



Certified Counselor Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360.236.4700

## **Approved Consultant Certified Counselor**

### **To the Certified Counselor Consultant:**

Please review [WAC 246-810-025](#) and [WAC 246-810-026](#). To act as a consultant to a certified counselor, you must meet the following:

- Have an active credential in a counseling-related field for a minimum of five years.
- The credential or credentials must be in good standing while serving as a consultant.

You must not be a blood or legal relative or cohabitant of the credential holder, or someone who has acted as the credential holder's counselor within the past two years. You must not have a reciprocal consultant arrangement with another credential holder.

Prior to the commencement of any consultation, you must provide the certified counselor with a declaration.

As an approved consultant, I attest that I have completed the following education and training in:

- Risk assessment
- Screening using the global assessment of functioning scale
- Professional ethics
- Washington State law

A written agreement between the certified counselor and the consultant is required. The agreement must be reviewed and renewed at least every two years. At a minimum, the agreement addresses the agreement duration, expectations of both parties, frequency and modalities of consultation, recordkeeping, financial arrangements, client confidentiality, and potential conflict of interest. [WAC 246-810-025](#).

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**Declaration of Certified Counselor Consultant**—must be completed by the consultant and provided to the certified counselor prior to the commencement of consultation as set in [WAC 246-810-025](#).

I, \_\_\_\_\_ a credentialed \_\_\_\_\_  
Name of Consultant (print)

in the state of Washington with credential number \_\_\_\_\_

attests to \_\_\_\_\_ that I have read and met all the  
Name of Certified Counselor

requirements in accordance with [WAC 246-810-026](#).

\_\_\_\_\_  
Signature of Consultant

\_\_\_\_\_  
Date