



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

Verification of Peer Support Specialist Supervisor Candidate Joint Supervision Experience

Note: Use one form per supervisor for each time frame worked.

There are two ways to qualify as an approved supervisor for peer support specialist trainees. Use this side of the form for Joint Supervision Experience obtained after July 1, 2025. Use page 2 for experience as a peer supervisor prior to that date and before the certified peer support specialist credential was available.

Please submit this form with a copy of your HCA Peer Supervisor Training certificate of completion.

Peer Support Specialist Supervisor Candidate

Name: Last	First	Middle	Birth Date (mm/dd/yyyy)
Credential Number:			
Phone: (enter 10 digit #)		Email:	

Approved Supervisor

The above applicant requires verification of joint supervision experience to become an approved supervisor for certified peer support specialist trainees. Please complete the following.

Supervisor Name: Last	First	Middle
Credential Number:		Email:
Street Address:		Phone (enter 10 digit #)

Joint Supervision Experience:	
From (mm/dd/yyyy):	To (mm/dd/yyyy):

Joint Supervision ([WAC 246-929-180](#))

Joint supervision is when an approved supervisor works together with a peer support specialist supervisor candidate who is obtaining experience to become an approved supervisor. The peer support specialist must obtain at least 500 hours of joint supervision experience to be eligible to be an approved supervisor.

The approved supervisor and peer support specialist supervisor candidate must meet at least once a month to discuss the ongoing supervision of trainees

I attest that the Peer Support Specialist Supervisor Candidate obtained at least 500 hours of joint supervision experience under my supervision during the dates listed above and that we met at least once a month to discuss the joint supervision they provided.

_____ Signature of Approved Supervisor	_____ Date
---	---------------

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.



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

Verification of Peer Supervisor Experience Prior to July 1, 2025

Note: Use one form per supervisor for each time frame worked.

There are two ways to qualify as an approved supervisor for peer support specialist trainees. Use this side of the form for Joint Supervision Experience obtained prior to July 1, 2025. Use page 1 for experience as a peer supervisor candidate after that date.

Please submit this form with a copy of your HCA Peer Supervisor Training certificate of completion.

Experience earned prior to the implementation of the peer credential can qualify the individual to be an approved supervisor under [WAC 246-929-170](#) if they meet the following conditions:

- Hold an active certified peer support specialist credential;
- Provided supervision to peers for at least 1 year prior to July 1, 2025; and
- Completed the peer support specialist supervisor training provided by the Health Care Authority under [RCW 71.24.920](#).

Use this side of the form only for experience prior to July 1, 2025, when the certified peer support specialist credential became available.

Peer Supervisor Candidate

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

Credential Number:

Phone: (enter 10 digit #)

Email:

Joint Supervision Experience:

From (mm/dd/yyyy):

To (mm/dd/yyyy):

I attest that the individual above worked at the agency or organization below for at least 1 year as a peer counselor supervisor prior to July 1, 2025. I am authorized by this agency or organization to verify the employment of the individual above and their role as a supervisor of peer counselors.

Signature of Approved Supervisor

Date

Printed Name and Title

Email

Phone Number

Name of Agency or Organization