



Office of Customer Service
 PO Box 47865
 Olympia WA, 98504-7865
 360-236-4700

Physical Therapy and Physical Therapy Assistants Continuing Education Attestation

Name of Practitioner:	
Credential Type:	Credential Number:
<p>I hereby certify that I have met all continuing education requirements and employment hours related to physical therapy, which I will document to the Department of Health upon request.</p>	
Number of CE Hours:	Number of Employment Hours:
Signature of Practitioner:	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:

Department of Health
 Office of Customer Service
 PO Box 47865
 Olympia, WA 98504-7865

If you have any questions, please contact the Health Systems Quality Assurance Division, Customer Service Center.

Phone: 360-236-4700
 Fax: 360-236-4818
 Email: hsqarenewalresearch@doh.wa.gov