



# Practitioner Endorsement Registration Form

You can also register online at <http://www.hca.wa.gov/pdp> , using your Washington State license number as your user I.D. and password. It will take about 7-14 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. Specialty Description\*** (Click items below to select answer)

**12. National Provider Identification Number** (required)

NPI #

**13. 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](http://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

\* If application is printed and handwritten, rather than completed in electronic version, please choose one of each of the following specialty descriptions and write your answers in question number eleven.

**A. (Peer Indicators)**

Mental Health  
OB/GYN  
Other Specialty  
Pediatrics  
Primary Care

**B. (Primary Specialty)**

Acute Care  
Critical Care Medicine  
Neonatal  
Neonatal, Critical Care  
Obstetrics/Gynecology  
Pediatrics, Critical Care  
Perinatal

**C. (Other Specialty)**

Allergy & Immunology  
Anesthesiology  
Clinic/Center  
Colon & Rectal Surgery  
Dermatology  
Emergency Medicine  
Internal Medicine  
Midwife, Certified  
Midwife, Certified Nurse  
Midwife, Lay  
Multi-Specialty  
Neurological Surgery  
Nuclear Medicine  
Nurse Anesthetist, Certified Registered  
Nurse Practitioner  
Ophthalmology  
Oral & Maxillofacial Surgery  
Orthopedic Surgery  
Otolaryngology  
Pathology  
Pediatrics  
Physical Medicine & Rehabilitation  
Physician  
Physician Assistant  
Plastic Surgery  
Radiology  
Single Specialty  
Surgery  
Thoracic Surgery (Cardiothoracic Vascular Surgery)  
Urology