



Radiologist Assistant Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Out-of-State Credential Verification

To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have been credentialed. Instruct them to return the form directly to the address listed below. Make a copy of this form if you are or have been credentialed in more than one state and/or jurisdiction. Credentialing agencies normally charge a fee to verify a credential, please check in advance to help expedite this process.

Name	Last	First	Middle
Mailing Address			
City	State	Zip Code	
Any other names used			
Credential Number	Date Issued		

Have the licensing agency return this completed form to the above address.

Please call 360-236-4700 if you have questions regarding this form.

