



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

## Verification of Chemical Dependency Professional Supervision and Experience

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

<b>Applicant</b>			
Name:	Birth date (mm/dd/yyyy)		
Address:			
City:	State:	Zip Code:	
Phone (enter 10 digit #)	Business phone (enter 10 digit #)		
<b>Direct Supervisor</b>			
The above applicant requires verification of supervised experience for certification as a chemical dependency professional. Please complete the following.			
Supervisor Name:			Credential #
Street Address		Phone (enter 10 digit #)	
City	State	Zip Code	
Supervised Experience ( <a href="#">WAC 246-811-045</a> )			
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Competencies gained during the experience ( <a href="#">WAC 246-811-047</a> ). The first fifty hours of any face-to-face client contact must be under the direct observation of an approved supervisor ( <a href="#">WAC 246-811-049</a> ).			
I attest that the first fifty hours of face-to-face client contact was under my direct observation or I assigned a chemical dependency professional to have direct observation in my stead.			
Signature of Supervisor _____			Date _____
<b>Direct Supervisor</b>			<b># of Hours</b>
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)			
<b>Transdisciplinary foundations:</b> 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.			
<b>AA degree = 1,650 hours required in transdisciplinary foundations</b>			
<b>BA degree = 1,150 hours required in transdisciplinary foundations</b>			
<b>MA degree = 650 hours required in transdisciplinary foundations</b>			
<b>Advanced Registered Nurse Practitioners, Licensed Counselors and Psychologists = 150 hours required in transdisciplinary foundations</b>			
<b>Total Number of Supervised Experience Hours</b>			



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## **Chemical Dependency Professional Statement of Qualifications**

### **Note to Supervisor:**

To be considered an **appropriate supervisor**, your qualifications must either meet or exceed the requirements of a certified chemical dependency professional in the state of Washington. You must be eligible to take the examination required for certification and have at least four-thousand hours of experience in a state approved chemical dependency treatment agency. The four thousand hours are in addition to the supervised experience hours needed to be eligible to become a chemical dependency professional. Twenty-eight clock hours of recognized supervised training may be substituted for one thousand hours of experience. You are not a blood or legal relative, significant other, cohabitant of the supervisee, or someone who has acted as the person supervised's primary counselor.

**Do not sign this form verifying applicant's hours unless you meet the criteria and can provide documentation if called upon to do so.**

My qualifications include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

I certify the above information is, to the best of my knowledge, accurate and complete. I understand the department may request additional information, if needed, to evaluate the application of the individual named on this document. I also attest that I meet or exceed the educational and supervision requirements for certification (as required by [WAC 246-811-049](#)).

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**Please return this form directly to the address above.**