



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

Approved Supervisor Verification Mental Health Counselor Associate

To the Supervisor:

Please review [WAC 246-809-234](#). To supervise a license mental health counselor associate, you must hold a license without restrictions that has been in good standing for at least two years.

You must not be a blood or legal relative or cohabitant of the license associate, license associate’s peer, or someone who has acted as the license associate’s therapist within the last two years.

Prior to the commencement of any supervision you shall provide the license associate this declaration, stating that you have met the requirements of [WAC 246-809-234](#) and that you qualify as an approved supervisor.

As an approved supervisor, I attest that I have completed the following:

A minimum of fifteen clock hours of training in clinical supervision obtained through:

- A supervision course; or
- Continuing education credits on supervision; or
- Supervision of supervision; or
- Or any combination of these; and

And twenty-five hours of experience in supervision of clinical practice

I attest that I will gain full knowledge of the supervisor’s practice activities including:

- Practice setting
- Record keeping
- Financial management
- Ethics of clinical practice
- A backup plan for coverage

Declaration of Supervision—must be completed by Supervisor and provided to license candidate prior to the commencement of supervision in accordance with [WAC 246-809-234](#).

I, _____ a licensed _____ in the
Name of Supervisor

State of _____ with license number _____ attests to _____
Name of License Candidate

that I have read and met all the requirements in connection with [WAC 246-809-234](#).

 Signature of Supervisor

 Date