



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:
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.	
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