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

Attestation of Recovery

This application will be used by the licensing authority to decide whether more information is needed 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.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed on the _____ day of ______, _______ at __________________________________
(date) (month) (year) (city or other location, and state or country)

____________________________________________________________________
(Printed Name)

____________________________________________________________________
(Signature)

DOH 670-213 July 2019