



Washington State Department of

Health

Board of Denturists Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Out-of-State Credential Verification

To Applicant:

Please complete this side of 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. Instruct them to return the form directly to the address listed above. Make a copy of this form if you need to send it to more than one state or jurisdiction. Agencies normally charge a fee for verification. Please check in advance to help expedite this process.

Name: Last		First	Middle
Mailing Address			
City		State	Zip Code
Any other names used:			
Type of healthcare license, certification, or registration:			
License, Certification, or Registration Number		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.

(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 and title)		
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: _____