



Chiropractic Credentialing
 P.O. Box 47858
 Olympia, WA 98504-7858
 360-236-2822

Proof of Practice/Teaching Certification Attestation

The Commission has determined that the licensing requirements of all states of the United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands are “substantially equivalent” to those of chapter [18.25 RCW](#) and [246-808 WAC](#). Applicants of other territories of the United States or Canada may still apply for a license to practice as a chiropractor via endorsement, and the Commission will determine if their qualifications are “substantially equivalent” to those of chapter [18.25 RCW](#) and [246-808 WAC](#) on a case-by-case basis.

An applicant from a jurisdiction whose qualifications are deemed “substantially equivalent” to those of chapter [18.25 RCW](#) and [246-808 WAC](#) is not guaranteed to be issued a license to practice as a chiropractor, as the Commission has authority to deny an application if the applicant does not meet requirements for licensure.

This form must be completed by the applicant seeking an initial Washington State chiropractic license by endorsement.

All information should be printed clearly in blue or black ink.

First Name:	Last Name:	Date of Birth:
I certify that I have been engaged in the full-time practice of chiropractic or have taught general chiropractic subjects at an accredited school of chiropractic.		
Signature of Applicant:		Date:

Please send the original completed form to the address listed above.

For any questions, contact the Chiropractic Quality Assurance Commission by email at CQAC@doh.wa.gov or by phone at (360) 236-2822.

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.