WPDP™
Washington Prescription Drug Program
Administered by the Washington State Health Care Authority
A member of the Northwest Prescription Drug Consortium

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** (required)

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