



Washington State Department of
HEALTH
Agency Affiliated Counselor Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Agency Affiliated Counselor Supplemental Employer Contact

Applicant:

Use this form when applying for an agency affiliated counselor credential. All information should be typed or printed clearly in blue or black ink and submitted to the address listed above or scanned and **emailed** directly to us for quicker processing.

Please note: Submitting this form may help expedite the processing of your application.

Name:	Last	First	Middle
Birth Date (mm/dd/yyyy)		Social Security Number	
Address			
City		State	Zip Code
Email Address		Phone (enter 10 digit #)	

I have applied for a credential to practice as an agency affiliated counselor in the state of Washington.

The Department of Health has my permission to talk with my employer about the status of my application and the requirements for obtaining an agency affiliated counselor credential.

Applicant's Signature

Date (mm/dd/yyyy)

This form may be duplicated.