



Sex Offender Treatment Provider Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Attestation of Qualified Supervisor

Instructions: Complete the form, checking the box that describes your basis for being a qualified supervisor and provide the dates, locations, and agencies or institutions through which you acquired your experience.

I, _____, attest that i meet the requirements of [RCW 18.155.020\(5\)](#) to supervise an applicant for affiliate certification as a sex offender treatment provider. I meet the requirements because I:

- Meet requirements for certification as a sex offender treatment provider.
- Have provided at least two thousand hours of direct sex offender treatment and assessment services and continue to maintain professional involvement in the field.
- Worked for at least two years of full-time work in a state run facility or state run treatment program providing direct sex offender specific treatment and assessment services and I continue to maintain professional involvement in the field.

I met the requirements noted above through: (list the dates, locations, agencies, programs or institutions through which you met the requirements)

I declare under penalty of perjury that the forgoing is true and correct.

Dated _____, at _____
(city, state)

Signature _____