

*Washington State Department of Health*

# **Health Care Professional Credentialing Requirements**

*July 2009*





*Washington State Department of Health*

# **Health Care Professional Credentialing Requirements**

**July 2009**



*For more information contact:*

Washington State Department of Health  
Health Systems Quality Assurance  
PO Box 47850  
Olympia, Washington 98504-7850  
360-236-4700  
[www.doh.wa.gov](http://www.doh.wa.gov)

*For persons with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-525-0127. (TTY/TDD 1-800-833-6388)*



<b>Page</b>	<b>Contents</b>
7	<a href="#"><u>Acupuncturist</u></a>
9	<a href="#"><u>Advanced Registered Nurse Practitioner</u></a>
11	<a href="#"><u>Affiliate Sex Offender Treatment Provider</u></a>
13	<a href="#"><u>Agency Affiliated Counselor</u></a>
15	<a href="#"><u>Animal Control Agencies and Non-profit Humane Societies</u></a>
17	<a href="#"><u>Athletic Trainer</u></a>
19	<a href="#"><u>Audiologist</u></a>
21	<a href="#"><u>Certified Adviser</u></a>
23	<a href="#"><u>Certified Counselor</u></a>
25	<a href="#"><u>Chemical Dependency Professional</u></a>
27	<a href="#"><u>Chemical Dependency Professional Trainee</u></a>
29	<a href="#"><u>Chiropractic X-Ray Technician</u></a>
31	<a href="#"><u>Chiropractor</u></a>
33	<a href="#"><u>Controlled Substance Researcher</u></a>
35	<a href="#"><u>Dental Assistant</u></a>
37	<a href="#"><u>Dental Hygienist</u></a>
39	<a href="#"><u>Dentist</u></a>
43	<a href="#"><u>Denturist</u></a>
45	<a href="#"><u>Dietitian and Nutritionist</u></a>
47	<a href="#"><u>Dispensing Optician</u></a>
49	<a href="#"><u>Dispensing Optician Apprentice</u></a>
51	<a href="#"><u>Expanded Function Dental Auxiliary</u></a>
53	<a href="#"><u>Health Care Assistant</u></a>
57	<a href="#"><u>Hearing Instrument Fitter/Dispenser</u></a>
59	<a href="#"><u>Hypnotherapist</u></a>
61	<a href="#"><u>Licensed Practical Nurse</u></a>
63	<a href="#"><u>Marriage and Family Therapist</u></a>
65	<a href="#"><u>Marriage and Family Therapy Associate</u></a>
67	<a href="#"><u>Massage Practitioner</u></a>
69	<a href="#"><u>Mental Health Counselor</u></a>
71	<a href="#"><u>Mental Health Counselor Associate</u></a>
73	<a href="#"><u>Midwife</u></a>
75	<a href="#"><u>Naturopath</u></a>
77	<a href="#"><u>Nursing Assistant - Certified</u></a>
79	<a href="#"><u>Nursing Assistant - Registered</u></a>
81	<a href="#"><u>Nursing Home Administrator</u></a>
83	<a href="#"><u>Nursing Pools</u></a>
85	<a href="#"><u>Nursing Technician</u></a>
87	<a href="#"><u>Occupational Therapist</u></a>
89	<a href="#"><u>Occupational Therapist Assistant</u></a>
91	<a href="#"><u>Ocularist</u></a>

<b>Page</b>	<b>Contents</b>
93	<a href="#"><u>Ocularist Apprentice</u></a>
95	<a href="#"><u>Optometrist</u></a>
97	<a href="#"><u>Orthotics/Prosthetics</u></a>
99	<a href="#"><u>Osteopathic Physician and Surgeon</u></a>
101	<a href="#"><u>Osteopathic Physician Assistant</u></a>
103	<a href="#"><u>Pharmacies and Other Pharmaceutical Firms</u></a>
107	<a href="#"><u>Pharmacist</u></a>
109	<a href="#"><u>Pharmacy Assistant</u></a>
111	<a href="#"><u>Pharmacy Intern</u></a>
113	<a href="#"><u>Pharmacy Technician</u></a>
115	<a href="#"><u>Physical Therapist</u></a>
117	<a href="#"><u>Physical Therapist Assistant</u></a>
119	<a href="#"><u>Physician and Surgeon</u></a>
121	<a href="#"><u>Physician Assistant</u></a>
123	<a href="#"><u>Podiatric Physician and Surgeon</u></a>
125	<a href="#"><u>Psychologist</u></a>
127	<a href="#"><u>Radiologic Technologist</u></a>
129	<a href="#"><u>Recreational Therapist</u></a>
131	<a href="#"><u>Registered Counselor</u></a>
133	<a href="#"><u>Registered Nurse</u></a>
135	<a href="#"><u>Respiratory Care Practitioner</u></a>
137	<a href="#"><u>Sex Offender Treatment Provider</u></a>
139	<a href="#"><u>Social Worker</u></a>
141	<a href="#"><u>Licensed Social Worker Associate - Advanced</u></a>
	<a href="#"><u>Licensed Social Worker Associate - Independent Clinical</u></a>
143	<a href="#"><u>Speech-Language Pathologist</u></a>
145	<a href="#"><u>Surgical Technician</u></a>
147	<a href="#"><u>Veterinarian</u></a>
149	<a href="#"><u>Veterinary Medication Clerk</u></a>
151	<a href="#"><u>Veterinary Technician</u></a>
153	<a href="#"><u>X-Ray Technician</u></a>
 <b>Additional Information</b>	
157	<a href="#"><u>Personal Data Questions Sample</u></a>
159	<a href="#"><u>DOH Letter of Verification of Credentials</u></a>

# Washington State Credentialing Requirements

## Acupuncturist (Chapter 18.06 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a ACAOM accredited school or state approved school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation. Completed clinical training form received directly from applicant's program.
Work history (professional training & experience)	Complete chronology from receipt of acupuncture degree to the date of application. All time periods must be accounted for.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - seven hours
- Successfully passed national examination (written exam, point location exam and clean needle technique course) - scores sent directly from NCCAOM
- Verification of a score of at least 550 on TOEFL sent directly from ETS if the NCCAOM exams were not taken in English.

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise "red flag" applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Acupuncturists must renew their license every year on or before their birthday. The licensee must submit the appropriate fee, renewal card and completed emergency transfer and referral card.



## *Washington State Credentialing Requirements*

### **Advanced Registered Nurse Practitioner (Chapter 18.79 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an approved nurse practitioner program and has an active RN license in Washington State	<p>Official transcript with degree date posted received directly from the nurse practitioner's program. Applicants who do not meet the educational requirements in subsection (2) of WAC 246-840-340 may be licensed if:</p> <ul style="list-style-type: none"> <li>(a) certified prior to 12/31/1994 by a national certifying organization recognized by the board at the time certification was granted;</li> <li>(b) recognized as an advanced registered nurse practitioner by another jurisdiction prior to 12/31/1994; or</li> <li>(c) completed an advanced registered nurse practitioner program equivalent to one academic year.</li> </ul>
Work history - (Only applies to applicants from out-of-state or applicants reactivating a lapsed license)	Must show 250 hours of work.
State licensure verification	State verification form must be completed by other state nursing boards where applicant was licensed. Form must be sent directly from out-of-state nursing board to the Commission, or obtained through the online Nursys verification system. Verification is required whether license is active or inactive. Query of the National Council of State Boards of Nursing Disciplinary Data Bank is completed for applicants licensed in multiple states.
<p>Statement regarding:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training - seven hours
- Successfully passed national certification examination
- Documentation of current certification sent directly from the certifying body

***NOTE: Additional education required for prescriptive authority must be verified as described above.***

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The nursing education advisor and licensing manager review and approve applications with questionable verifying documents or otherwise “red flag” applications. Some applications are forwarded to discipline for review and a board member for decision. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Advanced registered nurse practitioners must renew their license every two years on or before their birthday. In addition to submitting the appropriate fee they must complete 30 hours of continuing education (15 additional in pharmacology if licensee has prescriptive authority) and 250 hours of practice in the ARNP role at time of renewal.

## *Washington State Credentialing Requirements*

### **Affiliate Sex Offender Treatment Provider (Chapter 18.155 RCW)**

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Education history to include a minimum of a Master's degree from a recognized institution of higher learning	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Affiliate Applicant's Supervisor and Contract	All affiliate applicants must provide a name, address and telephone number of a supervisor. The supervisor will be used when an affiliate works with SSOSA and SSODA clients. All affiliate applicants will provide a copy of a supervisory contract. Supervision of an affiliate requires that the supervisor and the affiliate enter into a formal written contract defining the parameters of the professional relationship. The contract shall be submitted to the department for approval and renewed on a yearly basis.
Underlying Credential	All applicants must hold a credential in another health profession in Washington or another state or jurisdiction. This underlying registration, certification or licensure must be maintained and in good standing.
Professional Experience	Applicant must list all professional experience activities to include the nature, practice and location of the experience activity.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Successfully passed state exam
- Applicant certification verifying he/she is presumed to know Washington State statutes and rules.
- Signed Statement that states the applicant does not intend to practice the profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington.
- Three professional references to verify the applicants experience requirement.

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Affiliates must renew their certification every year on or before their birthday. They are required to submit the appropriate fee, renewal card and supervisory contract. Continuing education is not required.

# Washington State Credentialing Requirements

## Agency Affiliated Counselor (Chapter 18.19 RCW)

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Applicants for agency affiliated counselors must be employed by, or have an offer of employment from an agency or facility that is licensed, operated, or certified by Washington State.	Applicants must have their employer complete and sign the employment verification form provided by the Department of Health.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - four hours

NOTE: An agency affiliated counselor may only provide counseling services as part of his or her employment for a recognized agency.

