



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