



Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866
360.236.2768

Contact Information Change Form

This form can be used for address, phone number, fax number or email changes to individual credentials.

Today's Date: _____

Your Information

1. Name: _____
2. Your Date of Birth: _____
3. The last 4 digits of your Social Security Number: _____
4. List all your Credentials with the Department of Health: _____

Type of Change

☐ **Address Change** to Credential Number(s): _____

New address: _____

City: _____ State _____ Zip: _____

☐ **Phone and Fax Number Change** to Credential Number(s): _____

Phone: _____ Cell: _____ Fax _____

☐ **Email Address Change** to Credential Number(s): _____

Email: _____

For assistance filling out this form, please contact the Medical Quality Assurance Commission at 360.236.2768

The completed form can be sent via:

- **Email:** lori.nimon@doh.wa.gov
- **Fax:** 360.236.2795
- **Mail:** Washington State Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
Olympia WA 98504-7866