



Washington State Department of
Health
East Asian Medicine Practitioner
Credentialing
PO Box 1099
Olympia, WA 98507-1099

Plan For Consultation, Emergency Transfer And Referral

(Must be returned after initial licensure but prior to treating any patients or with the renewal notice and fee)

Emergency Transfer	
Name of East Asian Medicine Practitioner	License #

I certify that in an emergency, I will:

- a. Initiate the emergency medical system (EMS) by dialing 911;
- b. Request an ambulance; and
- c. Provide patient support until emergency response arrives.

Signature of East Asian Medicine Practitioner

Date (mm/dd/yyyy)

Consulting Primary Healthcare Providers	Must be licensed in Washington as a Physician/Surgeon; Physician Assistant; Osteopathic Physician/Surgeon; Osteopathic Physician Assistant; Naturopath; or Advanced Registered Nurse Practitioner.	
1. Name		
License #	Phone (enter 10 digit #)	

I agree to consult with and accept referred patients from the East Asian Medicine Practitioner listed above.

Signature of Consulting Primary Healthcare Provider

Date (mm/dd/yyyy)