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

Training 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 postgraduate training 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. Is the applicant currently or has the applicant ever been engaged in postgraduate training in your program? ☐ Yes ☐ No

   Beginning Date: _____ Ending Date: _____

2. Briefly evaluate the applicant's competence and conduct during the program: _____

   _____

   _____

3. Has the program ever had cause to restrict, suspend or terminate, or ask for a voluntary resignation of the applicant's participation in the program? ☐ Yes ☐ No If yes, explain and include performance evaluations. _____

   _____

4. Is there any information in your files that could call into question the applicant's ability to safely practice Osteopathic medicine and surgery? ☐ Yes ☐ No If yes, explain. _____

   _____

Name:	Title:
Facility:	Phone (enter 10 digit #):
Address:	
Authorized Signature:	Date: