



Office of Customer Service  
PO Box 47865  
Olympia WA, 98504-7865  
360-236-4700

## Physical Therapy and Physical Therapy Assistants Continuing Education Requirements

Name of Practitioner:	
Credential Type:	Credential Number:
I certify that I have met all continuing education requirements and employment hours related to physical therapy. I will document hours to the department upon request.	
Number of CE Hours:	Number of Employment Hours:
Signature of Practitioner:	Date:

**Mail this document with your  
check or money order to:**

Department of Health  
PO Box 1099  
Olympia, WA 98507-1099

**Documents without a check  
or money order:**

Department of Health  
Office of Customer Service  
PO Box 47865  
Olympia, WA 98504-7865

If you have any questions, please contact the Health Systems Quality Assurance Division, Customer Service Center.

Phone: 360-236-4700  
Fax: 360-236-4818  
Email: [hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)