Washington State Department of HEALTH

Psychology Program
PO Box 47877
Olympia WA 98504-7877
360-236-4700

Attestation of Competence

This form is to be used for those applying for a Psychological Associate license. A new Attestation of Competence must also be submitted when a supervisor changes.

The licensee or applicant and their Director of Clinical Training (DCT) or postdoctoral supervisor must work together to complete the form based on their level of training. Once completed the form must be submitted directly from the Director of Clinical Training or the postdoctoral supervisor to the department either through email to PSYCapplication@doh.wa.gov, or by mail to the address above.

Section 1: Applicant or Licensee Information		
First Name	Middle	Last Name
License Number (appliction number for new applicants)		Date of Birth
Level of Training (check one): ☐ Practicum ☐ Internship ☐ Postdoctoral		
Instructions: For practicum and internship students the Director of Clinical Training (DCT) shall complete Section 2 and 4. For postdoctoral applicants or licensees, the postdoctoral supervisor shall complete Section 3 and 4.		
Section 2: Director of Clinical Training		
Name of Director of Clinical Training of Doctoral Program or Internship Placement		
Name and location of regionally accredited institution where doctoral degree is being earned		
Name and location of practicum or internship practice site		
Name of Primary Supervisor who will be completing the supervision agreement		
Type of Doctoral Program	Date of Enrollment	
☐ I attest that the above-named applicant is currently enrolled in the doctoral program listed 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.

Section 3: Postdoctoral Supervisor

Under WAC 246-924-059, postdoctoral experience is only recognized after the doctoral degree has been conferred. Therefore, if you complete supervised experience after the internship but before your degree is conferred, you may practice under supervision, but those early hours will not count toward licensure.

Name of Postdoctoral Supervisor	
Supervisor's License Type	Supervisor's License Number
Doctoral Degree Conferral Date of Applicant or Licensee	

Section 4: Attestation of Competence

In accordance with RCW 18.83.105, I hereby attest that the applicant named above is competent to practice psychology under the supervision of a licensed supervisor, pursuant to the rules adopted by the Examining Board of Psychology.

Signature of DCT or Postdoctoral Supervisor	Date of Signature