



Washington State Department of

Health

Medical Assistant Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

Hemodialysis National Certification Attestation Form

Once you have obtained your national certification, return this for by mail directly to the Department of Health.

Applicant's Demographics:		
First Name	Middle	Last Name
Credential # (If available)	Date of Birth	
Address		
City	State	Zip Code
I certify that I have a national credential as a hemodialysis technician which is substantially equivalent to the hemodialysis program as described in WAC 246-827-0500(2) .		
Signature _____		Date _____

Submit completed form with original signatures to the address above.