

Psychologist Continuing Education Extension Request

Date:	
Name:	
Email:	
License #:	
License type:	
Reason for the request: <i>Reason must comply with the rule for CE exemptions (WAC 246-924-330)</i>	
Requested duration of extension:	

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNATURE

DATE

Once your request is filled out, please submit to psychology@doh.wa.gov. The Examining Board of Psychology will make a determination at an upcoming panel call.

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.