



Washington State Department of
HEALTH
 Board of Optometry
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Exam Attestation

Please complete the top section of this form and send it to the advanced procedure program you attended.

The exam attestation can be emailed directly to the Department of Health at hsgareview6@doh.wa.gov. The document must be submitted directly from the training program.

Demographics: To be completed by the applicant		
Name First	Middle	Last
Washington Credential #, if applicable	Date of Birth	
Address		
City	State	Zip Code
Applicant's Signature _____ Date _____		
Residency Verification: To be completed by the residency program		
I certify that the above-named applicant completed an advanced procedure program.		
The completed program met the following advanced technical skills:		
<ol style="list-style-type: none"> 1. Surgical procedures including ophthalmic dermatology and chalazion. 2. Injections including epinephrine, subconjunctival and subcutaneous. 3. Laser procedures including SLT, peripheral iridotomy and YAG capsulotomy. 4. Training was done on live patients. 		
Advanced Procedure Program Name		
Program Address		
City	State	Zip Code
Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name of program administrator		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of program administrator		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date (mm/dd/yyyy)