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 Form

Check One: ☐ New Agency ☐ Update / Change Agency ☐ Additional Agency

Applicants may not provide unsupervised counseling prior to completion of a criminal background check performed by either the employer or the Department of Health.

Agency affiliated counselors shall notify the department if they are either no longer employed by the agency identified on their application or are now employed with another agency, or both. See **RCW 18.19.210**.

_____
Agency Affiliated Applicant Name and Credential Number (Please Print)

I verify that the above applicant is currently employed or will begin employment with the agency listed below as required by **WAC 246-810-015**.

_____
Agency or Facility Employer Name

_____
Agency or Facility Physical Address

_____
City State Zip Code

My Agency is a county, state agency, federally recognized Indian tribe located within Washington State or has been recognized by the Secretary of Health to be able to employ agency affiliated counselors.
See **WAC 246-810-016** and **WAC 246-810-015**. Please see the **approved agency affiliated list**.

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Signature of employer or designated/authorized employee Date MM/DD/YYYY

Send this completed form to the address above.