Washington State Department of HEALTH

Volunteer and Retired Providers License Certification

To authorize license renewal payment as a Volunteer and Retired Providers (VRP) Program volunteer, please return this signed certification along and note your continuing education hours prior to your license expiration date to:

Washington Healthcare Access Alliance
P.O. Box 7242
Tacoma, Washington 98417
Fax: (206) 260-8859 or email: vrp@wahealthcareaccessalliance.org

Name (Print)	License Number

I certify that during the time that this license is in effect:

- I will not receive remuneration for the practice of healthcare, either as an independent practitioner or as an employee at this clinic or any other clinic.
- I will provide care to all patients, regardless of their ability to pay.
- My health care services are limited to:
  - Non-invasive care services, see **RCW 43.70.470**, and;
  - Obstetric care is not available with this program.
- I certify that I have completed all continuing education/competency required for my license renewal and will furnish documentation upon request.
  Number of continuing education/competency hours completed: _____

I am a new provider with the VRP Program requesting license renewal. ☐ Yes ☐ No

Applicant's Signature	Date (mm/dd/yyy)

Address		
City	State	Zip Code

Email	Phone

I will provide volunteer services at clinic(s) that is/are VRP Program approved sites:

_____

Clinic(s)

Please renew your license early! The Department of Health cannot cover any late or reissuance fees. If you have questions related to license renewal, malpractice coverage, or other support for healthcare volunteers in Washington, contact the Volunteer and Retired Providers Program at 267-713-9422 or vrp@wahealthcareaccessalliance.org.