

Temporary Permit Request

I hereby request a **one time only temporary permit**. I understand that the temporary permit shall expire upon the issuance of a full license, initiation of an investigation by the commission, or 90 days, whichever occurs first.

Signature _____

Date _____

Print or type full name _____

Date of birth _____

Mailing address _____

City _____

State _____

Zip Code _____

Note: Fees submitted with application for initial credentialing, examinations, renewal, and other fees associated with the licensing and regulation of the profession are non-refundable. See [WAC 246-12-340](#).

General Information

Must be licensed in a recognized jurisdiction. See list on page two.

A temporary permit may be issued upon receipt of the following:

1. Completed application form.
 - a. If any personal data questions 1-13 have a positive answer, it has to be reviewed by the commission's designee.
2. Temporary permit request form.
3. Application and temporary permit fees paid.
4. A clear Federation of State Medical Boards (FSMB) data bank clearance report.
5. A clear American Medical Association Profile.
6. Written verification from ALL states in which the applicant was or is licensed.

For Office use only

Approved

Disapproved

Review date _____

Signature _____