



Office of Customer Service
PO Box 47865
Olympia WA, 98504-7877
360-236-4700

Certified Behavior Technician Attestation

Name of Practitioner:	
Credential Type:	Credential Number:
I hereby certify that I have met all continuing competency requirements which I will document to the DOH upon request.	
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.

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