Agency affiliated counselors must notify the department within 30 calendar days if they are no longer employed by the agency identified on their application, are now employed with another agency, or both.

Agency affiliated counselors may not practice counseling unless they are employed by an agency.

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” application. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplinary authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Agency affiliated counselors must renew their license every year. Credentials expire on the credential holder's birthday and may be renewed within 90-days of the expiration date.

## **Continuing Education Requirements**

There are no continuing education requirements at this time. However, agency affiliated counselor's are required by law to obtain continuing education. The Department of Health will establish and implement this requirement at a later date.

## Washington State Credentialing Requirements

### Animal Care and Control and Non-profit Humane Societies (Chapter 18.92 RCW)

**Type of Credential:**  
Registration

**DOH Contact:**  
Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Complete registration application	Registration application.
Submit initial registration fee	
Changes in location, ownership, business or organizational structure requires a new application	Registration application.

#### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. An entity will be formally notified of a denial and has the opportunity for a hearing.

#### Renewal Requirements

Each entity must renew its credential every year on or before August 1 by sending the appropriate fee and renewal card.





# Washington State Credentialing Requirements

## Athletic Trainer (Chapter 18.250 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Education history to include a bachelor's degree	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Successfully completed the Board of Certification for Athletic Trainers (BOC) examination	The BOC examination is the approved exam for licensure. If the applicant previously passed the national examination, they must request a written verification be sent to the department from BOC. If applicant needs to take the exam, they must contact BOC for registration instructions.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. The jurisdiction must send a verification directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - seven hours
- Graduation from a Commission of Accreditation of Athletic Training Education (CAATE) accredited athletic training program. The school must send official transcripts directly to the department. A list of accredited schools can be found at: [www.caate.net](http://www.caate.net)
- Additional information is needed if education was received before CAATE accreditation. Completion of a bachelors of advanced degree including course work in health, human anatomy, kinesiology/ biomechanics, human physiology, physiology of exercise, and basic and advanced athletic training. In addition, completion of an internship with a minimum of 1,500 practical hours. The school must send official transcripts directly to the department. Complete the affidavit box in section three of the application to certify internship.

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Athletic trainers must renew their license every year on or before their birthday. They are required to submit the appropriate fee. Continuing education is not required.

## Washington State Credentialing Requirements

### Audiologist (Chapter 18.250 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Education history to include a bachelor's degree	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Post-graduate professional experience in the field of audiology. Minimum of 36 weeks of full-time professional experience or part-time equivalent  <b>NOTE:</b> Certification of clinical competency from American Speech and Hearing Association (ASHA) will be accepted in lieu of the above three items	Applicant's supervisor provides details of experience to include name and address of employer, type of business, position title, name of supervisor, detailed description of duties, dates of post graduate work, and number of hours.
Agent registration	Applicant provides the name of a registered agent to accept service of process for any violation of the law.
Bonding requirement	Applicant attests that a surety bond covers them. The bond number, surety company and agent's name is provided.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Successfully passed national exam. Score (600 or above) verified from appropriate jurisdiction.
- Applicant certification verifying he/she is presumed to know Washington State statutes and rules.
- Successfully passed board approved hearing instrument fitter/dispenser exam.

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Audiologists must renew their license every year on or before their birthday. They are required to submit the appropriate fee, renewal card, and bond card. Audiologists must complete 30 hours of continuing education every three years.

# Washington State Credentialing Requirements

## Certified Adviser (Chapter 18.19 RCW)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Applicants must</p> <ul style="list-style-type: none"> <li>• Have an associate degree including a supervised internship in a counseling-related field</li> <li>• Pass an examination in risk assessment, ethics, and appropriate screening using the global assessment of functioning scale, client referral, and Washington State law</li> <li>• Have a written supervisory agreement</li> </ul>	<p>Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>

### Additional Information/Documents Required

- HIV/AIDS training - four hours

NOTE: If the client has a global assessment of functioning score greater than sixty, a certified adviser may counsel and guide the client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” application. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplinary authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Certified advisers must renew their license every year. Credentials expire on the credential holder’s birthday and may be renewed within 90-days of the expiration date.

## **Continuing Education Requirements**

Certified advisers must complete thirty-six credit hours of continuing education every two years. At least six of the thirty-six credit hours must be in law and professional ethics related to counseling.

For those first credentialed in 2009, the first date to report the required continuing education begins with a credential holder’s renewal date in 2011.

# Washington State Credentialing Requirements

## Certified Counselor (Chapter 18.19 RCW)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>An applicant for certified counselor who has been a registered counselor for a minimum of five years must:</p> <ul style="list-style-type: none"> <li>• Hold a valid, active registration that is in good standing or be in compliance with any disciplinary process and orders</li> <li>• Show evidence of having completed at least six clock hours of course work to include risk assessment, ethics, appropriate screening using the global assessment of functioning scale, client referral, and Washington State law</li> <li>• Pass an examination in risk assessment, ethics, appropriate screening using the global assessment of functioning scale, client referral, and Washington State law</li> <li>• Have a written consultation agreement</li> </ul>	<p>Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.</p>
<p>An applicant for certified counselor who has not been a registered counselor for a minimum of five years must:</p> <ul style="list-style-type: none"> <li>• Have a bachelor's degree in a counseling related field</li> <li>• Pass an examination in risk assessment, ethics, appropriate screening using the global assessment of functioning scale, client referral, and Washington State law</li> <li>• Have a written supervisory agreement</li> </ul>	<p>Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>

<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
---	---

**Additional Information/Documents Required**

- HIV/AIDS training - four hours

NOTE: A certified counselor must not be the sole treatment provider for a client with a global assessment of functioning score of less than fifty.

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” application. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplinary authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Renewal Requirements**

Certified counselors must renew their license every year. Credentials expire on the credential holder’s birthday and may be renewed within 90-days of the expiration date.

**Continuing Education Requirements**

Certified counselors must complete 36 credit hours of continuing education every two years. At least six of the 36 hours must be in law and professional ethics related to counseling.

For those first credentialed in 2009, the first date to report the required continuing education begins with a credential holder’s renewal date in 2011.



## *Washington State Credentialing Requirements*

### **Chemical Dependency Professional (Chapter 18.205 RCW)**

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
An associate's degree in human services or related field or successful completion of 90 quarter or 60 semester college credits in courses from a regionally accredited college or university	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
At least 45 quarter or 30 semester credits must be in courses relating to the chemical dependency profession and include the topics listed in WAC 246-811-030	Course topic identification form to be completed by applicant. Official transcripts verify course topic.
Two thousand five hundred hours of documented supervision and experience with an associate degree. Two thousand hours of documented supervision and experience with a baccalaureate degree. One thousand five hundred hours of documented supervision and experience with a master or doctoral degree. One thousand hours of experience for ARNP's, licensed marriage and family therapists, licensed mental health counselors, licensed social workers, or licensed psychologists	Verification form completed by the supervisor. Supervisor must also make a statement as to his/her qualifications.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.

<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
---	---

**Additional Information/Documents Required**

- HIV/AIDS training - four hours
- If already taken the NAADAC or ICRC examination, verification of scores need to come directly from the state where the applicant took and passed the examination.

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.205 & WAC 246-811. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing

**Renewal Requirements**

Chemical dependency professionals must renew their certification every year on or before their birthday. They are required to submit the appropriate fee and renewal card. Chemical dependency professionals must comply 40 hours of continuing education every two years.

## *Washington State Credentialing Requirements*

### **Chemical Dependency Professional Trainee (Chapter 18.205 RCW)**

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Declaration that they are in enrolled in an approved school and gaining the experience required to receive a chemical dependency professional certification.	Signed declaration included on the application form.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - four hours

#### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.205 & WAC 246-811. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing

#### **Renewal Requirements**

Chemical dependency professional trainees must renew their license every year on the date of issuance. The associate credential can only be renewed four times. They must submit a signed declaration with their annual renewal that states they are enrolled in an approved education program, or have completed the educational requirements and are obtaining the experience requirements for a chemical dependency professional credential.



## *Washington State Credentialing Requirements*

### **Chiropractic X-Ray Technician (Chapter 18.25 RCW)**

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Forty-eight hours of classroom instruction which has been approved by the commission	An official letter of completion with grade from the approved educational institution.
Exceptions	An applicant who holds a current active registration from a national certifying agency or other governmental licensing agency whose standards for registration are equal to or exceed the standards under these rules may register without examination.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Verification of passing a proficiency examination in radiologic technology, which is approved by the commission.

#### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Chiropractic x-ray technicians must renew their registration annually on or before their birthday. They are required to submit the appropriate fee, renewal card and complete six hours of continuing education annually.

## *Washington State Credentialing Requirements*

### **Chiropractor (Chapter 18.25 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited chiropractic college approved by the Chiropractic Quality Assurance Commission and show satisfactory evidence of a resident course of study of at least 4,000 classroom hours of instruction	An official transcript and diploma certified by the registrar, from an approved chiropractic college.
Completion of not less than one-half the requirements for a baccalaureate degree at an accredited and approved college or university if the applicant matriculated after January 1, 1975. Applicants who matriculated prior to January 1, 1975, must show proof of high school or its equivalent.	Official transcripts from pre-chiropractic schools showing successful completion of at least two years of liberal arts and sciences study.
Successfully completed National Board of Chiropractic Examiners Test Parts I, II, III, and IV, or at the discretion of the commission.	An official certificate of proficiency sent directly to the Department from the National Board of Chiropractic Examiners, Parts I, II, III, and IV.
Work history (professional training & experience)	Must have complete chronology from pre-chiropractic schools to date of application. All time breaks of 30 days or more must be accounted for.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.

