Office of Customer Service
PO Box 47865
Olympia WA, 98504-7865
360-236-4700

Denturist Jurisprudence Examination Attestation

WAC 246-812-159 requires licensed denturists to complete the Washington State Jurisprudence Examination at both initial licensure and at annual renewal. For more information and to access the examination, please visit Licensing Information | Washington State Department of Health

Name of Practitioner:	
Credential Type:	Credential Number:
I attest that I have completed, or will complete by my license expiration date, the Washington State Denturist Jurisprudence Examination.	
Signature of Practitioner:	Date:

Mail this document with your check or money order to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Documents without a check or money order:

Department of Health
Office of Customer Service
PO Box 47865
Olympia, WA 98504-7865

If you have any questions, please contact the Health Systems Quality Assurance Division, Customer Service Center.

Phone: 360-236-4700
Fax: 360-236-4818
Email: hsqarenewalresearch@doh.wa.gov

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.