



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

Verification of Peer Support Specialist Trainee Supervised Experience

Use a separate form for each supervisor verifying your supervision and peer services experience for each practice setting. This form may be duplicated. Fill out Section one and forward to the approved supervisor for completion.

1. Applicant (Print Clearly)

Name: Last	First	Middle	Birth Date (mm/dd/yyyy)
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Credential Number:

The above individual seeks verification of supervised peer specialist experience for certification as a peer specialist. Please complete the following:

2. Approved Supervisor: A behavioral health provider or peer support specialist who meets the training and experience requirements in [WAC 246-929-170](#) to be an approved supervisor)

Supervisor Name	Current Phone	
Credential Number	First Issuance Date	
Current Street Address		
City	State	Zip Code

I certify that the above information is, to the best of my knowledge, accurate and complete. I understand that the Department may request additional information, if it is needed, to evaluate the application of the individual named on this document. I also attest I meet or exceed the requirements in [WAC 246-929-170](#) to be an approved supervisor for peer specialist trainees.

Signature: _____ Date: _____

3. Supervised Peer Support Specialist Experience: Applicants must have a minimum of **1,000 hours** of supervised experience under the supervision of an approved supervisor **after** obtaining the peer trainee certification. Please complete the actual months in the space provided below.

Months of Supervision	From: mm	dd	yyyy	To: mm	dd	yyyy
Verification of hours earned as Certified Peer Specialist Trainee				Minimum number of Hours Required	Total Hours Verified	
A. Peer Support Specialist Trainee: Time providing peer support services under the supervision of an Approved Supervisor				Approx. 988 hours		
B. Supervision Meetings: Peer Support Specialist Trainees must meet with their Approved Supervisor every other week. A minimum of 12 hours is required.				At least 12 hours		
Total Hours Required				1,000 hours		

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.