<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
---	---

### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Successfully passed the state law and rule exam.

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Chiropractors must renew their license every year on or before their birthday. Chiropractors are required to complete 25 hours of continuing education yearly. The Commission has approved specific categories of continuing education material.



# Washington State Credentialing Requirements

## Controlled Substance Researcher (Chapter 69.50.302(b) RCW)

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Statement about:</p> <ul style="list-style-type: none"><li>• physical and mental health status</li><li>• lack of impairment due to chemical dependency/substance abuse</li><li>• history of loss of license, certification or registration</li><li>• felony convictions</li><li>• loss or limitations of privileges</li><li>• disciplinary actions</li><li>• professional liability claims history</li></ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>

**Additional Information/Documents Required**

- Research Lab Information
- Description of type of research to be performed. List of the controlled substances to be used. list of individuals authorized to access controlled substances

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Renewal Requirements**

Controlled substance researchers must renew their registrations annually on or before their birthday. They are required to submit the appropriate fee. Continuing education is not required.



# Washington State Credentialing Requirements

## Dental Assistant (Chapter 18.260 RCW)

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. The jurisdiction must send a verification directly to the department.
Statement about: <ul style="list-style-type: none"><li>• physical and mental health status</li><li>• lack of impairment due to chemical dependency/substance abuse</li><li>• history of loss of license, certification or registration</li><li>• felony convictions</li><li>• loss or limitations of privileges</li><li>• disciplinary actions</li><li>• professional liability claims history</li></ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS education - seven hours

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

Dental assistants must renew their registrations annually on or before their birthday. They are required to submit the appropriate fee. Continuing education is not required.



# Washington State Credentialing Requirements

## Dental Hygienist (Chapter 18.29 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited dental hygiene program	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Work history (professional training & experience)	Must have complete chronology from receipt of dental hygiene degree to the date of application.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department. All applicants are checked through the American Association of Dental Examiners Clearinghouse for disciplinary information.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS Training - seven hours
- **Licensure by Examination:** Must successfully pass the following examinations: Drug and Law-Washington State; Restorative, Basic Hygiene and Local Anesthetic-Western Regional Examining Board; and National Board. Scores verified from appropriate organization/agency. Expanded functions training verified from approved dental hygiene education program.
- **Licensure by Credential:** Expanded functions training verified from approved dental hygiene education program. Must be licensed in a qualifying state, which is verified by the state board, as well as currently be in practice (within the last year) - certified on application.
- **Initial Limited License:** Expanded functions training verified from approved dental hygiene education program (for Local Anesthetic and Restorative Endorsements only) and successful completion of Drug and Law exam. Practice requirement (560 hours in the last two years). The initial limited license lasts for 18 months and is renewable.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Dental hygienists must renew their license every year on or before their birthday. Dental hygienists must verify completion of 15 clock hours of continuing education every year including a current CPR card.

## Washington State Credentialing Requirements

### Dentist (Chapter 18.32 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a dental school approved by the Dental Quality Assurance Commission.	Proof of graduation from an approved dental school. The only acceptable proof is an official, posted transcript sent directly from such school, or in the case of recent graduates, a verified list of graduating students submitted directly from the dean of the dental school. Graduates from non-accredited dental schools must also meet the requirements outlined in WAC 246-817-160.
Certification of successful completion of the National Board Dental Examination Parts I and II.	An original scorecard or a certified copy of the scorecard shall be accepted.
Clinical Examination (WREB, CRDTS, NERB, SRTA)	An original scorecard or a certified copy of the scorecard shall be accepted.
Work history (professional training & experience)	Must have a complete listing of professional education and experience including college or university (pre-dental), and a complete chronology of practice history from the date of dental school graduation to present, whether or not engaged in activities related to dentistry.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

## **Additional Information/Documents Required**

- HIV/AIDS training - seven hours.
- Certification of malpractice insurance if available, including dates of coverage and any claims history. Query from the National Practitioners Bank, American Association of Dental Examiners and the DEA. If applicant is in the military, applicant must get letter of recommendation from his commanding officer.
- A certificate of completion for the exam is required. A passing score is 100 percent. It is available online at: [http://www.doh.wa.gov/hsqa/Professionals/Dental/E\\_Exam/Dental\\_Exam.htm](http://www.doh.wa.gov/hsqa/Professionals/Dental/E_Exam/Dental_Exam.htm)

**Licensure by Examination:** The program manager reviews and approves applicants for licensure by exam criteria. An applicant seeking licensure in Washington by examination must successfully complete a written and practical examination approved by the DQAC consisting of:

- a) Written: Only national board exam accepted, except as provided in (c) of this subsection.
- b) Practical/practice: The DQAC accepts the Western Regional Examining Board's (WREB) clinical examination as its examination standard for initial licensure after January 1, 1995. The results of the WREB examination shall be accepted for five years immediately preceding application for state licensure.
- c) The Dental Quality Assurance Commission also accepts the Central Regional Dental Testing Services (CRDTS) as meeting its exam standard for initial licensure as of November 1, 2001. The results of the CRDTS exam will be accepted for five years immediately preceding application for licensure.
- d) The commission accepts the results of the Northeast Regional Board (NERB) and the Southern Regional Testing Agency (SRTA) clinical examinations as meeting its examination standard as of January 2006. The results of the NERB and SRTA exams will be accepted for five years immediately preceding application for state licensure or;
- e) The DQAC will consider acceptance of the examination results from candidates who pass the final portions of the Council of Interstate Testing Agency's (CITA) clinical examination after January 1, 2006 or;
- f) The DQAC will consider acceptance of the examination results of those states with individual state board examinations after September 30, 2006.
- g) The DQAC may, at its discretion, give an examination in any other subject under (a) or (b) of this subsection, whether in written and/or practical form. The applicant shall receive information concerning such examination.

An application for the clinical examination may be obtained directly from the Western Regional Examining Board located in Arizona at 602-944-3315.

An application for the clinical examination may be obtained directly from the Central Regional Dental Testing Services at (785) 273-0380.

**Licensure without Examination (LWOE):** The applicant is responsible for obtaining and furnishing to the department all materials required for a license without examination. In addition to the requirements defined in WAC 246-817-110 the following documentation must be provided.

- a) A statement by the applicant as to whether he/she has been the subject of any disciplinary action in the states of licensure and whether he/she engaged in unprofessional conduct as defined in RCW 18.130.180.
- b) A statement by the applicant that he/she is not an impaired practitioner as defined in RCW 18.130.180.
- c) A certification by the state board of dentistry (or equivalent authority) that the applicant was issued



a license, registration, certificate of privilege to practice dentistry, without restrictions, and whether he/she has been the subject of final or pending disciplinary action.

---

d) Proof that the applicant is currently engaged in the practice of clinical, direct patient care dentistry, in another state.

---

e) Dentists serving in the United States federal services as described in RCW 18.32.030(2), for the period of such service, need not provide (a) through (f) above, but must provide documentation from their commanding officer regarding length of service, duties and responsibilities including any adverse actions or restrictions. Such dental service, including service within the state of Washington, shall be credited toward the dental practice requirement.

f) Dentists employed by a dental school approved by the DQAC for the period of such dental practice need not provide (a) through (f) above. Although, they must provide documentation from the dean or appropriate administrator of the institution regarding the length and terms of employment and their duties and responsibilities, and any adverse actions or restrictions. Such dental practice, including practice within the state of Washington, shall be credited toward the dental practice requirement. A license may be revoked upon evidence of misinformation or substantial omission.

g) All information must be completed and received within 180 days of receipt of the initial application. Only completed applications will be reviewed by the DQAC, or its designee at the next scheduled DQAC meeting or at other intervals as determined by the DQAC.

### **Renewal Requirements**

Dentists must renew their licenses annually on or before their birthday. They are required to submit the appropriate fee and attest to completion of 21 hours of continuing education with each renewal cycle beginning. Refer to WAC 246-817-440 and 246-12 (7) for more information. Please keep your address updated to receive courtesy renewal notices.



# Washington State Credentialing Requirements

## Denturist (Chapter 18.30 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Successful completion of formal training with a major course of study in denturism of not less than two years duration, approved by the Board of Denturists	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Work history (professional training & experience)	Must have complete listing of all employment within the practice of denture technology.
Verification of state licensure in a state with substantially equivalent standards as Washington, including a written and clinical examination	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - seven hours
- Successfully passing a written and clinical examination approved by the board

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise "red flag" applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Denturists must renew their license every year on or before their birthday. They must submit the appropriate fee and renewal card. Denturists are required to verify 30 clock hours of continuing competency every two years.

## *Washington State Credentialing Requirements*

### **Dietitian and Nutritionist (Chapter 18.138 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Dietitian: Baccalaureate degree or higher in major course study in human nutrition, foods and nutrition, dietetics, or food management</p>	<p>Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.</p>
<p>Nutritionist: Masters or doctorate degree in one of the following subject areas: human nutrition, nutrition education, foods and nutrition, or public health nutrition</p>	<p>The College or University must be accredited by the Western Association of Schools and Colleges or by a national or regional body recognized by the Council on Post-secondary Education. Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>

#### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Nutritionists may receive certification by complying with dietitian requirements.
- Successfully pass examination (Commission on Dietetic Registration) -- Applicant must send a copy of CDR card.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Dietitians and nutritionists must renew their certification every year on or before their birthday. They are required to submit the appropriate fee and renewal card.

