



Chiropractic Quality Assurance
 Commission
 PO Box 47858
 Olympia WA, 98504-7858
 360-236-2822

Continuing Education Requirements

Name of Healthcare Professional:	
Credential Type:	Credential Number:
I hereby certify that I have met all Continuing Education requirements, which I will document to the Chiropractic Quality Assurance Commission upon request.	
Signature of Healthcare Professional:	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:

Chiropractic Quality Assurance
 Commission
 PO Box 47858
 Olympia, WA 98504-7858

If you have any questions, please contact the Chiropractic Quality Assurance Commission.

Phone: 360-236-2822

Fax: 360-236-2360

Email: CQAC@doh.wa.gov