



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">• I am currently enrolled as a student of pharmacy in an accredited college as shown in RCW 18.64.080;• Or I am otherwise authorized by the Washington State Pharmacy Quality Assurance Commission for registration as a pharmacy intern.
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

Fax: 360-236-4818

Email: hsqarenewalresearch@doh.wa.gov