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## 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 [visionapplication@doh.wa.gov](mailto:visionapplication@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 _____
Program Verification: To be completed by the institution		
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"> <li>1. Surgical procedures including ophthalmic dermatology and chalazion with training on live patients.</li> <li>2. Injections including epinephrine, subconjunctival and subcutaneous with training on live patients.</li> <li>3. Laser procedures including SLT, peripheral iridotomy and YAG capsulotomy.</li> </ol>		
Advanced Procedure Program Name		
Program Address		
City	State	Zip Code
Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	
_____ Name of program administrator		
_____ Signature of program administrator		_____ Date (mm/dd/yyyy)