



Office of Customer Service  
PO Box 47865  
Olympia WA, 98504-7877  
360-236-4700

## Certified Behavior Technician Attestation

Name of Practitioner:	
Credential Type:	Credential Number:
I hereby certify that I have met all continuing competency requirements which I will document to the DOH upon request.	
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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