



Hearing Aid Specialist/Audiology  
Credentialing  
PO Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Hearing and Speech Employment Update

Please use this form to notify the Department of Health if you are updating or changing your employment information and address per [RCW 18.35.100](#). Use this form only when notifying us of the address where you will be practicing.

Name:		
Email:	Phone (enter 10 digit #):	
Credential number:		
<b>Previous Practice or Employer Name:</b>		
Previous Practice or Employer Address:		
City:	State:	Zip Code:
<b>New Practice or Employer Name:</b>		
New Practice or Employer Address:		
City:	State:	Zip Code:
Practice or employer email (if available):	Practice or employer phone (enter 10 digit #):	
<b>Additional Employer Name:</b>		
Additional Employer Address:		
City:	State:	Zip Code:

Please attach additional completed pages if you need more space.

Email this form to [EMSCred@doh.wa.gov](mailto:EMSCred@doh.wa.gov)

Please call 360-236-4700 if you have questions.

**Note: This form will not change your individual mailing address. Please see our [website](#) to do so.**