



Substance Use Disorder Professional Trainee Certification Application Packet

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Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Substance Use Disorder Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation. This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the correct forms required.

☐ **Do you hold a credential in Washington State?** Check yes or no. If you do hold a credential in Washington State, please provide your license number.

☐ **Application Fee.** This fee is non-refundable. Check the online [fee page](#) for most current fees.

☐ **Select if the following applies:**
Spouse or Registered Domestic Partner of Military Personnel

☐ **1. Demographic Information:**
Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you do not have one.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

☐ **2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

☐ **3. Other License, Certification, or Registration:**

List all states, including Washington, where credentials are or were held. Attach additional completed pages if you need more space. You must also print the [Verification Form](#) and provide it to each state or jurisdiction that you have listed, requesting that they complete and submit the form directly to the Department of Health.

☐ **4. Declaration of Education and Experience:**

Declare that you are obtaining the education and experience required to receive a CDP credential.

☐ **5. Attestation of Recovery:**

Effective July 28, 2019, ESHB 1768 requires all substance use disorder professional and substance use disorder professional trainee applicants to complete the attestation of recovery form.

☐ **6. Approved Supervision:**

Provide the name and credential number of supervisor or agency where you will work.

☐ **7. Applicant’s Attestation:**

You must sign and date this for us to process the application.

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
 - A copy of your marriage certificate to show proof of marriage; or
 - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

Credentialing Requirements

Substance Use Disorder Professional Trainee

Means an individual working toward the education and experience requirements for certification as a Substance Use Disorder professional, and who has been credentialed as a Substance Use Disorder Professional Trainee.

All of the experience must be under an approved supervisor as defined in [WAC 246-811-049](#).

A Substance Use Disorder Professional Trainee can provide Substance Use Disorder assessment, counseling, and case management to patients consistent with their education, training, and experience as documented by the approved supervisor.

- The first fifty hours of any face-to-face patient contact must be under direct observation of an approved supervisor or a Substance Use Disorder professional.
- An approved supervisor or designated certified Substance Use Disorder Professional must be available for immediate consultation and provide direct supervision when a Substance Use Disorder Professional Trainee is providing clinical services to patients until the approved supervisor documents in employee file that the Substance Use Disorder Professional Trainee has obtained the necessary education, training, and experience.

Renewal

Credential is renewed each year to correspond with the issuance date.

- Substance Use Disorder Professional Trainee must submit a signed declaration with their annual renewal that states they are currently enrolled in an approved education program, or have completed the educational requirements, and are obtaining the experience requirements for a Substance Use Disorder Professional credential.

Continuing Education

Not required.

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Revenue: 0207061000

**Substance Use Disorder Professional Trainee
Certification Application**Do you hold a credential in Washington State? ☐ No ☐ Yes If yes, credential #Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel**1. Demographic Information****Social Security Number (SSN)**
(If you do not have a SSN, see instructions)**National Provider Identifier Number (NPI)**
(Enter 10 digit number)☐ Male ☐ Female
☐ Prefer not to answer
☐ X

Name

First

Middle

Last

Birth date (mm/dd/yyyy)

Address

City

State

Zip Code

County

Country

Phone (enter 10 digit #)

Fax (enter 10 digit #)

Cell (enter 10 digit #)

Email address

Mailing address if different from above address of record

City

State

Zip Code

County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.Have you ever been known under any other name(s)? ☐ Yes ☐ No
If yes, list name(s):Will documents be received in another name? ☐ Yes ☐ No
If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☐

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☐

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

YesNo

6.

Have you ever been found in any civil, administrative or criminal proceeding to have:
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
b. Diverted controlled substances or legend drugs?
c. Violated any drug law?
d. Prescribed controlled substances for yourself?
7.

Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements?
8.

Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9.

Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10.

Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
11.

Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?

3. Other License, Certification, or Registration

List all states where credentials are or were held. Attach additional completed pages if you need more space.

State	License/Certification/Registration Type	License/Certification/Registration		Method of Licensure		
		Year Issued	Number	Exam	Endorse	Grand Fathered

4. Declaration of Education and Experience

I declare I am currently obtaining the education and experience required to receive a Substance Use Disorder Professional credential.

Name of Education Institution and Program:

Applicant's Initials

Date

5. Attestation of Recovery

Effective July 28, 2019, ESHB 1768 requires all substance use disorder professional and substance use disorder professional trainee applicants 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.

Applicant's Initials

Date

6. Approved Supervision

As required in [WACs 246-811-045](#) through [WAC 246-811-049](#), a Substance Use Disorder Professional Trainee must work under the supervision of an approved SUDP supervisor. If you do not yet have an approved SUDP supervisor, please include either the name of the behavioral health agency where you intend to work, or the name and credential number of an approved and registered SUDP Apprenticeship program instructor.

Name and credential number of approved supervisor OR apprenticeship instructor:

OR

Name of Behavioral Health Agency where you will work as an SUDPT:

7. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of
(Print applicant name clearly)
the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, state)

By: _____
(Signature of applicant)

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Substance Use Disorder Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Verification of Substance Use Disorder Professional Supervision and Experience

Note: Use one form per supervisor for each time frame worked.

Print Clearly:

Applicant			
Name: Last	First	Middle	Birth date (mm/dd/yyyy)
Address:			
City:	State:	Zip Code:	
Phone (enter 10 digit #)	Business phone (enter 10 digit #)		
Direct Supervisor			
The above applicant requires verification of supervised experience for certification as a Substance Use Disorder professional. Please complete the following.			
Supervisor Name: Last	First	Middle	Credential #
Street Address		Phone (enter 10 digit #)	
City	State	Zip Code	
Supervised Experience (WAC 246-811-045)			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Competencies gained during the experience (WAC 246-811-047). The first fifty hours of any face-to-face client contact must be under the direct observation of an approved supervisor (WAC 246-811-049).			
I attest that the first fifty hours of face-to-face client contact was under my direct observation or I assigned a Substance Use Disorder Professional to have direct observation in my stead.			
Signature of Supervisor		Date	
Direct Supervisor			# of Hours
Face-to-face clinical evaluation (100 hours required)			
Other clinical evaluation (100 hours required)			
Face-to face counseling to include: Individual counseling, group counseling, and counseling family, couples, and significant others (600 hours required)			
Discussions of professional and ethical responsibilities (50 hours required)			
Transdisciplinary foundations: Understanding addiction treatment knowledge, application to practice, professional readiness, referral, service coordination, client, family, and community education. Documentation to include screening, intake assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data.			
AA degree = 1,650 hours required in transdisciplinary foundations BA degree = 1,150 hours required in transdisciplinary foundations MA degree = 650 hours required in transdisciplinary foundations Advanced Registered Nurse Practitioners, Licensed Counselors and Psychologists = 150 hours required in transdisciplinary foundations			
Total Number of Supervised Experience Hours			

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RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Substance Use Disorder Professional Laws, RCW 18.205](#)

[Substance Use Disorder Professional Rules, WAC 246-811](#)

Online

[Substance Use Disorder Professional Program, Web Page](#)

Get important information about your credential type by [subscribing to email alerts](#).