



Office of Community Health Systems  
 Volunteer Retired Providers Program  
 P.O. Box 47853  
 Olympia, WA 98504-7853  
 Fax: 360-236-2830

## Volunteer Retired Providers Program Provider Certification

To authorize license renewal payment as a participant in the Volunteer Retired Providers Program, return this signed certification with your license renewal form. You must request for license payment prior to the expiration date of your certification. Send this to the address listed above.

Name (Print)		License Number
<p>I certify that during the time that this license is in effect:</p> <ul style="list-style-type: none"> <li>I will not receive remuneration for the practice of health care, either as an independent practitioner or as an employee at this clinic or any other clinic.</li> <li>I will provide care to all patients, regardless to their ability to pay.</li> <li>My health care services are limited to:           <ul style="list-style-type: none"> <li>Non-invasive care services, see <a href="#">RCW 43.70.470</a>, and;</li> <li>Obstetric care is not available with this program.</li> </ul> </li> <li>I certify that I have completed all continuing education/competency required for my license renewal and will furnish documentation upon request.            Number of continuing education/competency hours complete: _____</li> </ul>		
I am a new provider with the VRP Program requesting license renewal. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant's Signature		Date (mm/dd/yyyy)
Address		
City	State	Zip Code
Email		Phone
I will provide volunteer services at clinic(s) that is/are Volunteer Retired Provider Program approved sites:		
Clinic(s)		
Signature of Clinic Manager or Volunteer Coordinator		Date

**Please renew your license early!** The VRP program will not pay any late or reissuance fees. All providers are personally responsible for late renewal penalty fees or expired license reissuance fees. If you have questions related to the Volunteer Retired Providers Program, license renewal and/or malpractice insurance, contact the VRP Program at 360-236-2812 or [VRPProgram@doh.wa.gov](mailto:VRPProgram@doh.wa.gov).