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 Counselor Employment Verification Form

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

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.

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

Send this completed form to the address above.

DOH 670-114 June 2016