



Pharmacist License Return to Active Status from Retired Active Status Form

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Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Pharmacy Quality Assurance
Commission
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 doh.information@doh.wa.gov.

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Application Instruction Checklist

WAC 246-12-140—How to return to active status from retired active status.

To change a retired active credential (license) to an active credential status the practitioner must:

Notify the Department of Health, Pharmacy Quality Assurance Commission, in writing of the change. Please include any changes in address or other pertinent information in your notification.

- Pay Retired Active License Fee.** Fees are locate on the Pharmacy Commission online [fee page](#).
- Provide a Written Declaration** - Complete the Pharmacist License Return to Active Status from Retired Active Status form.
- Satisfy other competency requirements of the regulatory entity, if required.

Note: If your retired active license has expired, there are different requirements for reactivation of your license. Please contact the Department of Health, Office of Customer Service at (360) 236-4700 for more information.

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Pharmacist License Return to Active Status from Retired Active Status

I am requesting a change in licensure status. I would like to return to active status from retired active status. I am enclosing a check or money order made payable to the Department of Health for one of the following: Fees are located on the Pharmacy Commission online [fee page](#).

- Remainder of active fee.
 Biennial renewal fee, if due.

I, _____, declare the following to be true:

Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?

- Yes No

I have met continuing education and competency requirements as required by Washington State law.

- Yes No

Should I furnish any false or misleading information on this declaration, I hereby agree such act shall constitute cause for the denial, suspension or revocation of my license to practice as a pharmacist in the state of Washington.

Signature of Pharmacist _____ Date _____

My current address is: _____

City _____ State _____ Zip Code _____

My phone number is (enter 10 digit #): _____

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RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Pharmacy Laws, RCW 18.64](#)

[Pharmacy Rules, WAC 246-945](#)

Online

[Pharmacy Quality Assurance Commission, Web Page](#)