



HSQA Office of Customer Service  
PO Box 47865  
Olympia, WA 98504-7865  
360.236.4700

## Responsible Pharmacy Manager (RPM) Attestation Form

I certify that I am the responsible pharmacy manager for the facility listed below, agree to comply with state law and rule regulating this facility type, and that the information herein submitted is true to the best of my knowledge and belief.

---

Facility Name

---

Facility License Number

---

Facility Address

---

Signature of Responsible Pharmacy Manager

---

Date

---

Printed Name of Responsible Pharmacy Manager

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](mailto:doh.information@doh.wa.gov).