



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

## Attestation of Recovery

**Note: This form is required only for agency affiliated counselors who will practice as peer counselors.**

Effective July 28, 2019, 2SHB 1907 requires agency affiliated counselor applicants who will practice as peer counselors to complete the attestation of recovery form. The licensing authority uses the attestation to determine whether more information is required 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)

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(Printed Name)

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(Signature)