



Sex Offender Treatment Provider Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Signed Statement

(Per [WAC 246-930-020](#))

I certify I submit to the jurisdiction of the Washington State courts for the purpose of any litigation involving my practice as a sex offender treatment provider, and service of process may be made in such cases pursuant to [RCW 4.28.180](#); and

I do not intend to practice the health profession for which I am credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington, except as may be authorized by Washington State law.

Signature _____

Name _____
(Printed)

Dated this _____ day of _____ month _____ year _____

