*Washington State Department of*
**Health**

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

# Out-of-State Credential Verification

**To Applicant:**

Please complete this side of this form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered as a healthcare provider. The regulatory agency will complete page two.

| | | |
|---|---|---|
| Name: Last                    First                    Middle | | |
| Mailing Address | | |
| City | State | Zip Code |
| Phone (enter 10 digit #) | Cell (enter 10 digit #) | |
| Email address | | |
| Any other names used: | | |
| Washington State healthcare credential number (if available): | Date Issued | |

Have the licensing agency complete page two and return this form to the address listed above.

If you have any questions, please call 360-236-4700.

**This form may be duplicated.**

**(To be Completed by the Regulatory Agency)**

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

| | |
|---|---|
| Name of license, certification, or registration holder: | |
| Authority providing verification:   (state, name & title) | |
| Type of healthcare license, certification or registration: | |
| Healthcare license, certification or registration number: | |

| Applicant was credentialed by:<br>☐  Written Examination | Date: | Score: |
|---|---|---|
| ☐  Other Examination | Date: | Score: |

Name of examination:

☐  Endorsement

☐  Not applicable (please explain):

Is credential current:  ☐ Yes  ☐ No

Expiration Date:                                    Original Issuance Date:

Is this individual considered to be in good standing in your state?  ☐ Yes ☐ No
If "no," please attach explanation.

| | |
|---|---|
| Has this credential ever been denied? | ☐ Yes ☐ No |
| Suspended? | ☐ Yes ☐ No |
| Revoked? | ☐ Yes ☐ No |
| Surrendered? | ☐ Yes ☐ No |
| Reinstated? | ☐ Yes ☐ No |

If "yes," please provide a copy of the final order or other documentation of action taken.

If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing?  ☐ Yes ☐ No

**(SEAL)**

Signature: _____

Title: _____

Date: _____