## *Washington State Credentialing Requirements*

### **Dispensing Optician (Chapter 18.34 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited high school or completion of GED	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Completion of either an apprenticeship program in this state or five years out of state experience or completion of a prescribed course in opticianry approved by the Secretary	Training Certificate completed by supervisor or Certificate of Experience completed by employers or transcript from the institution with degree posted.
Eighteen years of age	
Successful completion of the state administered exam	Passing score
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Completion of the State Law Exam

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Dispensing opticians must renew their license annually on or before their birthday. Thirty hours of continuing education is due every three years. At least 15 of those hours must pertain to contact lenses.



# *Washington State Credentialing Requirements*

## **Dispensing Optician Apprenticeship (Chapter 18.34 RCW)**

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Registration of an apprentice requested by physician, optometrist or dispensing optician	Application for registration.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training - four hours

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Dispensing optician apprenticeship registration is valid for six years from the first or initial registration date.



## *Washington State Credentialing Requirements*

### **Expanded Function Dental Auxiliary (Chapter 18.260 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Successful completion of licensure requirements as stated in WAC 246-817-195 (3)</p> <ul style="list-style-type: none"> <li>• Completion of a dental assisting education program accredited by the Commission on Dental Accreditation (CODA); or</li> <li>• Obtain the Dental Assisting National Board (DANB) certified assistant credential; or</li> <li>• A Washington limited license to practice dental hygiene</li> </ul>	<p>Documentation will depend on the pathway used for licensure.</p> <ul style="list-style-type: none"> <li>• Official school transcripts from a CODA accredited school.</li> <li>• Verification of DANB certification.</li> <li>• An active limited dental hygiene license.</li> </ul>
<p>Successful completion of an expanded function dental auxiliary education program approved by the commission</p>	<p>Certification of completion from an approved program. Approved programs are listed at: <a href="http://www.doh.wa.gov/hsqa/Professions/Dental/schoollist.htm">http://www.doh.wa.gov/hsqa/Professions/Dental/schoollist.htm</a></p>
<p>Successfully passing the written and clinical examination in restorations approved by the commission</p>	<p>Applicants must apply directly to DANB and WREB to take the examination. Applicants will receive an eligibility letter to take the examination from the department after an application is received and approved.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. The jurisdiction must send a verification directly to the department.</p>
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>

### **Additional Information/Documents Required**

- HIV/AIDS training - seven hours
- An applicant who holds a full license to dental hygiene under chapter 18.29 RCW is considered to have met the requirements of subsection (1)(c) of this section upon demonstrating completion of training in final impressions as approved by the commission.

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Expanded function dental auxiliaries’ must renew their license every year on or before their birthday. They are required to submit the appropriate fee and renewal card. Continuing education is not required for renewal.

# Washington State Credentialing Requirements

## Health Care Assistant (Chapter 18.135 RCW)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Education and occupational qualifications, work experience and instruction for health care assistant category. Types of drugs or diagnostic agents that may be administered by injection by health care assistants working in a hospital or nursing home.</p>	<p>Official transcripts and a course outline showing completion of the course information outlined below:</p> <p><b>Category A: To perform venous and capillary invasive procedures for blood withdrawal.</b>  <b>Education:</b> High school education or its equivalent. No additional education is required.</p> <p><b>Category B: To perform arterial invasive procedures for blood withdrawal.</b>  <b>Education:</b> High school education or its equivalent with additional education to include but not be limited to anatomy, physiology, concepts of asepsis, and microbiology.</p> <p><b>Category C: To perform intradermal (including skin tests), subcutaneous, and intramuscular injections for diagnostic agents.</b>  <b>Education:</b> One year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, concepts of asepsis, and microbiology.</p> <p><b>Category D: To perform intravenous injections for diagnostic agents.</b>  <b>Education:</b> Two years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, mathematics, chemistry, concepts of asepsis, and microbiology.</p> <p><b>Category E: To perform intradermal (including skin tests), subcutaneous, and intramuscular injections for therapeutic agents.</b>  <b>Education:</b> One year of formal education at the post-secondary level. Education shall include but is not limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, concepts of asepsis, and microbiology.</p> <p><b>Category F, to perform intravenous injections for therapeutic agents.</b>  <b>Education:</b> Two years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, chemistry, concepts of asepsis, and microbiology</p>

<p>An individual may not function as or represent himself or herself as a hemodialysis technician, category G, unless they have satisfied the training and competency requirements. The hemodialysis technician shall receive training, evaluation(s), and assessment of knowledge and skills to determine minimum level competency.</p>	<p>The delegate [Medical Doctor (MD), Physician Assistant (PA), Doctor of Osteopathy (DO), Osteopathic Physician Assistant (OA), Podiatric Physician (PO), Advanced Registered Nurse Practitioner (ARNP) with Prescriptive Authority, or Naturopath (ND)] must sign the Delegation of Procedures section of the application form authorizing the applicant to perform those procedures identified in the category(ies) being requested for certification. The delegator also certifies that the health care assistant has met the required educational, clinical training and instructions, work experience, and has demonstrated the knowledge and skills.</p> <p>The Preceptor [Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP) or Registered Nurse] must sign the Hemodialysis Technician section of the application form verifying that the applicant:</p> <ul style="list-style-type: none"> <li>• completed six to eight weeks of training in both didactic and supervised clinical instruction, as required by WAC 246-826-302.</li> <li>• meets the minimum standards of practice and core competencies of hemodialysis technicians as required by WAC 246-826-303.</li> </ul>
<p>Post-secondary educational courses (professional training) categories B, C, D, E, F only</p>	<p>Must have complete chronology from date completed education.</p>
<p>Medication and Diagnostic Agent List – Categories C, D, E, F, G only</p>	<p>The list of specific medications, diagnostic agents, and the route of administration of each that has been authorized for injections shall be submitted to the department at the time of initial certification registration and again with every re-certification registration. If any changes occur which alter the list, a new list with the delegate and delegatee’s signatures must be submitted to the Department of Health within 30 days of the change.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>

Statement about:	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.
<ul style="list-style-type: none"> <li>• <del>physical and mental health status</del></li> <li>• lack of impairment due to chemical dependency/substance abuse</li> </ul>	
<ul style="list-style-type: none"> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	

### **Additional Information/Documents Required**

- HIV/AIDS training - seven hours

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Health care assistants must renew their certification every two years from the date certification was issued. No continuing education is required.





## *Washington State Credentialing Requirements*

### **Hearing Instrument Fitter/Dispenser (Chapter 18.35 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Education history to include a minimum of a two-year degree program in hearing instrument fitter/dispenser instruction through an approved program by the Board of Hearing and Speech	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Bonding requirement	Applicant attests that a surety bond covers them. Provide the bond number, surety company and agent's name.
Present employer or establishment	Applicant provides the business name and address of current employer or establishment in which they are working.
Agent registration	Applicant provides the name of a registered agent to accept service of process for any violation of the law.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Applicant certification form that the applicant understands he/she is presumed to know Washington state statutes and rules.
- Successfully passed board approved Hearing Instrument Fitter/Dispenser exam

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Hearing instrument fitter/dispensers must renew their license every year on or before their birthday. They are required to submit the appropriate fee, renewal card and bond card. Completion of 30 hours of continuing education is required every three years.

# Washington State Credentialing Requirements

## Hypnotherapist (Chapter 18.19 RCW)

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - four hours

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

Hypnotherapists must renew their registration every year on or before their birthday. Continuing education is not required.



# *Washington State Credentialing Requirements*

## **Licensed Practical Nurse (Chapter 18.79 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an approved nursing program	Official transcript with degree date posted, received directly from the school of nursing or from another state board.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training - seven hours
- Successful completion of exam for license

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the commission. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Licensed practical nurses must renew their license every year on or before their birthday. Continuing education is not required.



## *Washington State Credentialing Requirements*

### **Marriage and Family Therapist (Chapter 18.225 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
A master's or doctoral degree in any of the behavioral sciences	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
<p>A total of 45 semester hours or 60 quarter hours are required in the following subjects:</p> <ul style="list-style-type: none"> <li>• Marital and family systems</li> <li>• Marital and family therapy</li> <li>• Individual development</li> <li>• Psychopathology</li> <li>• Human sexuality</li> <li>• Research</li> <li>• Professional ethics and law</li> <li>• Electives (one course)</li> <li>• Supervised clinical practice</li> </ul>	The coursework form to be completed by the applicant and verified by the official graduate school transcripts, which specify number of quarter or semester hours.
<p>Must have a minimum of 24 months of supervised post-graduate practice, totaling 1,000 hours of direct client contact, 500 hours diagnosing and treating couples and families, and 200 hours of supervision. One hundred of the 200 hours must be individual supervision. Supervision must be completed by an approved supervisor</p>	Verification of licensure by exam from original board sent directly to us or from the on-line Nursys verification system.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.

<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
---	---

**Additional Information/Documents Required**

- HIV/AIDS training - four hours
- If already taken the AMFTRB, need verification directly from Professional Examination Services.

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Renewal Requirements**

Marriage and family therapists must renew their license every year on or before their birthday. Thirty-six hours of continuing education (six hours must be in law and ethics) is due every two years. Marriage and family therapists are required to submit the appropriate fee, renewal card and affidavit of compliance with the continuing education requirement.



