Instructions for submitting for BHSS Partial Fee Reimbursement:

Please send us an email to bhsswa@uw.edu that includes this form, along with the following attachments:

- Confirmation of a receipt of payment to the Washington Department of Health.
- A redacted copy of the Payee's bank or card statement to verify the payment (with all sensitive information removed except for name, date, and amount).
- *Payee's name must appear on both the receipt of payment and the redacted bank or card statement. Payment will be made to the person or entity that paid for the credential (Payee).

The form below is for the person who paid the Washington Department of Health for the BHSS credential. If the person filling out the form is not the BHSS, write in the BHSS's name in the second item.
First name, middle initial (optional), last name of the person who paid for the BHSS credential.
Name of the certified BHSS (if different from the person who paid for the credential).
Mailing address (street number, street, unit number, city, state, zipcode) of the person who paid for the BHSS credential)
Preferred email address of the person who paid for the BHSS credential.
Mobile or other phone number of the person who paid for the BHSS credential.
Please write the credential number assigned by the Department of Health and date of issue for the BHSS who is eligible for reimbursement. To look up a credential number, please visit this DOH webpage: https://fortress.wa.gov/doh/providercredentialsearch/

BHSS Partial Fee Reimbursement Survey

Which college or university did you attend with a BHSS approved program?
☐ Big Bend Community College
☐ Centralia College
☐ Central Washington University
☐ Eastern Washington University
☐ Evergreen College
☐ LW Tech
☐ Olympic College
☐ Spokane Falls Community College
☐ Wenatchee Valley College
Type your name and date below to affirm the following: I am requesting \$200 from the University of Washington as partial reimbursement for the State of Washington BHSS initial credentialing fee.