



Agency Affiliated Counselor Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Registered Agency Affiliated Counselor Employment/Student Verification Form

“Agency affiliated counselor” means a person registered, certified, or licensed under this chapter who is employed by an agency or is a student intern, as defined by the department.

“Registered Agency Affiliated counselor” includes juvenile probation counselors who are employees of the juvenile court under [RCW 13.04.035](#) and [13.04.040](#) and juvenile court employees providing functional family therapy, aggression replacement training, or other evidence-based programs approved by the department of children, youth, and families. A student intern as defined by the department may be a registered agency affiliated counselor.

**Type of Agency Affiliated Counselor:**

**Mark All That Apply:**  Employee       Juvenile Probation Counselor       Student Intern

**Check One:**  New Agency       Update / Change Agency       Additional Agency

Applicants may not provide unsupervised counseling prior to completion of a criminal background check performed by either the employer or the Department of Health.

Agency affiliated counselors shall notify the department if they are either no longer employed by the agency identified on their application or are now employed with another agency, or both. See [RCW 18.19.210](#).

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Agency Affiliated Applicant Name and Credential Number (Please Print) Date of Hire (MM/DD/YYYY)

I verify that the above applicant is currently employed or will begin employment with the agency listed below as required by [WAC 246-810-015](#).

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Agency or Facility Employer Name

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Agency or Facility Physical Address

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City State Zip Code

My Agency is a county, state agency, federally recognized Indian tribe located within Washington State or has been recognized by the Secretary of Health to be able to employ agency affiliated counselors. See [WAC 246-810-016](#) and [WAC 246-810-015](#). Please see the [approved agency affiliated list](#).

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Signature of employer or designated/authorized employee Date MM/DD/YYYY

**Send this completed form to the address above.**