



Washington State Department of

**Health**

Chiropractic Credentialing

PO Box 47858

Olympia, WA 98504-7858

360-236-2822

## Out-of-State Credential Verification

### To Applicant:

Please complete this side of the form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered as a healthcare provider.

Name: Last			First			Middle		
Mailing Address								
City						State		Zip Code
Phone (enter 10 digit #)					Cell (enter 10 digit #)			
Email address								
Any other names used:								
Washington State healthcare credential type you are applying for:								
Washington State healthcare credential number (if available):						Date Issued		

Have the licensing agency return this completed form to the address listed above.

If you have any questions, please call 360-236-4700.

This form may be duplicated.

**(To be Completed by the Regulatory Agency)**

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of license, certification, or registration holder:		
Authority providing verification: (state, name & title)		
Type of healthcare license, certification or registration:		
Healthcare license, certification or registration number:		
Applicant was credentialed by:	Date:	Score:
<input type="checkbox"/> Written Examination		
Name of examination:		
<input type="checkbox"/> Other Examination	Date:	Score:
Name of examination:		
Is credential current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	
Is this individual considered to be in good standing in your state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "no," please attach explanation.		
Has this credential ever been denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please provide a copy of the final order or other documentation of action taken.		
If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(SEAL)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date: