



Washington State Department of

Health

Physical Therapy Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

Verification of Mentored Sharp Debridement Education and Training

Complete section one and forward the verification form to the qualified provider for completion.

Applicant Demographics:

First Name	Middle	Last Name
Credential # (If available)	Date of Birth	
I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate my application.		
Applicant Signature _____		Date _____

Approved Mentor

The above individual seeks verification of mentored education and training to place a sharp debridement endorsement on his/her physical therapy license.

Please complete the following:

Mentor's Name	Phone (enter 10 digit #)	
Address		
City	State	Zip Code
Mentor's License Type and License Number		Date Licensed

Mentored Education and Training Specific to Sharp Debridement

A minimum of twenty hours of mentored sharp debridement and training is required. Mentored training includes observation, co-treatment and supervised treatment. Twenty hours mentored training in a clinical setting must include a case mix similar to the physical therapists' expected practice.

Hours mentored	Describe the activities mentored
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Mentor Attestation

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate my application.

Signature _____ Date _____

This form may be duplicated