



Hearing Aid Specialist/Audiology
Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Hearing Aid Specialist/Audiology Employment Update

Please use this form to notify the Department of Health if you are updating or changing your employment information and address per [RCW 18.35.100](#). Use this form only when notifying us of the address where you will be practicing.

Hearing Aid Specialist or Audiologist name:		
Email:	Phone (enter 10 digit #):	
Credential number:		
Previous Practice or Employer name:		
Previous Practice or Employer Address:		
City:	State:	Zip Code:
New Practice or Employer name:		
New Practice or Employer Address:		
City:	State:	Zip Code:
Practice or employer email (if available):	Practice or employer phone (enter 10 digit #):	
Additional Employer Name:		
Additional Employer Address:		
City:	State:	Zip Code:

Please attach additional completed pages if you need more space.

Email this form to HSQACredentialing@doh.wa.gov or Fax to 360-236-2901

Please call 360-236-4700 if you have questions.

Note: This form will not change your individual mailing address. Please see our [website](#) to do so.