



Dental Hygiene Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Disciplinary Action Attestation

Applicant Demographics:

Name First	Middle	Last
Credential # (if available)	Date of Birth	

Disciplinary Action Attestation:

Complete this section if you didn't attest on your original application.

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

Signature of Applicant:

Applicant Signature

Date