

Medical Assistant-Certified Portability of Professional Licenses of Members of the Uniformed Services and Their Spouses Application Packet

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In order to process your request:

Mail application and supporting documents to:

Medical Assistant Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Application Instructions Checklist

This application is submitted under [Public Law No. 117-333 Section 19](#). You must hold an active Medical Assistant Certification in another state that is in good standing and in compliance with continuing education requirements (if applicable).

1. Demographic Information:

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name.

Birth date: Provide the month, day, and year of your birth.

Address: List the address we should use to send any information about your credential. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change.

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

2. Other License, Certification, or Registration: List all states, including Washington, where active credentials are held. Attach additional pages if you need more space.

3. Disciplinary Action Attestation: Required to both be initialed and dated in order to process the application.

4. Applicant’s Attestation: Required to be both signed and dated in order to process the application.

Documents to submit with your application should include the following:

- A copy of your military orders

OR

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State; and
- One of the following:
 - A copy of your marriage certificate to show proof of marriage; or
 - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

Additional Information:

You will be mailed or emailed a letter regarding any additional information needed.

Medical Assistant Credentialing
P.O. Box 1099
Olympia, WA 98507-1099

Date
Stamp
Here

Revenue: 0252625081

Medical Assistant-Certified Portability of Professional Licenses of Members of the Uniformed Services and Their Spouses Application

Please print clearly. It is the responsibility of the applicant to submit all supporting documentation. Failure to do so may result in a delay in processing your application.

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	National Provider Identifier Number (NPI) (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> X
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Name	First	Middle	Last
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Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
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Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address if different from above address of record

City	State	Zip Code	County
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Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? Yes No
If yes, list name(s):

Will documents be received in another name? Yes No
If yes, list name(s):

2. Other License, Certification, or Registration

State/Jurisdiction	Profession	Credential			Method of Credentialing	Currently In Force	
		Type	Number	Year Issued		No	Yes

3. Disciplinary Action Attestation

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

I am subject to the jurisdiction of the state of Washington and the disciplining authority for my profession under [RCW 18.130.040](#) and that Washington's Uniform Disciplinary Act, chapter 18.130 RCW applies to my practice, including enforcing standards of practice, unprofessional conduct, discipline, and continuing education.

Unless I obtain appropriate licensure in Washington, I must maintain my licenses issued by other states in good standing in order to continue practicing in Washington State.

Applicant's Initials	Today's Date
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4. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of
(Print applicant name clearly)

the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

Dated _____ By: _____
(mm/dd/yyyy) (Original signature of applicant)

RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Medical Assistant Law, RCW 18.360](#)

[Medical Assistant Rules, WAC 246-827](#)

[Public Law No. 117-333 Section 19](#)

Online

[Medical Assistant, Web Page](#)

Get important information about your credential type by [subscribing to email alerts](#).