Washington State Department of Health
EMS Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Credential Verification

To be completed by the applicant:
Please complete the top section 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. Instruct them to send the form directly to the address listed above.

Note: Credentialing agencies may require a fee to verify a license, registration or certification. Check in advance to help expedite the process.

Name: Last	First	Middle
Mailing Address		
City	State	Zip Code
License, Certification, or Registration Number		
I authorize the release of the information below to the Washington State Department of Health. Signature:		

To be completed by the regulatory agency:
Please complete this form regarding the applicant listed above. Submit the completed form and any other requested material directly to this office at the address above. We will not accept the form if submitted by the applicant.

Name of license, certification, or registration holder		
License, certification, or registration number	Issue Date	Expiration Date
License, certification, or registration status	Method of licensure, certification, or registration	
Has the individual ever had any disciplinary action in your state? ☐ Yes ☐ No If yes, please attach an explanation and provide a copy of the final order or other documentation of action taken.		

(SEAL)

Signature: _____

Title: _____

Name of regulatory agency _____

Date: _____