpful instructions on completing and submitting this application.

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.

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Application Instructions Checklist

To expedite the review process, thoroughly review the following information and use the checklist to make sure all the required documents are submitted:

- All pages must be numbered and printed single sided only.
- All information must be typed or printed clearly in blue or black ink. You will be notified in writing of any outstanding documentation needed to complete the process.

Use the following checklist to help guide you through the application:

Select the type of application you are applying for on the first page of the application:

- First time approval of BHSS Education Program or BHSS Apprenticeship Program
- Re-approval of BHSS Education Program or BHSS Apprenticeship Program

Legal entity Type:

Check your legal owner/operator business structure type according to your Washington State Master Business License. Additional information is on the [Department of Revenue website](#).

1. Demographic Information:

Uniform Business Identifier Number (UBI number): Enter your Washington state UBI number. All Washington State businesses must have UBI numbers. City, county, and state government departments also have UBI numbers.

Federal ID Number (FEIN number): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone, Fax and Cell Numbers: Enter the owner's phone, cell, and fax numbers.

Email and Web Address: Enter the owner's email and facility Web addresses, if applicable.

Facility/Agency Name: Enter the facility's name as advertised on signs, brochures, or website.

Physical Address: Enter the facility's physical street location including city, state, ZIP code, and county.

Phone, Fax and Cell Numbers: Enter the facility's phone, cell, and fax numbers.

Mailing Address: Enter the facility's mailing address, if different from the physical address.

Authorized Representative Name: Enter the facility's authorized representative's name.

Authorized Representative Phone and Email: Enter the authorized representative's email and phone.

- 2. If your school is not NWCCU accredited, please list your program's accreditation and provide attachments.**

List your school program's accreditation and provide attachments.

- 3. Program Information:**

Provide the requested information about the program offered.

- 4. Program Representative Attestation:**

The authorized program representative must sign and date this application.

Additional Information

The principal responsibility of the Department of Health is to safeguard the public's health and safety by ensuring that certified Behavioral Health Support Specialists are qualified to provide BHSS interventions, and that the schools or apprenticeship programs where they study will provide the education they need to do so.

The process for considering your application is as follows:

- The application and documents are pre-reviewed by program credentialing staff. The pre-reviewer will contact the school if there are any minor deficiencies that can be easily corrected.
- Applicants for the BHSS Apprenticeship program must separately apply for approval through the Department of Labor and Industries.
- The application is assigned and sent to the BHSS Program for formal review.
- After review, the BHSS Program staff will make a recommendation to either fully approve, deny, or provisionally approve, which may include sending a deficiency letter to the applying educational program.
- Approval (full or provisional) means that applicants for a BHSS credential who graduate from the school during the school's approval period will be eligible to apply for BHSS certification.
- A deficiency letter means the department requires additional information from the school prior to program approval.
- When an applicant sends additional information, the department reconsiders the application.

All completed BHSS school program or apprenticeship program application packets must be single sided with numbered pages. To be considered complete, the application packet must contain the following:

- Completed BHSS educational program/apprenticeship program application.
- Completed Table of Contents
- Supporting documents for each standard listed in the Table of Contents. The Table of Contents must list the page numbers and each standard must be separated and tabbed as follows:
 - Standard One: Curriculum
 - Standard Two: Practicum
 - Standard Three: Required Documentation
 - Standard Four: Eligibility

The department may conduct a site review. To ensure continued compliance, periodic follow-up site reviews may be conducted by the department staff.

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Behavioral Health Support Specialist Education Program/Apprenticeship Standards

To expedite the application process, read the instructions **carefully**. Applications must be complete and easy to review. Application packets that are not submitted as outlined below will be considered deficient and not be forwarded to the reviewing program until they are complete.

Use the following checklist to ensure that all documents are submitted and in order:

- Completed Application form
- Completed Table of Contents form

Standard One - Curriculum Competencies

The curriculum shall be designed and presented to meet or exceed the minimum requirements in [WACs 246-821-110](#), [246-811-100](#), and [246-811-800](#). Applicants should utilize the BHSS Gap Analysis tools to assess their program's readiness to meet the BHSS competencies, and may submit either the completed Detailed Gap Analysis tool, or statements for each of the eight competency domains explaining where the related competencies are introduced, reinforced, and assessed to proficiency within the coursework submitted with their application.

