



Washington State Department of

Health

Radiologic Technologist Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360.236.4700

## Out-of-State Credential Verification

### PART 1: Note to applicant

Complete Part 1. Submit form(s) to all state commissions/boards/committees where you have ever been licensed, certified, or registered.

Name \_\_\_\_\_

I was licensed/certified/registered by the \_\_\_\_\_ Commission/Board/Committee  
State

under the name \_\_\_\_\_

My original license/certification/registration number is \_\_\_\_\_

My Address is \_\_\_\_\_

Signature of applicant \_\_\_\_\_

### PART 2

To be completed by the state commission/board/committee and returned to Radiologic Technologist Credentialing at the address provided above.

License/Certification/Registration issued on \_\_\_\_\_ Number \_\_\_\_\_

Applicant licensed by: Exam \_\_\_\_\_ Endorsement \_\_\_\_\_ Waiver \_\_\_\_\_

Status of License/Certification/Registration:  Current  Not Current If not, explain \_\_\_\_\_

Has license/certification/registration ever been encumbered in any way? (Revoked, suspended, surrendered, restricted, placed on probationary status or under investigation.)  Yes  No If yes, explain \_\_\_\_\_



Signature \_\_\_\_\_

Name/Title \_\_\_\_\_

State \_\_\_\_\_