



Washington State Department of

Health

Dental Hygiene Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Disciplinary Action and Continuing Education Attestations

Applicant Demographics:

First Name	Middle	Last Name
Credential # (If available)	Date of Birth	

Disciplinary Action Attestation:

Complete this section if you didn't attest on your original application.

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

Signature of Applicant:

Applicant Signature _____ Date _____

Continuing Education / Continuing Competency Attestation:

Complete this section if you didn't attest on your original application.

I hereby certify that I have met all continuing education (CE) and competency requirements which I will document upon request.

Number of CE hours _____

Signature of Applicant:

Applicant Signature _____ Date _____