



Washington State Department of
Health
 Nursing Assistant Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Out-of-State Credential Verification Form

Part 1: Note to applicant

Complete part 1 Submit form(s) to all state commissions/boards/committees where you have ever been licensed, certified, or registered.

Name _____

I was licensed/certified/registered by the _____ State Commission/Board/Committee
 under the name _____

My original license/certification/registration number is _____

My Address is _____

Signature of applicant _____

Part 2

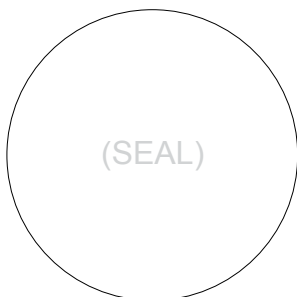
To be completed by the state commission/board/committee and returned to the Washington State Department of Health at the address provided above.

License/Certification/Registration issued on _____ Number _____

Applicant licensed by: Exam _____ Endorsement _____ Waiver _____

Status of License/Certification/Registration: Current Not Current If not, explain _____

Has license/certification/registration ever been encumbered in any way? (Revoked, suspended, surrendered, restricted, placed on probationary status or under investigation.) Yes No If yes, explain _____



Signature _____

Name/Title _____

State _____