



Practitioner Endorsement Registration Form

You can also register online at www.rx.wa.gov, using your **Washington State license number as your user I.D. and password**. It will take about 7-10 days to process your online registration, and 10-14 days for paper forms. Registration can be verified online.

1. Full Name (as it appears on your Washington State license) (required)

Last Name

First Name Middle Initial Suffix

2. Preferred Mailing Address (home or office) (required)

Street

City State ZIP Code + 4 -

Country

3. Date of Birth (for verification purposes) (required) Month Day Year

4. Phone Number (required) - -

5. Fax Number (optional) - -

6. E-mail Address (optional)

7. License Number (for verification purposes) (required)

8. DEA Number (required)

9. Labor & Industries (L & I) Provider Numbers (If your license number does not fill in the spaces, add zero.) (required)

L&I Provider #1 L&I Provider #2 Not Applicable

10. Medical Assistance Administration (Medicaid) Provider Numbers (required)

MAA Provider #1 MAA Provider #2 Not Applicable

11. National Provider Identification Number (required)

NPI #

12. I wish to be an Endorsing Provider for the Washington State Preferred Drug List (check one) Yes No

Terms of Agreement

Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's Privacy Notice is available upon request by calling 360-923-2822 or online at www.hca.wa.gov.

I certify by my signature below that I have reviewed the current Washington State Preferred Drug List authorized by RCW 70.14.050 and agree to allow therapeutic interchange of a preferred drug for any nonpreferred drug in a given therapeutic class unless I direct that the prescription be dispensed as written, or the prescription is for a drug that is exempt from therapeutic interchange under RCW 69.41.150 and 69.41.190. I understand that I can opt out as an Endorsing Practitioner at any time.

Signature _____ Date _____

Mail to:

**Washington State Evidence-Based Prescription Drug Program,
c/o ODS, PO Box 40168, Portland, OR 97204**