



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

## Pharmacy Intern Renewal Attestation

Name of Practitioner:
Credential Number:
I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct: <ul style="list-style-type: none"><li>• I am currently enrolled as a student of pharmacy in an accredited college as shown in <a href="#">RCW 18.64.080</a>;</li><li>• Or I am otherwise authorized by the Washington State Pharmacy Quality Assurance Commission for registration as a pharmacy intern.</li></ul>
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

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