



Washington State Department of  
**Health**

Agency Affiliated Counselor  
Credentialing  
PO Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Agency Affiliated Counselor Employment Verification

The agency affiliated counselor who is engaged in counseling and employed by or has an offer of employment by an agency or facility operated, licensed, or certified by Washington State, a federally recognized Indian tribe located within Washington State, or a county is required to submit verification of employment.

Please see the [approved agency affiliated lists](#).

I, \_\_\_\_\_  
Agency or Facility Employer Name

\_\_\_\_\_  
Agency or Facility Physical Address (Street)

\_\_\_\_\_  
City State Zip Code

verify that \_\_\_\_\_  
Agency Affiliated Applicant Name—Type or Print and Credential #

is currently employed, date of hire was \_\_\_\_\_ or;  
mm/dd/yyyy

has an offer of employment to begin on: \_\_\_\_\_ as required by  
[WAC 246-810-015](#).  
mm/dd/yyyy

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 246-810-017](#).

\_\_\_\_\_  
Signature of employer or designated/authorized employee Date (mm/dd/yyyy)

**Send document to the above address.**

**Please call 360-236-4700 if you have questions regarding this form.**