Standard One - Required Documentation:

- A. BHSS Program Courses Offered form: The applicant must list all courses taught in the program and not just those that satisfy Washington's minimum competency requirements. The total hours of all courses offered must be the same as the total number of hours listed on Page 2 of the BHSS Education Program Application form.
- B. Course Syllabi: Each course must have an individual syllabus which clearly identifies which competencies are covered in each course. A template and a fillable template have been included. You may use the fillable template or submit one using the same outline of the fillable template.
- C. Sample or samples of competency assessments for each of the following competency domains:
 - Health Equity
 - Helping Relationship
 - Cultural Responsiveness
 - Team-Based Care and Collaboration
 - Screening and Assessment
 - Care Planning and Care Coordination
 - Intervention
 - Law, Ethics, and Professional Practice

D. Institutional philosophy or mission statement.

E. Supplemental documentation to include either:

A completed “BHSS Detailed Gap Analysis” Form, or

Statements for each of the eight competency domains explaining where required competencies are introduced, reinforced, and assessed to proficiency in the coursework submitted under this section.

Standard One Checklist – Curriculum

- BHSS Program Courses Offered form
- Course syllabi which must be submitted using the fillable template or a document using the same outline. Each course must have an individual syllabus.
- Sample or samples of mid-term, final, or other equivalent assessments. Assessments must be clearly labeled indicating what competencies are included in the assessments. Each of the following competencies must be covered by assessments:
 - Health Equity
 - Helping Relationship
 - Cultural Responsiveness
 - Team-Based Care and Collaboration
 - Screening and Assessment
 - Care Planning and Care Coordination
 - Intervention
 - Law, Ethics, and Professional Practice
- Institutional philosophy or mission statement
- Supplemental documentation to include either:

A completed “BHSS Detailed Gap Analysis” Form, or

Statements for each of the eight competency domains explaining where relevant competencies are introduced, reinforced, and assessed to proficiency in the coursework submitted under this section.

Standard Two—BHSS Student Practicum

All BHSS students are required to complete a practicum meeting the requirements of [WAC 246-821-200](#), including:

- 1) A clinical environment where a student is supervised by a licensed provider eligible under [WAC 246-821-215](#). This environment is not limited to traditional clinic settings, and may include outreach, co-response, crisis response, or other settings in which a clinical provider offers behavioral health services.
- 2) Provision of practical instruction that reinforces the BHSS competencies and clinical skills learned in their educational program under [WAC 246-821-110](#).

- 3) A practicum duration of at least 240 hours, which is completed over a period of at least five months.

Standard Two—Required Documentation:

- A. An attestation that the education institution will confirm each practicum site approved for partnership with the BHSS education program meets the requirements of [WACs 246-821-200](#) through [246-821-215](#)
- B. Documentation (policies, agreements, or guidelines) pertaining to the clinical supervisor and BHSS student's expectations, goals, and clinical skill development throughout the duration of the practicum
- C. Disclosure statement form provided to clients
- D. A sample form of the supervision plan to be created by a clinical supervisor and BHSS student under [WAC 246-821-210\(2\) a-d](#)

Standard Two Checklist—Student Practicum

- An attestation for each practicum site approved for partnership with the BHSS education program meets the requirements of [WACs 246-821-200](#) through [246-821-215](#)
- Documentation (policies, agreements, guidelines) pertaining to the clinical supervisor and BHSS student's expectations, goals, and clinical skill development throughout the duration of the practicum
- Disclosure statement form provided to clients
- A sample form of the supervision plan to be created by a clinical supervisor and BHSS student under [WAC 246-821-210\(2\) a-d](#)

Standard Three—Required Documentation

- A. Sample transcript
- B. Sample BHSS certificate of completion, or other official document provided by the education institution to confirm successful program completion
- C. Policy on release of student records consistent with applicable laws

Standard Three Checklist—Required Documentation

- Sample transcript
- Sample BHSS certificate of completion or other official document provided by the education institution to confirm successful program completion
- Policy on release of student records consistent with applicable laws

Standard Four—Eligibility

Washington Behavioral Health Support Specialist Education programs must be eligible to operate under one of the following options:

- Is approved to operate in the state of Washington by the workforce training and education coordinating board, or
- Is part of a college or university that is nationally or regionally accredited.

Standard Four—Required Documentation

- Copy of the certificate of approval to operate this program.

Standard Four Checklist—Eligibility

- Copy of Washington State Workforce Training Education Coordinating Board Certificate, or
- Verification that the program is part of a college or university that is nationally or regionally accredited.

