



Washington State Department of  
**Health**  
Substance Use Disorder Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Attestation of Recovery

**This application will be used by the licensing authority to decide whether more information is needed to process your application. Additional information may include requiring your participation in a mental, physical or psychological evaluation.**

**Recovery as defined in [RCW 18.205.020\(9\)](#), means a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery often involves achieving remission from active substance use disorder.**

I have been in recovery since \_\_\_\_\_;  
(mm/dd/yyyy)

I do not have a substance use disorder.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
(date) (month) (year) (city or other location, and state or country)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)