

Psychologist Continuing Education Indefinite Waiver Affidavit

Date:	
Name:	
Email:	
License #:	
License type:	
Reason for the request: <i>Reason must comply with the rule for CE exemption as it relates to indefinite waivers (WAC 246-924-330)</i>	<input type="checkbox"/> I have an illness

I am not currently providing [psychological services](#) to consumers as described in RCW 18.83.010(1). If I start providing psychological services again, I will immediately notify the Examining Board of Psychology of my change in status and resume fulfilling my continuing education requirements.

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

SIGNATURE

DATE

PRINTED NAME

CITY AND STATE/COUNTRY WHERE SIGNED

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.