Out-of-State Credential Verification Form

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
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 the Washington State Department of Health 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 ________________________________________________________________

(SEAL)

DOH 667-038 August 2016