



Washington State Department of
Health
Osteopathic Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Hospital Investigative Letter

Name of applicant (please print):	Birth date (mm/dd/yyyy):
I have applied for a license to practice osteopathic medicine and surgery in the state of Washington. Before my request for a license can be reviewed, a background investigation must be completed. Please complete the following questionnaire relative to my hospital privileges and return it the address listed above. Please reply as soon as possible to avoid delays in the licensing process. I hereby authorize you to release the following information to the Washington State Osteopathic Medical Board.	
Signature of Applicant:	Date (mm/dd/yyyy):
1. Does the applicant have, or has he/she ever had, admitting or specialty privileges at your hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No Beginning Date: _____ Ending Date: _____	
2. Have the applicant's privileges ever been restricted, suspended or revoked by the medical staff or administration, or in any status other than good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for what reason? _____ _____	
3. Has the applicant ever been asked to resign or surrender any privileges voluntarily in lieu of or to avoid adverse action? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for what reason? _____ _____	
Name:	Title:
Facility:	Phone (enter 10 digit #):
Address:	
Authorized Signature:	Date: