



Western Washington Area Health Education Center
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Volunteer Retired Providers PROGRAM

Volunteer Healthcare Provider Certification

Please Renew your license early! The VRP program will not pay any late or reissuance fees. All providers are personally responsible for late renewal penalty fees or expired license reissuance fees.

To authorize license renewal payment as a participant in the Volunteer Retired Providers License Program **please return this signed certification with your license renewal form and request for license payment PRIOR to the expiration date to:**

Volunteer Retired Providers License Program
 Department of Health, Office of Community Health Systems
 P.O. Box 47853
 Olympia, Washington 98504-7853

I, (Please print) _____, certify that during the time that this license is in effect:

1. **I will not receive remuneration for the practice of primary health care, either as an independent practitioner or as an employee at this clinic or any other clinic; and**
2. I will be providing volunteer services at _____ clinic(s) which is/are Volunteer/Retired Provider Program approved sites; and
3. I will provide care to low income patients, regardless of their ability to pay; and
4. My health care services are limited to non-invasive care services. Noninvasive medical care is defined by the legislation authorizing this program to include injections, suturing of minor lacerations and incisions of boils or superficial abscesses. Noninvasive dental care is defined by the legislation authorizing this program to include diagnosis, oral hygiene, restoration and extractions.
5. 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 _____ Date: _____
6. My professional license number is: _____

_____/_____/_____
Signature **Date**

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____