Approved Supervisor Certified Counselor

To the Certified Counselor Supervisor:

Please review WAC 246-810-025 and WAC 246-810-026.

To act as a supervisor to a certified counselor, you must meet the following:

• Have an active credential in a counseling-related field for a minimum of five years.
• The credential or credentials must be in good standing while serving as a supervisor.

You must not be a blood or legal relative or cohabitant of the credential holder, or someone who has acted as the credential holder’s counselor within the past two years. You must not have a reciprocal supervisory arrangement with another credential holder.

Prior to the commencement of any supervision, you must provide the certified counselor with a declaration.

As an approved supervisor, I attest that I have completed the following education and training in:

• Supervision or management of individuals who provide counseling or mental health services
• Risk assessment
• Screening using the global assessment of functioning scale
• Professional ethics
• Washington State law

A written agreement between the certified counselor and the supervisor is required. The agreement must be reviewed and renewed at least every two years. At a minimum, the agreement addresses the agreement duration, expectations of both parties, frequency and modalities of supervision, recordkeeping, financial arrangements, client confidentiality, and potential conflict of interest. WAC 246-810-025.
**Declaration of Supervisor**—must be completed by the supervisor and provided to the certified counselor prior to the commencement of supervision as set in WAC 246-810-025.

I, _______________________________ a credentialed ____________________________

Name of Supervisor (print)

in the state of Washington with credential number ______________________________

attests to _______________________________ that I have read and met all the

Name of Certified Counselor

requirements in accordance with WAC 246-810-026.

_________________________________________  ______________________________
Signature of Supervisor                                 Date