



Washington State Department of

Health

Agency Affiliated Counselor Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360.236.4700

Agency Affiliated Counselor Employment Verification

The agency affiliated counselor who is engaged in counseling and employed by or has an offer of employment by a county, an agency or facility operated, licensed, or certified by Washington State is required to submit verification of employment.

I, _____
Agency or Facility Employer Name

Agency or Facility Physical Address (Street)

City State Zip Code

verify that _____
Agency Affiliated Applicant Name—Type or Print and Credential #

is currently employed or;

has an offer of employment to begin on: _____ as required by
mm/dd/yyyy

[WAC 246-810-015](#).

My agency is a county, state agency, or has been recognized by the Secretary of Health to be able to employ agency affiliated counselors. (See **[WAC 246-810-016](#)** and **[WAC 246-810-017](#)**)

Signature of employer or designated/authorized employee Date (mm/dd/yyyy)

Send document to the above address.

Please call 360.236.4700 if you have questions regarding this form.