



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

## **Substance Use Disorder Trainee Declaration of Approved Education Program**

Name of Practitioner:
Credential Number:
I declare that I am enrolled in an approved education program or have completed the educational requirements and am actively pursuing the experience requirements in <a href="#">RCW 18.205.090</a> .
Name of education program:
Signature of Practitioner:
Date:

### **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.

Phone: 360-236-4700

Fax: 360-236-4818

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

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