Behavioral Health Support Specialist Educational Program or Apprenticeship Application

Application for: New BHSS Education Program New BHSS Apprenticeship Program
 Re-Approval of BHSS Education Program Re-Approval of BHSS Apprenticeship Program

Approval Type: Full (7 Years) Provisional (3 Years) Legacy

1. Demographic Information

UBI #		Federal Tax ID (FEIN) #		
Legal Owner/Operator Name				
Mailing Address				
City	State	Zip	County	
School or Program Name (Business name as advertised on signs or website)				
Physical Address				
City	State	Zip	County	
Phone (enter 10 digit #)	Cell (enter 10 digit #)		Fax (enter 10 digit #)	
Mailing Address				
City	State	Zip	County	
Contact Email		Program/Apprenticeship Web Address		
Authorized Representative Name				
Authorized Representative Email		Authorized Representative Phone		
Secondary Contact Name				
Secondary Contact Email		Secondary Contact Phone		

2. Accreditation Information

Please list and attach copies of documentation verifying accreditation, including the agency's name, address and date accreditation was issued.

3. Education Program Information

Provide the following information about the education program offered.

Program Title

Program Type (select all that apply): Baccalaureate Post-Baccalaureate

Expected Length of Program

Number Hours:

Weeks

Quarter Semester Contact

Name of Certificate or Degrees Offered

Maximum faculty to student ratio

In classroom

In practicum

4. Program Representative Attestation:

I attest that I am the authorized representative of the above-named school or program, and that I am submitting this application for approval by the Washington State Department of Health in that capacity. I have become familiar with the laws relating to Behavioral Health Support Specialists in chapter [18.227 RCW](#) and chapter [246-821 WAC](#).

I have reviewed the department's standards for approval and understand that this application will not be considered by the department if it is incomplete. I understand that a future site visit may be required. Once approved, any modification(s) to the program must be reported to the department within 30 days of the modification per [WAC 246-821-810](#).

Name of Authorized Representative

Title

Signature of Authorized Representative

Date (mm/dd/yyyy)



Washington State Department of
HEALTH
 BHSS Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

BHSS Program or Apprenticeship Application Table of Contents

BHSS Education Program or Apprenticeship Application	Page
Table of Contents	Pages
Standard 1: Curriculum	Tab 1
A. BHSS Courses Offered spreadsheet	Page(s)
B. Course syllabi using either the fillable template provided in this application packet or following the same outline of the template.	Pages
C. Sample or samples of comprehension assessments for each of the following: <ul style="list-style-type: none"> • Health Equity • Helping Relationship • Cultural Responsiveness • Team-Based Care and Collaboration • Screening and Assessment • Care Planning and Care Coordination • Intervention • Law, Ethics, and Professional Practice 	Pages
D. Institutional philosophy or mission statement	Page
E. Supplemental Documentation <ul style="list-style-type: none"> • Completed “BHSS High-level Gap Analysis Tool,” or • Statements for each of the eight competency domains explaining how it is introduced, reinforced, and assessed to proficiency within the coursework submitted under this section 	Page
Standard 2: BHSS Practicum	Tab 2
A. An attestation that each practicum site approved for partnership with the BHSS education program meets the requirements of WACs 246-821-200 through 246-821-215	Page

B. Documentation (policies, agreements, or other guidelines) pertaining to the clinical supervisor and BHSS student's expectations, goals, and clinical skill development throughout the duration of the practicum	Page
C. Sample disclosure statement form provided to clients	Page
Standard 3: Required Documentation	Tab 3
A. Sample transcript	Page
B. Sample BHSS Certificate of Completion, or other documentation verifying successful program completion	Page
C. Policy on release of student records consistent with applicable law(s)	Page
Standard 4: Eligibility	Tab 4
Copy of Washington State Workforce Training and Education Coordinating Board Certificate, or Verification that the program is part of a college or university that is nationally or regionally accredited	Page(s)



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

BHSS Program Course Syllabus Template

Please read carefully:

There must be a **separate syllabus** for each course listed on the Table of Courses offered form. You may either use the fillable Word document or create your own syllabus using the format on this Template.

If you create your own syllabus, each section must be clearly labeled.

Course Title	
---------------------	--

Subject Matter(s) as provided in WAC 246-821-110 (This must match what is listed on the table of courses offered form)	No. of Hour(s) Per Subject
Total Course Hours	

Instructor(s) Name(s)	

Measurable Course Objectives

Methods of Evaluation

Course Schedule

Textbooks and Other Instructional Materials

RCW/WAC and Online Website Links

RCW/WAC Links

[Chapter 18.227 RCW, Behavioral Health Support Specialist](#)

[Chapter 246-821 WAC, Behavioral Health Support Specialist](#)

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

Online

[Behavioral Health Support Specialist Webpage](#)

[Washington Workforce Training & Education Coordinating Board](#)

Get important information about your credential type by [subscribing to email alerts](#).