



Office of Customer Service
 PO Box 47865
 Olympia WA, 98504-7865
 360-236-4700

Continuing Education Attestation

Name of Practitioner:	
Credential Type:	Credential Number:
I hereby certify that I have met all continuing education requirements, which I will document to the DOH upon request.	
Number of continuing education Hours:	Date:
Signature of Practitioner:	

Mail this document with your check or money order to:

Department of Health
 PO Box 1099
 Olympia, WA 98507-1099

Documents without a check or money order:

Department of Health
 Office of Customer Service
 PO Box 47865
 Olympia, WA 98504-7865

If you have any questions, please contact the Health Systems Quality Assurance Division, Customer Service Center.

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