## *Washington State Credentialing Requirements*

### **Marriage and Family Therapy Associate (Chapter 18.225 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
A masters or doctoral degree in any of the behavioral sciences.	Official transcripts with degree and date posted, received directly from the applicant's programs. Transcripts not in English must have an official translation.
<p>A total of 45 semester hours or 60 quarter hours are required in the following subjects:</p> <ul style="list-style-type: none"> <li>• Marital and family systems</li> <li>• Marital and family therapy</li> <li>• Individual development</li> <li>• Psychopathology</li> <li>• Human sexuality</li> <li>• Research</li> <li>• Professional ethics and law</li> <li>• Electives (one course)</li> <li>• Supervised clinical practice</li> </ul>	Subject content form to be completed by applicant. Official graduate school transcripts verify course completion and content.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

## **Additional Information/Documents Required**

- HIV/AIDS training - four hours

NOTE: An associate is a prelicensure candidate who has a graduate degree in a mental health field under RCW 18.225.090 and is gaining the supervision and supervised experience necessary to become a licensed independent clinical social worker, a licensed advanced social worker, a licensed mental health counselor, or a licensed marriage and family therapists. Associates may not independently provide social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise. Associates must work under the supervision of an approved supervisor.

Independent social work, mental health counseling or marriage and family therapy is the practice of these disciplines without being under the supervision of an approved supervisor.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Marriage and family therapy associates must renew their license every year on the date of issuance. The associate credential can only be renewed four times.

# Washington State Credentialing Requirements

## Massage Practitioner (Chapter 18.108 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Completion of a Washington State Board of Massage approved education program –or– Current license in a Board of Massage approved jurisdiction</p>	<p>Verification of Completion form stamped with the Program’s Department of Health issued stamp received directly from the Promissor Inc.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>

### Additional Information/Documents Required

- HIV/AIDS training - four hours
- Successful passing examination (NCBTMB) – National Certification Board or the MBLEX - Federation of State Massage Therapy Boards must send a copy of examination score report directly to the department
- First Aid and CPR cards

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Massage practitioners must renew their license every year on or before their birthday. Sixteen hours of continuing education is due every two years on or before their birthday. Licensee is required to submit the appropriate fee, renewal card and an affidavit of compliance with the continuing education requirement.

## *Washington State Credentialing Requirements*

### **Mental Health Counselor (Chapter 18.225 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
A master's or doctoral degree in mental health counseling or related field from a regionally accredited college or university	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Subject content includes a core study relating to counseling theories, counseling philosophy, counseling practicum or counseling internship	Subject content form to be completed by applicant. Official graduate school transcripts verify course content.
Three years full-time counseling or three thousand hours of documented postgraduate supervised experience, including 1200 hours of direct client contact and 100 hours of immediate supervision, by an approved supervisor	Verification form completed by the supervisor. Supervisor must also make a statement as to his/her qualifications.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- If already taken the NCE or NCMHCE examination, verification of scores need to come from NBCC directly or may be verified by another state in which the applicant was licensed.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Mental health counselors must renew their license every year on or before their birthday. Thirty-six hours of continuing education, six hours in law and ethics, is due every two years. Mental health counselors are required to submit the appropriate fee, renewal card and an affidavit of compliance with the continuing education requirement.

## *Washington State Credentialing Requirements*

### **Mental Health Counselor Associate (Chapter 18.225 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
A master's or doctoral degree in mental health counseling or related field from a regionally accredited college or university	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Subject content includes a core study relating to counseling theories, counseling philosophy, counseling practicum or counseling internship	Subject content form to be completed by applicant. Official graduate school transcripts verify course completion and content.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - four hours

NOTE: An associate is a prelicensure candidate who has a graduate degree in a mental health field under RCW 18.225.090 and is gaining the supervision and supervised experience necessary to become a licensed independent clinical social worker, a licensed advanced social worker, a licensed mental health counselor, or a licensed marriage and family therapists. Associates may not independently provide social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise. Associates must work under the supervision of an approved supervisor.

Independent social work, mental health counseling or marriage and family therapy is the practice of these disciplines without being under the supervision of an approved supervisor.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Mental health counselor associates must renew their license every year on the date of issuance. The associate credential can only be renewed four times.



# Washington State Credentialing Requirements

## Midwife (Chapter 18.50 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Graduation from an approved midwifery program or a foreign institute on midwifery of equal requirements conferring the right to practice in the country in which it was issued, or credit toward the educational requirements</p>	<p>Official transcript with date midwifery certificate was issued received directly from the Midwifery School.</p> <p>Foreign graduates and applicants applying for credit toward educational requirements need to supply more information about their program. The information is used to determine if the requirements are equal. Foreign applicants must also have proof of their licensure in the foreign jurisdiction sent directly from the agency from which it was issued. Credit toward educational requirements for licensure of unlicensed midwives will be considered on a case by case basis. Existing rules are used to make a determination.</p>
<p>Work history</p>	<p>Must have complete chronology from receipt of midwifery degree.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>

### Additional Information/Documents Required

- HIV/AIDS training - seven hours
- Successfully pass the Midwifery Licensure Examination
- Two letters of recommendation

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Midwives must renew their license every year on or before their birthday.

# Washington State Credentialing Requirements

## Naturopath (Chapter 18.36A RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a state approved naturopathic school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Work History (professional training & experience)	Must have complete chronology from receipt of naturopathic degree to the date of application. All time periods must be accounted for.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - seven hours
- Successfully passed national examination (basic science series, clinical exams, and the minor surgery add-on) – scores sent directly from NPLEX
- Passage of state jurisprudence examination

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.36A and WAC 246-836. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Naturopathic physicians must renew their license every year on or before their birthday. They are required to submit the appropriate fee, renewal card and obtain 20 hours of continuing education every year.

## *Washington State Credentialing Requirements*

### **Nursing Assistant-Certified (Chapter 18.88A RCW)**

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
A minimum of 85 hours of training through a state approved program. Students who are in an LPN or RN program and have met the minimum requirement also qualify. In addition, military medic or corpsman training meets our requirements. Applicants must also pass the competency exam.	Training certificate.
Work History (professional training & experience)	Not required unless the applicant endorses from another state.
Verification of placement on a state OBRA registry is required if applicant is applying for endorsement	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

**Additional Information/Documents Required**

- HIV/AIDS training - seven hours

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Nursing assistans - certified must renew their certification on or before their birthday each year. There are no continuing education requirements.

# Washington State Credentialing Requirements

## Nursing Assistant-Registered(Chapter 18.88A RCW)

**Type of Credential:**

Registered

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Statement about: <ul style="list-style-type: none"><li>• physical and mental health status</li><li>• lack of impairment due to chemical dependency/substance abuse</li><li>• history of loss of license, certification or registration</li><li>• felony convictions</li><li>• loss or limitations of privileges</li><li>• disciplinary actions</li><li>• professional liability claims history</li></ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

No formal training required. Registered nursing assistants employed in a nursing home have four months to complete an approved training program and testing for certification. Certification is voluntary in any work location other than a nursing home or any federally funded facilities.

**Additional Information/Documents Required**

- HIV/AIDS training - seven hours

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Renewal Requirements**

Nursing assistants - registered must renew their registrations on or before their birthday every year. There are no continuing education requirements.





## *Washington State Credentialing Requirements*

### **Nursing Home Administrator (Chapter 18.52 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Education history to include a minimum of a Baccalaureate degree from a recognized institution of higher learning	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Professional experience in the health care and management field, including services in the armed forces	Applicant provides details of experience to include name/address of employer, type of business, position title, name of supervisor, detailed description of duties, number of employees supervised for each qualifying position.
Proposed AIT program	Applicant completes a form that shows plan of number of hours of rotation through departments in a nursing home, provides a written proposal for a problem-solving project. Proposed preceptor must send a letter to verify the proposed preceptor has been a licensed nursing home administrator for three years; employed full time in the same nursing home as AIT; agree to meetings with AIT; and agree to provide quarterly reports to the board.
Pass NAB Exam	Scores obtained directly from NAB.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Successfully completes AIT program if required
- If national examination (NAB) was taken in another state, the passing score must be verified from appropriate jurisdiction.

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Nursing home administrators must renew their license every year on or before their birthday. Licensee is required to submit the appropriate fee and renewal card and complete 36 hours of continuing education every two years.

# Washington State Credentialing Requirements

## Nursing Pools (Chapter 18.52C RCW)

**Type of Credential:**  
Registration

**DOH Contact:**  
Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Indicate kind of business <ul style="list-style-type: none"> <li>• Corporation</li> <li>• Sole Proprietor</li> <li>• Partnership</li> <li>• Association</li> </ul>	Corporate certificate number collected and a copy of articles of incorporation and by-laws. If corporation is out of state, a copy of the form titled "Certificate of Authority to do Business in Washington" as on file with the Washington State Secretary of State's Office and copy of current by-laws.
Liability Insurance	Copy of policy
Compliance with criminal background check requirement	Must complete and sign background check compliance affidavit
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

Applicants must acknowledge that they will do criminal background checks on all health care providers before referring to a facility.

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise "red flag" applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Nursing pools must renew their registration annually prior to expiration. They are required to submit the appropriate fee, renewal card and background check compliance affidavit.

## *Washington State Credentialing Requirements*

### **Nursing Technician (Chapter 18.79 RCW)**

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Registered nursing technicians are students enrolled in a Registered Nurse Bachelor of Science Degree program or a Registered Nurse Associate Degree program. They can be employed only in a hospital licensed under chapter 70.41 RCW or in a nursing home licensed under chapter 18.51 RCW. Licensed practical nurse students are not eligible for registration.	Application form includes verification and signatures for the school of nursing to verify the student is currently enrolled and in good standing. Verification and signatures from the employer verifying they are either a hospital or nursing home employing the nursing technician and understand their role and responsibilities.
Professional experience	Applicant lists all experience, if any.
Education verification	All applicants must have this section completed by the dean or their designee indicating the applicant is a student in good standing.
Employer verification	All applicants must have this section completed by the potential employer. The Director of Nursing or his or her designee must indicate he/she is a nursing home or hospital that understands the employment requirements.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - seven hours
- Currently enrolled in a registered nurse program or have completed program but no more than 30 days after graduation.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the commission. An applicant will be formally notified of a denial and has the opportunity for a hearing.

