



Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360.236.4700

Medical Cannabis 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 Cannabis 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 Cannabis Consultant Certification credential.

Applicant's Signature

Date

This form may be duplicated.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.