



Washington State Department of

Health

Chemical Dependency Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360.236.4700

## Registration / Certification / License Out of State Verification

Applicant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

I, \_\_\_\_\_, Secretary of \_\_\_\_\_,

hereby certify that \_\_\_\_\_

was granted state:  Registration  Certificate  License

Number: \_\_\_\_\_ to practice \_\_\_\_\_

in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

On the basis of:  Successfully passing the required examination.  Grandfathered

Did the applicant take and pass the NAADAC exam?  Yes  No Score \_\_\_\_\_ Date \_\_\_\_\_.

Did the applicant take and pass the ICRC level II or higher exam?  Yes  No Score \_\_\_\_\_ Date \_\_\_\_\_.

Required Education? \_\_\_\_\_

Required Experience? \_\_\_\_\_

Status of License:  Current Expiration Date: \_\_\_\_\_  Expired Date \_\_\_\_\_

Legal/Disciplinary Action:  Yes  No If Yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Acting In Behalf of the:

Official Name of Board \_\_\_\_\_

Phone \_\_\_\_\_

Secretary \_\_\_\_\_

Date Certification Prepared \_\_\_\_\_