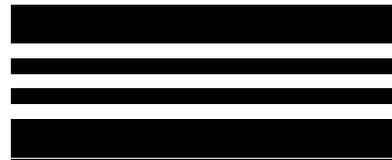




Combative Sports Physician/Chiropractor License Application



Apply for a Combative Sports Physician or Chiropractor License.

Online: <https://professions.dol.wa.gov>

Or mail this completed form with a check or money order (payable to the Department of Licensing) to:

**Combative Sports Program
Department of Licensing
PO Box 3856
Seattle, WA 98124-3856**



For questions or language help call: (360) 664-6644

Applications may take up to 14 days to process. Fees are nonrefundable.

Fees

- Physician—no charge
- Chiropractor—**\$65**

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant information

TYPE or PRINT Name (<i>Last, First, Middle</i>)			
Mailing address			
City	State	ZIP code	County
(Area code) Phone number	Email		
Social Security number*	Date of birth		
Military? (<i>check if applicable</i>) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Answer the following Medical license number _____ Expiration date _____ Jurisdiction _____			
Answer the following			
1. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you have an active license as a doctor of medicine (MD), doctor of osteopathic medicine (DO), or doctor of naturopathic medicine (ND) under the laws of any jurisdiction in which you reside? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you have an active license as a chiropractor under the laws of any jurisdiction in which you reside? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- 1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
- 2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

Certification

Certification

Have you read and do you agree to follow all the applicable laws and rules of this profession and do you understand the penalties for misconduct? Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

X _____

Applicant signature

Date and place

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

RCW 9A.72.085; 67.08; 67.08.002; 67.08.050; 67.08.055; 67.08.100; 42.56.