



Washington State Department of
Health

Washington Medical Commission
P.O. Box 1099
Olympia, WA 98507-1099
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(360) 236-2750

Physician Limited License Renewal Residency Certificate

Name of Resident Physician (MD)			Limited License Number		
Email Address					
Is the resident MD changing sponsoring institutions or programs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please complete the following questions.					
Note: Resident physician means an individual who has graduated from a school of medicine which meets the requirements set forth in RCW 18.71.055 and is serving a period of post graduate clinical medical training sponsored by a college or university in this state or by a hospital accredited by this state. The term shall include individuals designated as intern or medical fellow.					
Old sponsoring institution or program name			New sponsoring institution or program name		
Old sponsoring institution or program address			New sponsoring institution or program address		
City	State	Zip Code	City	State	Zip Code
Program Beginning Date			Program Beginning Date		
Signature of New Program Director			Date		
Note: The issuance of a limited license does not allow the individual to engage in the practice of medicine outside the supervision and control of the postgraduate clinical medical training program.					

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.