



Washington State Department of

Health

Respiratory Care Practitioner Credentialing

PO Box 47877

Olympia, WA 98504-7877

360.236.4700

## Out-of-State Credential Verification

### PART 1: Note to Applicant

Complete Part 1. Submit form(s) to all state Respiratory Care Commissions/Boards/Committees where you have ever been licensed, certified or registered.

Name \_\_\_\_\_ .

I was licensed/certified/registered by the \_\_\_\_\_ Commission/Board/Committee of  
State

Respiratory Care under the name \_\_\_\_\_ .

My original license/certification/registration number is \_\_\_\_\_ .

My Address is \_\_\_\_\_ .

Signature of applicant \_\_\_\_\_ .

### PART 2:

To be completed by the **state** Respiratory Care Commission/Board/Committee and returned to the Washington State Department of Health at the address provided above.

License/Certification/Registration issued on \_\_\_\_\_ License Number \_\_\_\_\_

Applicant licensed by: Exam \_\_\_\_\_ Endorsement \_\_\_\_\_ Waiver \_\_\_\_\_

Status of License/Certification/Registration:  Current  Not Current If not, explain \_\_\_\_\_

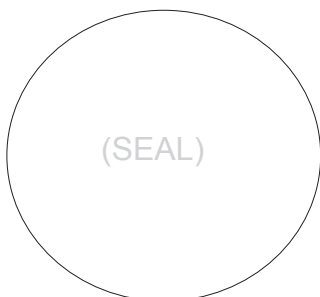
\_\_\_\_\_

\_\_\_\_\_

Has license/certification/registration ever been encumbered in any way? (Revoked, suspended, surrendered, restricted, placed on probationary status, or under investigation.)  Yes  No If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Signature \_\_\_\_\_

Name/Title \_\_\_\_\_

State \_\_\_\_\_