



Washington State Department of
Health
 Social Worker Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Approved Supervisor Verification

To the Supervisor:

Please review [WAC 246-809-334](#). To supervise a licensed social worker advanced associate or social worker independent clinical 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 licensed associate, licensed associate’s peer, or someone who has acted as the licensed associate’s therapist within the past two years.

Prior to the commencement of any supervision you must provide the licensed associate a declaration, stating that you have met the requirements of [WAC 246-809-334](#) and you qualify as an approved supervisor.

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

- **A minimum of fifteen clock hours of training in clinical supervision obtained through:**
 - Supervision course; or
 - Continuing education credits on supervision; or
 - Supervision of supervision; or
 - Or any combination of these; and
- **Twenty-five hours of experience in supervision of clinical practice; or**

I attest I will gain thorough knowledge of the supervisee’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 licensed associate prior to the commencement of supervision in accordance with [WAC 246-809-334](#).

I, _____, a licensed _____ in the State of
(Name of Supervisor)
 _____ with license # _____

attests to _____ that I have read and met all the requirements in connection
(Name of Licensed Associate)

with [WAC 246-809-334](#).

Signature of Supervisor _____ Date _____