



Washington State Department of

Health

Hearing and Speech Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

## Out of State Credential Verification

### To Applicant:

Please complete this section. Forward this form to the jurisdiction of certification/license for them to complete and return to the above address.

I, \_\_\_\_\_, am/was certified/licensed in the state of \_\_\_\_\_,

as a \_\_\_\_\_, certificate/license number: \_\_\_\_\_.

I have applied for a Washington State Audiologist License. I authorize the release of the information requested below to Washington State Hearing and Speech Credentialing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### To the State Board:

Please provide a **copy of the current statute** under which the above named applicant was certified/licensed. Please return this completed form with the statute to the above address.

I hereby certify that \_\_\_\_\_ was granted

professional certificate/license number \_\_\_\_\_ to practice \_\_\_\_\_ in the

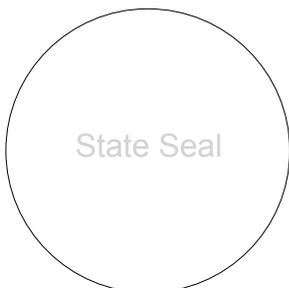
state of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ on the basis of:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Successfully passing the National Examination in Audiology.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Successfully passing a state/local jurisdiction examination in audiology .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Successfully passing the International Hearing Aid Society examination in hearing instrument fitting/dispensing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Successfully passing a state/local jurisdiction examination in hearing instrument fitting/dispensing. ....           | <input type="checkbox"/> | <input type="checkbox"/> |

Status of Certification/License:  Active  Inactive  Expiration Date \_\_\_\_\_

Legal or Disciplinary Action?:  Yes  No

If yes, please explain below and provide any applicable documentation. \_\_\_\_\_



Signature of Verifier \_\_\_\_\_

Title of Verifier \_\_\_\_\_

Date \_\_\_\_\_