



Washington State Department of
Health

Health Systems Quality Assurance
Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
360.236.4700

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 Customer Service Center at 360.236.4700.

The completed form can be sent via:

Email: hsqa.csc@doh.wa.gov

Fax: 360.236.4818

Mail: Washington State Department of Health
Health Systems Quality Assurance
Customer Service Center
P.O. Box 47865
Olympia WA 98504-7865