A one-time 30-day extension may be granted for candidates who were licensed up to 30 days after graduation if they can show “good cause” for extension.

## **Renewal Requirements**

Nursing technicians must renew their registration if there is more than 60 days from the date of registration to the date of graduation. Registrations may only be granted up to 30 days after graduation and are renewable on their birthday. Renewals must include an attestation that the nursing technician is still in good standing in their nursing program. Continuing education is not required.

## *Washington State Credentialing Requirements*

### **Occupational Therapist (Chapter 18.59 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a nationally accredited, board approved school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
A minimum of six months supervised fieldwork experience	This information is on the official transcript.
Employment history	Must have complete chronology of activities from graduation from OT program to date of application.
Employment verification/affidavit	Affidavit/Verification must be sent directly from all employers for the past three years.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - seven hours
- Passing score on the National Board for Certification in Occupational Therapy's (NBCOT) exam.
- Applicants must complete the "Jurisprudence Examination" included in the application packet. The test is not graded, but applicants are informed of any incorrect responses, and given the answer.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Occupational therapists must renew their license every two years on or before their birthday. In addition to submitting the appropriate fee, they are required to complete 30 hours of continuing education.



## *Washington State Credentialing Requirements*

### **Occupational Therapist Assistant (Chapter 18.59 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a nationally accredited, board approved school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
A minimum of six months supervised fieldwork experience	This information is on the official transcript.
Employment history	Must have complete chronology of activities from graduation from OT program to date of application. Any time gaps must be accounted for.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - seven hours
- Applicants must attain a passing score on the National Board for Certification in Occupational Therapy's (NBCOT) exam.
- Applicants must complete the "Jurisprudence Examination" included in the application packet. The test is not graded, but applicants are informed of any incorrect responses, and given the answer.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Occupational therapist assistants must renew their license every two years on or before their birthday. In addition to submitting the appropriate fee, they are required to complete 30 hours of continuing education.

## Washington State Credentialing Requirements

### Ocularist (Chapter 18.55 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited high school or completion of GED	Transcript from the institution sent directly to the department.
Eighteen years of age	
Completion of either an apprenticeship program in this state or five years out of state experience or completion of a prescribed ocularist course approved by the Secretary	Training Certificate completed by supervisor, Certificate of Experience completed by employers or transcript from the institution with degree posted
Successful completion of the state administered exam	Passing score
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - four hours

#### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Ocularists must renew their license annually on or before their birthday. No continuing education is required.

# Washington State Credentialing Requirements

## Ocularist Apprentice (Chapter 18.55 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Request for registration submitted by applicant for apprenticeship as an ocularist	Application for registration as an apprentice ocularist
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - four hours

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

Ocularist apprentice’s registration is valid for eight years.



# Washington State Credentialing Requirements

## Optometrist (Chapter 18.53 & 18.54 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited School of Optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington State Board of Optometry.	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Successful Completion of the National Board of Examiners in Optometry (NBEO) Parts I, II, III and the Treatment and Management of Ocular Disease (TMOD). Endorsements for DPA/TPA, oral medications and epinephrine by injection.	NBEO sends official scores directly to the department. Verifications are sent by the program.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - four hours
- Jurisprudence questionnaire

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Credentialing by Endorsement:** An optometrist may be licensed without examination if the applicant is licensed in another state with licensing standards judged by the board to be substantially equivalent to the standards in Washington. Candidates must provide a copy of the current law and regulation for the state from which they are licensed and verification of their status.

**Endorsement to use Diagnostic Pharmaceutical Agents:** The accredited school in which the applicant completed the additional training completes the required form. Verifying a minimum of 60 hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry. (Completed after July 1981).

**Endorsement to use Therapeutic Pharmaceutical Agents:** A form completed by an accredited school verifying an additional minimum of 75 hours of didactic and clinical instruction as established in WAC 246-851-400. (Completed after July 23, 1989)

**Endorsement to use Oral Medication:** A form completed by an accredited school verifying completion of 16 hours of didactic and eight hours of supervised clinical instruction.

**Endorsement to use Epinephrine by Injection for Anaphylactic Shock:** A form completed by an accredited school verifying completion of four hours of didactic and clinical instruction.

## **Renewal Requirements**

Optometrists must renew their licenses each year on or before their birthday. Fifty hours of continuing education is due every two years.



# Washington State Credentialing Requirements

## Orthotics/Prosthetics (Chapter 18.200 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
A bachelor degree or a certificate program from an approved school. Must be 18 years of age.	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Completed clinical internship or residency of 1900 hours.	Original form completed by the approved residency program or residency supervisor.
Completion of multiple choice and patient simulation examinations administered by the American Board for Certification in Orthotics and Prosthetics, Inc.	Verification sent directly from the American Board for Certification in Orthotics and Prosthetics that the applicant has completed the required examinations.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training - four hours

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise "red flag" applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Orthotists and prosthetists must renew their credential every year on or before their birthday. Licensee is required to submit appropriate fee and renewal card. Each licensed orthotist and prosthetist must complete a professional enhancement plan in the first year of every three year reporting period. The reporting forms are mailed at initial licensing. Licensees must complete 45 hours of continuing education, in each discipline, every three years.

## *Washington State Credentialing Requirements*

### **Osteopathic Physician and Surgeon (Chapter 18.57 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited or approved osteopathic school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Must have successfully completed at least one year of post-graduate training	Post-graduate training program investigative letter/form must be completed by program director and returned directly to the department. Staff verifies program accreditation by either the AMA or AOA. All programs listed must be verified.
Work history (professional training & experience)	Must have complete chronology from receipt of osteopathic degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Verification of all admitting or specialty hospital privileges that have been granted within past five years of date of application. The hospital investigative letter/form must be completed and sent directly from the facility to the department. All facilities listed on the application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station or if no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department. Licenses listed by applicant on application are checked against licenses reported on the AOA physician profile.

<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
---	---

**Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Successfully passed examination (NBOME, USMLE or FLEX and Osteopathic Practice and Principles) - scores verified from appropriate organization/agency
- AOA Physician Profile
- Federation of State Medical Boards verification

**NOTE:** The board has accepted participation to the Federation of State Medical Boards Credentials Verification Service (CVS). The Federations CVS will collect core documents (school, post-graduate training, exam scores, and federation clearance) and the board will accept certification from CVS as meeting that portion of the requirements.

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Renewal Requirements**

Osteopathic physicians must renew their license every year on or before their birthday. Licensee is required to submit the appropriate fee and renewal card. They must also complete 150 hours of continuing education every three years.

## *Washington State Credentialing Requirements*

### **Osteopathic Physician Assistant (Chapter 18.57A RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited or approved physician assistant program	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Pass an examination approved by the board within one year of program completion.	Verification of completion of examination from the National Commission on Certification of Physician Assistants.
Work history (professional training & experience)	Must have complete chronology from receipt of osteopathic degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Verification of all admitting or specialty hospital privileges granted within past five years of date of application. The hospital investigative letter/form must be completed and sent directly from the facility to the department. All facilities listed on the application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station or if no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department. Licenses listed by applicant on application are checked against licenses reported on the AOA physician profile.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Practice Plan

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Process for Practice Plan Approval**

Before a physician assistant is able to practice with an osteopathic physician, they must submit a practice plan defining the working relationship between themselves and their supervising osteopathic physician.

- For Prescriptive Authority for controlled substances, schedules III-V, they must successfully pass examination (NCCPA) - scores verified from the National Commission on Certification of Physician Assistants
- Letter of evaluation from previous supervising physician

A reviewing board member of the full board reviews the completed practice plans. This is done on a frequent basis for approval or denial. The board may delegate application review and approval to authorized staff at its discretion. An osteopathic physician assistant licensee will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Osteopathic physician assistants must renew their license every year on or before their birthday. They are required to submit the appropriate fee and renewal card, as well as complete 50 hours of continuing education every year.

## Washington State Credentialing Requirements

### Pharmacies and Other Pharmaceutical Firms (Chapter 18.64.005 and 18.64.043 RCW)

**Type of Credential:**  
License/Registration

**DOH Contact:**  
Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Pharmacy located in Washington - all personnel must hold valid Washington credential issued by the Board of Pharmacy.</p> <ul style="list-style-type: none"> <li>• Use pharmacy ancillary personnel - pharmacy assistants and/or pharmacy technicians. (optional)</li> <li>• Pharmacy is located within a larger establishment with different hours. (optional)</li> <li>• All pharmacies must provide a list of pharmacists and identify a pharmacist in charge</li> </ul>	<p>All pharmacies are inspected prior to issuance of license and periodically to ensure compliance with laws and rules.</p> <ul style="list-style-type: none"> <li>• Must submit application and utilization plans describing the tasks performed by ancillary personnel</li> <li>• Must submit application and meet requirements for differential hours.</li> </ul>
<p>Out of state pharmacy - license required for all non-resident pharmacies that ship, mail, or deliver pharmaceuticals to residents of this state</p>	<ul style="list-style-type: none"> <li>• Copy of resident state license and DEA if applicable</li> <li>• Copy of most recent inspection done by a state board or an explanation as to why a copy cannot be provided</li> <li>• Toll-free number</li> <li>• Agent of Record for process service</li> <li>• List of pharmacists and pharmacist in charge. Pharmacists are not required to be licensed in Washington unless otherwise required by the board.</li> </ul>
<p>Legend Drug Sample Distributor:</p>	<ul style="list-style-type: none"> <li>• Copy of resident state license and DEA registration if applicable</li> <li>• 24-hour telephone number or list of representative and addresses in Washington where drugs are shipped/stored</li> </ul>
<p>Drug Animal Control/Humane Societies and Drug Fish and Wildlife Registration</p>	<p>Application must be accompanied by policies and procedures to insure that any of their agents or personnel which administer sodium pentobarbital for animals euthanasia have received sufficient training in its handling and administration. They must have demonstrated adequate knowledge of the potentials and hazards, and proper techniques to be used in administering the drug.</p>

