

DSHS - Temporary Credential Reinstatement

My DSHS credentials will expire before 6/30/2019. I request a Temporary Credential Reinstatement valid through 6/29/19. I understand that this may allow me to continue to work as an interpreter or translator based on my previous certification or authorization only until the expiration date – June 30, 2019. I also understand that this extension will not renew my previous credentials, and that I will need to re-test in order to become re-credentialed.

Signature _____

Date _____

Print Name _____

List all DSHS Certification and/or authorization Number(s):

MC_____; SC_____; MA_____; SA_____;

TC_____

Current Mailing Address where we can send your Credential Extension Letter:

Street: _____

City, State and zip code: _____

Please fill out this form, scan or take a picture of it, and email it to
DSHSCT@DSHS.WA.GOV