



Washington State Department of

Health

Washington Medical Commission

P.O. Box 1099

Olympia, WA 98507-1099

Medical.renewals@wmc.wa.gov

(360) 236-2750

Request For Renewal Of Limited License For Fellowship

Name		
Email Address		
Institution		
Institution Address		
City	State	Zip Code
I am requesting the limited license for the individual listed above to be renewed. This individual is employed in a fellowship position at this institution. Chapter 18.71.095(4)(b) RCW .		
License Number	Date License Expires	
Signature of Department Director	Date	

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.