Drug Wholesaler or Manufacturer	<ul style="list-style-type: none"> <li>• All locations within Washington State are inspected prior to licensure and periodically to ensure compliance with laws and rules</li> <li>• Non-resident locations must provide copy of resident license and DEA registration if applicable</li> <li>• Non-resident locations must provide a copy of most recent inspection done by state board of an explanation as to why a copy cannot be provided</li> </ul>
<p>All Pharmaceutical Firms:</p> <p>Statement regarding:</p> <ul style="list-style-type: none"> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions related to the applicant, partners or managers associated with the business. An appropriate explanation and required documentation must accompany positive answers. Positive answers to professional liability claims history question must be accompanied with an explanation of the nature of the case, data and summary of care given along with copies of the original complaint, settlement or final disposition. If pending, applicant must indicate status.</p>

### Types of Firms:

- Drug Animal Control/Humane Society Registration\*
- Drug Dog Handlers Registration
- Drug Fish and Wildlife Registration\*
- Drug Precursor Registration\*
- Health Care Entity\*
- Itinerant Vendor or Peddler\*
- Legend Drug Sample Distribution\*
- Nonresident Pharmacy License
  - With or without controlled substance
- Other Controlled Substance Registration
  - Analytical Lab
  - Methadone Treatment Facility
  - School Laboratories
- Pharmaceutical Manufacturer License\*
  - With or without controlled substance
- Pharmaceutical Wholesaler License\*
  - With or without controlled substance
  - Over-the-counter Drugs
  - Export
  - Non-profit Export
  - Reverse Distributors
  - Non-Resident



Pharmacy License

- With or without controlled substance
- 

- Jail

- Nuclear
- 

- Long-term care

- Parenteral

- Hospital

Poison Distributor\*

Poison Manufacturer\*

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Firms indicated with an \* must renew its credential on or before September 30 of each year. All other firms listed must renew on or before May 31 of each year.



## *Washington State Credentialing Requirements*

### **Pharmacist (Chapter 18.64 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a school or college of pharmacy accredited by the Accreditation Council of Pharmacy Education (ACPE)	<p>Copy of an official, posted transcript sent directly from the school or college of pharmacy. For recent graduates, a verified list of graduating students or statement on school letterhead verifying completion of pharmacy program sent directly from the school or college of pharmacy.</p> <p>Foreign graduates must take the Foreign Pharmacy Graduate Equivalency Examination (FPGEE) and provide a copy of the Foreign Pharmacy Graduate Equivalency Committee Certification (FPGEC).</p> <p>Canadian graduates after January 1994 may be eligible to waive the FPGEE and FPGEC requirements.</p>
North American Pharmacy Licensure Examination & Multistate Jurisprudence Examination	Exams administered by the National Association of Boards of Pharmacy
Work history (professional training & experience)	Must have a complete listing of professional education and experience including college or university, and a complete chronology of practice history from the date of graduation to present, whether or not engaged in activated related to pharmacy.
State licensure verification	Must transfer licensure through pharmacy national clearinghouse to which all states and territories submit disciplinary actions.
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

## **Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Successfully passed national licensing examination and the state law examination

### **Foreign Pharmacist Graduates** must provide:

- FPGEC - Foreign Pharmacy Graduate Equivalency Committee Certificate
- TOEFL - Test of English as a Foreign Language
- TSE - Test of Spoken English
- Intern hours determined by FPGEC score
- NAPLEX - North American Pharmacy Licensure Examination
- Multistate Jurisprudence Examination

### **Canadian Pharmacist Graduates** must provide:

If graduate of school or college of pharmacy accredited by the Canadian Council for Accreditation for Pharmacy Programs - after January 1994

- TOEFL - Test of English as a Foreign Language
- TSE - Test of Spoken English
- Earn 300 intern hours in the United States
- NAPLEX - North American Pharmacy Licensure Examination
- Multistate Jurisprudence Examination

If graduate of school or college of pharmacy accredited by the Canadian Council for Accreditation of Pharmacy Programs - before January 1994

- FPGEC - Foreign Pharmacy Graduate Equivalency Committee Certificate
- FPGEE - Foreign Pharmacy Graduate Equivalency Examination
- TOEFL - Test of English as a Foreign Language
- TSE - Test of Spoken English
- Intern hours determined by FPGEE score
- NAPLEX - North American Pharmacy Licensure Examination
- Multistate Jurisprudence Examination

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Pharmacists must renew their license annually on or before their birthday. Licensee must submit a fee and a signed statement indicating 15 credit hours of pharmacy related continuing education has been earned during the previous year.

# Washington State Credentialing Requirements

## Pharmacy Assistant (Chapter 18.64A RCW)

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Employment in a pharmacy, in a position that routinely has access to drugs and patient specific information	Completed application signed by applicant.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training – four hours

No formal training or educational program is required. There is no age or educational restriction. A pharmacy assistant must work under the supervision of a licensed pharmacist.

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

Pharmacy assistants must renew their registration every two years on or before their birthday. Continuing education is not required.



## *Washington State Credentialing Requirements*

### **Pharmacy Intern (Chapter 18.64.080 RCW)**

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Acceptance into an approved pharmacy school	Listing verifying acceptance from approved pharmacy school or letter from school verifying enrollment.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training – seven hours

#### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Pharmacy interns must renew their registration annually on or before their birthday by submitting the renewal card and current renewal fee.

**Foreign pharmacy graduates have additional intern registration requirements which are:**

- FPGEE certificate (copy)
- Score letter (copy)

Canadian pharmacy school graduates must provide:

- TOEFL - Test of English as a Foreign Language
- TSE - Test of Spoken English
- Photocopy of diploma



# Washington State Credentialing Requirements

## Pharmacy Technician (Chapter 18.64A RCW)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a Board of Pharmacy approved program	Completed application signed by applicant and program director.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training – four hours
- Copy of certificate or score letter verifying passing score on National Certification Examination. Pharmacy Technician Certification Exam scores are accepted if administered by a program accredited by the National Commission for Certifying Agencies

**Foreign Trained Graduates** for whom English is not the primary language:

- TOEFL - Test of English as a Foreign Language
- TSE - Test of Spoken English
- Five hundred and twenty hours of supervised experience in a board-approved pharmacy technician training program

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Pharmacy technicians must renew their certification annually on or before their birthday by submitting the renewal card and current renewal fee.

- \* and dated by the program director we have in our technician training database and in the licensing system for the firm where training took place. (Washington state)
- \* out-of-state approved programs must include a verification of law study form attached to the application as well as a certificate of completion/diploma verifying completion of the tech training program.

## *Washington State Credentialing Requirements*

### **Physical Therapist (Chapter 18.74 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a nationally accredited, board approved school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation. For internationally educated applicants: a credentials evaluation report from a board-approved credential evaluation agency must accompany the application.
Work history (professional training & experience)	Must have complete chronology from receipt of osteopathic degree to the date of application. All time breaks of 30 days or more must be accounted for.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training – seven hours. If the training was received outside the educational program, then a certificate of completion showing the completion of seven hours must be sent
- Applicants must complete the Online jurisprudence examination.
- Applicants must attain a passing score on the National Physical Therapy Examination (NPTE)

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Physical therapists must renew their license every year on or before their birthday. In addition to submitting the appropriate fee, physical therapists are required to complete 40 hours of continuing education and 200 hours of employment every two years. Licensees who were born in even-numbered years report during even-numbered years, those born in odd-numbered years report during odd-numbered years.

## *Washington State Credentialing Requirements*

### **Physical Therapist Assistant (Chapter 18.74 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a nationally accredited, board approved school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Work history (professional training & experience)	Must have complete chronology of activities from graduation from PTA program to date of application.
Passing score on the National Physical Therapy Examination (NPTE)	Verification of a passing score.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Applicants must complete the Online jurisprudence examination.
- Applicants must attain a passing score on the National Physical Therapy Examination (NPTE).

#### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Physical therapist assistants must renew their license every year on or before their birthday. In addition to submitting the appropriate fee, physical therapist assistants are required to complete 40 hours of continuing education and 200 hours of employment every two years.

## *Washington State Credentialing Requirements*

### **Physician and Surgeon (Chapter 18.71 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Medical Commission - 360-236-2750

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited or approved medical school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation. International medical school graduates may request certified copies of transcripts be sent directly to the department from another state or applicant sends original to the department for copying.
Completion of a residency or other post-graduate training program. Applicant must have successfully completed at least two years of post-graduate training if graduated after 7/85 and one year if before 7/85	Post-graduate Training Program Director form must be completed by the program director and returned directly to the department. Program staff verifies that program has been accredited by AMA Accreditation Council for Graduate Medical Education. All programs listed must be verified.
Work history (professional training & experience)	Must have complete chronology from receipt of medical degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Verification of all admitting or specialty hospital privileges that have been granted within past five years of date of application and for more than 30 days. The hospital administration form must be completed and sent directly from the facility to the department. All facilities listed on application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station. If no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.

