

## **Approved Supervisor Licensed Mental Health Counselor**

### **To the Supervisor:**

Please review [WAC 246-809-234](#). To supervise a license candidate, you shall hold a license without restrictions that has been in good standing for at least two years.

You shall not be a blood or legal relative or cohabitant of the license candidate, license candidate's peer, or someone who has acted as the license candidate's therapist within the last two years.

Prior to the commencement of any supervision you shall provide the license candidate this declaration, stating that you have met the requirements of [WAC 246-809-234](#) and that you qualify as an approved supervisor.

As an approved supervisor, I attest that I have completed the following:

A minimum of fifteen clock hours of training in clinical supervision obtained through:

- A supervision course
- Continuing education credits on supervision
- Supervision of supervision
- Or any combination of these

And twenty-five hours of experience in supervision of clinical practice

I attest that I will gain full knowledge of the supervisee's practice activities including:

- Practice setting
- Recordkeeping
- Financial management
- Ethics of clinical practice
- A backup plan for coverage

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**Declaration of Supervision**—must be completed by Supervisor and provided to license candidate prior to the commencement of supervision in accordance with [WAC 246-809-234](#).

I, \_\_\_\_\_ a licensed \_\_\_\_\_ in the  
Name of Supervisor

State of \_\_\_\_\_ with license number \_\_\_\_\_ attests to \_\_\_\_\_  
Name of License Candidate

that I have read and met all the requirements in connection with [WAC 246-809-234](#).

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date