Washington State Department of Health

No Social Security Number

The law requires applicants for professional licenses to provide social security numbers. 42 USC 666; RCW 26.23.150. However, a license may be granted without one. We have enclosed a form to help you determine what best describes your situation. Please complete and return the notification form with your application.

If you need information about U.S. citizenship or other requirements from the Immigration and Naturalization Service (INS), you may call 1.800.375.5283 or 1.800.767.1833 (TTY). You can also visit the website at **http://www.uscis.gov/portal/site/uscis**.

If you need information about obtaining a social security number, visit the Social Security Administration (SSA) website at **http://www.ssa.gov/**. You may also check the "Government Pages" of your local telephone directory to locate the telephone number of your local SSA office.

If you have any questions about completing your applications, please contact our office.

Washington State Department of Health
Nursing Commission
PO Box 47864
Olympia, WA 98504-7864
360.236.5703

Social Security Number Notification

I have not provided a social security number for the following reason:

- ☐ I do not have a social security number, and when I applied for one, it was denied. (Attach any correspondence received from the Social Security Administration.)
- ☐ I do not have a social security number, but i have an individual taxpayer identification number, which is

  _____
- ☐ I have a social security number, but decline to provide it.
- ☐ I am a foreign national with a student visa only and do not qualify for a social security number because of that visa status.
- ☐ I am a foreign national, not practicing within the United States, and do not qualify for a social security number.
- ☐ Other (Provide a detailed explanation.)

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I declare under penalty of perjury under the laws of the State of Washington that the forgoing in true and correct.

_____ Printed Name

_____ Signature

_____ Place Signed

_____ Date Signed