



Washington State Department of

Health

Osteopathic Credentialing

PO Box 47877

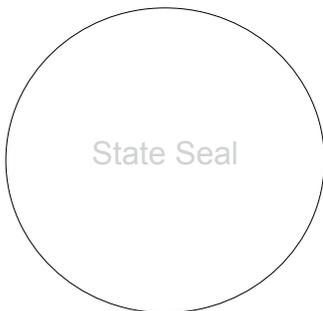
Olympia, WA 98504-7877

360-236-4700

## State License Investigative Letter

Name of applicant (please print):	Birth date (mm/dd/yyyy):
<p>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 state license and return it the address listed above.</p> <p>Please reply as soon as possible to avoid delays in the licensing process.</p> <p>I hereby authorize you to release the following information to the Washington State Osteopathic Medical Board.</p>	
Signature of Applicant:	Date (mm/dd/yyyy):

To assist the Washington State Board in evaluating the above osteopathic physician's application, we would appreciate receiving the following information.	
License Number:	Date license was issued:
Status of License:	<input type="checkbox"/> Active <input type="checkbox"/> Military <input type="checkbox"/> Other <input type="checkbox"/> Inactive <input type="checkbox"/> Expired
Has the applicant's license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any other disciplinary or corrective active been taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the licensee surrendered the license in lieu of disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the questions above, attach supporting documentation pertaining to disciplinary orders or any other actions.	



State Board:	
Address:	
Phone (enter 10 digit #):	
Authorized Signature:	Date: