



Denturist Credentialing
PO Box 47877
Olympia WA 98504-7877
360-236-4700

Declaration of Completed Statutory Requirements for Teeth Whitening Services

This form may be duplicated. Please complete this form and return it directly to the address above.

Licensee (print or type clearly)

Name		
Birthdate (mm/dd/yyyy)	WA State License #	
Physical Address		
City	State	Zip Code

Education and Training

Required education and training includes:

- a. A minimum of two hours in teeth whitening services; and
- b. Obtained through or equivalent to a board-approved program.

Training Affidavit

Please have the applicable training provider sign and date the training method listed below to verify how you obtained the education and training.

- Board-approved curriculum. The presenter submitted the training curriculum to the board for review and approval.

Signature of Presenter

Date (mm/dd/yyyy)

Signature of Licensee

Date (mm/dd/yyyy)

- Education and training was included in a board-approved educational program.

Signature of Program Instructor

Date (mm/dd/yyyy)

Signature of Applicant

Date (mm/dd/yyyy)