# Pharmacy Intern Renewal Attestation

<table>
<thead>
<tr>
<th>Name of Practitioner:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Credential Number:</td>
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</tbody>
</table>

I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

- I am currently enrolled as a student of pharmacy in an accredited college as shown in [RCW 18.64.080](https://app.leg.wa.gov/bill?Session=201701&BillNumber=1864&Title=true);
- Or I am otherwise authorized by the Washington State Pharmacy Quality Assurance Commission for registration as a pharmacy intern.

<table>
<thead>
<tr>
<th>Signature of Practitioner:</th>
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<tbody>
<tr>
<td>Date:</td>
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</tr>
</tbody>
</table>

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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Email: [hsquarenewalresearch@doh.wa.gov](mailto:hsquarenewalresearch@doh.wa.gov)