



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

## Osteopathic Physician Demographic Information Collection Attestation

A new law, under [RCW 18.57.050\(2\)](#) for osteopathic physicians, requires the Board of Osteopathic Medicine and Surgery to collect information at the time of license renewal pertaining to the current professional practice of osteopathic physicians. The new law requires osteopathic physicians to provide the requested information. For more information about this survey, please see <http://www.doh.wa.gov/workforcesurvey>.

Name of Practitioner:	
Credential Type:	Credential Number:
I attest that I have completed, or will complete by my license expiration date, the Washington Health Workforce Survey.	
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.

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