



Credentialing
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

Medical Marijuana Consultant Certification Supplemental Employer Contact

Applicant:

All information should be typed or printed clearly in blue or black ink and submitted to the address listed above or scanned and [emailed](mailto:EMSCred@doh.wa.gov) (EMSCred@doh.wa.gov) directly to us for quicker processing.

Name	Last	First	Middle
Birth Date (mm/dd/yyyy)		Credential Number	
Email Address			
Employer Name			

I have applied for a Medical Marijuana Consultant Certification credential in the state of Washington. The Department of Health has my permission to speak with my employer about the status of my application and the requirements for obtaining a Medical Marijuana Consultant Certification credential.

Applicant's Signature

Date

This form may be duplicated.