<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
---	---

### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Successfully passed examination (FLEX, USMLE or National Board Examination) - scores verified from appropriate organization/agency
- AMA Physician Profile
- Federation of State Medical Boards verification
- ECFMG Certificate, if international graduate

### **Process for Approving/Denying Applications**

- Documents from the AMA and Federation of State Medical Boards and documents verifying hospital privileges and state licenses which are over six months old from the date of application must be re-verified.
- The program manager reviews and approves applications as authorized by the commission except for applications that have the following:
  - a) positive answers on state, hospital or post-graduate training verifications;
  - b) applicants without an active license for more than three years; and/or
  - c) positive answers to personal data questions, except for questions regarding malpractice history.
    - 1) Applications with malpractice history are reviewed by a medical consultant. If the medical consultant determines there is no basis for denying the application, the program manager or licensing manager reviews the application and if there are no other positive answers or “red flags”, approves application for licensure. If the medical consultant determines additional information is needed or that a member of the commission should review the file, the application is forward to a reviewing member for a decision.
    - 2) Applications with positive answers or that are considered “red flag” applications are reviewed by the legal unit and then forwarded to a reviewing board member who presents it to a panel of the commission for a decision. An applicant is formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Physicians must renew their license every two years on or before their birthday. Licensees are required to complete 200 hours of continuing education every four years.



## *Washington State Credentialing Requirements*

### **Physician Assistant (Chapter 18.71A RCW)**

**Type of Credential:**

License

**DOH Contact:**

Medical Commission - 360-236-2750

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited and approved physician assistant program	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation. Program director evaluation report.
Work history (professional training & experience)	Must have complete chronology from receipt of physician assistant degree to the date of application. All time breaks of 30 days or more must be accounted for.
Hospital privileges	Hospital privileges
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training - four hours
- Federation of State Medical Boards verification
- Successfully passed examination by National Commission on Certification of Physician Assistants (NCCPA). An interim permit can be issued for one year while results are pending.

#### **Process For Approving/Denying Applications**

- Documents from the AMA and Federation of State Medical Boards and documents verifying hospital privileges and state licenses which are over six months old from the date of application must be re-verified.

- The program manager reviews and approves applications as authorized by the commission except for applications that have the following:
  - a) positive answers on state, hospital or post-graduate training verifications;
  - b) applicants without an active license for more than three years; and/or
  - c) positive answers to personal data questions, except for questions regarding malpractice history.
    - 1) Applications with malpractice history are reviewed by a medical consultant. If the medical consultant determines there is no basis for denying the application, the program manager or licensing manager reviews the application and if there are no other positive answers or “red flags”, approves application for licensure. If the medical consultant determines additional information is needed or that a member of the commission should review the file, the application is forward to a reviewing board member for a decision.
    - 2) Applications with positive answers or that are considered “red flag” applications are reviewed by the legal unit and then forwarded to a reviewing board member who presents it to a panel of the commission for a decision. An applicant is formally notified of a denial and has the opportunity for a hearing.

**NOTE:** Additional documentation needed to practice are described in Process for Practice Plan Approval.

**Process for Practice Plan Approval:**

- Before a physician assistant is able to practice with a physician, they must submit a practice plan defining the working relationship between themselves and their sponsoring or supervising physician.
- The program manager reviews and approves completed practice plans as authorized by the Commission except for those that have the following:
  - a) instances where the sponsoring or supervising physician are currently sponsoring or supervising three or more physician assistants; and/or
  - b) where the physician assistant or physician sponsor or supervisor are currently on order by the commission.
- Practice plans where the sponsoring or supervising physician is currently sponsoring or supervising three or more physician assistants are reviewed by a medical consultant. If the medical consultant determines additional information is needed or that a member of the commission should review the practice plan, the practice plan is forwarded to a reviewing commission member for an approval/denial decision.
- Practice plans where the physician assistant, physician sponsor or supervisor has had prior action by the Commission are forwarded to a reviewing commission member for an approval/denial decision. Licensee will be formally notified of a denial and has the opportunity for a hearing.

**Prescriptive Authority**

Certified Physician Assistants who have successfully passed the examination (NCCPA) and have verified scores from the National Commission on Certification of Physician Assistants are automatically granted prescriptive authority for Controlled Substances Schedules II through V. Physician assistants who have not passed the NCCPA examination must request prescriptive authority. Those requests are reviewed for approval by a medical consultant.

**Renewal Requirements**

Physician assistants must renew their license every two years on or before their birthday. They are required to submit the appropriate fee and renewal card. Physician assistants must complete 100 hours of continuing education every two years.

## *Washington State Credentialing Requirements*

### **Podiatric Physician and Surgeon (Chapter 18.22 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an accredited or approved podiatric school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Must have successfully completed at least one year of post-graduate training. Applicants who graduated before June 1, 1993, shall be exempt from the postgraduate training requirement.	Post-graduate training program investigate letter/form must be completed by program director and returned directly to the board. Staff verify the program has been accredited by the American Podiatric Medical Association Council on Podiatric Medical Education. All programs listed must be verified.
Hospital privileges	Verification of all admitting or specialty hospital privileges that have been granted within past five years of date of application. The hospital investigative letter/form must be completed and sent directly from the facility to the department. All facilities listed on application must be verified. Hospital privileges connected with military practice experience may be verified by current duty station. If no longer in active service, through the National Personnel Records Center, St. Louis, Missouri.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Successfully passed examination (PMLexis and NBPME) - scores verified from appropriate organization/agency
- Federation of Podiatric Medical Boards verification

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Podiatric physicians must renew their license annually on or before their birthday. Licensees are required to complete 50 hours continuing education every two years.

## Washington State Credentialing Requirements

### Psychologist (Chapter 18.83 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Doctoral degree from a regionally accredited or APA approved school.	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Completion of at least 1,500 supervised hours and 1,500 hours of pre-internship or post-doctoral experience, or a combination of both. Must have one year or 750 hours in residency and a 300 hour practicum.	Minimum of three professional reference forms must be completed by pre or post-doctoral supervisor and returned directly to the department. Program staff verifies that internship has been accredited by either regional accreditation or APA.
Work history (Post-Doctoral Supervised Experience)	Must have complete chronology from year of post-doctoral supervision to date of application.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Successfully passed national written examination (EPPP)- scores verified from appropriate organization/agency.
- Successfully passed the Washington State jurisprudence examination.

**NOTE:** Foreign applicants may have their transcripts verified for content by a suggested credentialing agency.

## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Psychologists must renew their license every year on or before their birthday. They are required to submit the appropriate fee and renewal card. Psychologists are required to complete 60 hours of continuing education every three years, four hours must be in ethics.

# Washington State Credentialing Requirements

## Radiologic Technologist (Chapter 18.84 RCW)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Graduation from an approved accredited program for diagnostic radiologic technology, therapeutic radiologic technology and/or nuclear medicine technology or successful completion of alternative training.</p>	<p>Official transcript with degree date posted received directly from the approved accredited program. If transcript does not state that the applicant completed an accredited program, the department must receive an official letter directly from the dean or instructor. Applicants who do not meet the educational requirements in WAC 246-926-140 may be certified if:</p> <ul style="list-style-type: none"> <li>(a) applicant qualifies for certification via alternative training in either diagnostic radiologic technology, therapeutic radiologic technology, and/or nuclear medicine technology; and</li> <li>(b) passes the Washington State examination in either diagnostic radiologic technology, therapeutic radiologic technology, and/or nuclear medicine technology; or</li> <li>(c) individuals who are registered as a diagnostic radiologic technologist, therapeutic radiologic technologist, and/or nuclear medicine technologist with the American Registry of Radiologic Technologists or with the Nuclear Medicine Technology Certifying Board shall be considered to have met the alternative education and training requirements.</li> </ul>
<p>Work history (professional training &amp; experience)</p>	<p>Must have complete chronology from the date education is completed and includes employment in the radiologic technology field.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>

<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
---	---

**Additional Information/Documents Required**

- HIV/AIDS training – seven hours

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.84 and WAC 246-926. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Renewal Requirements**

Radiologic technologists must renew certification every two years on or before their birthday. No continuing education is required.



# Washington State Credentialing Requirements

## Recreational Therapist (Chapter 18.230 RCW)

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training – four hours

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

Recreational therapists must renew their credential every year on or before their birthday. The licensee is required to submit the appropriate fee and renewal card.



# Washington State Credentialing Requirements

## Registered Counselor (Chapter 18.19 RCW)

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training – four hours

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

Registered counselors must renew their registration every year on or before their birthday. They must submit the appropriate fee and renewal card. No continuing education is required.



## *Washington State Credentialing Requirements*

### **Registered Nurse (Chapter 18.79 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an approved nursing program	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

#### **Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Successful completion of exam for license

#### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the commission. An applicant will be formally notified of a denial and has the opportunity for a hearing.

#### **Renewal Requirements**

Registered nurses must renew their registration every year on or before their birthday. They must submit the appropriate fee and renewal card. No continuing education is required.



## *Washington State Credentialing Requirements*

### **Respiratory Care Practitioner (Chapter 18.89 RCW)**

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Applicants must be a graduate of an accredited two year respiratory therapy educational program. Applicants must pass the National Board for Respiratory Care (NBRC) entry level examination.</p> <p>Applicants who meet the educational criteria as established by the NBRC to sit for the advanced practitioner exams, or who have been issued the registered respiratory therapist credential by the board, shall be considered to have met the educational criteria of this chapter.</p>	<p>Official transcript with degree date posted received directly from the approved accredited program. If transcript does not state that the applicant completed an accredited program, the department must receive an official letter directly from the dean or instructor.</p> <p>Applicants shall request the NBRC to verify to the department that the applicant has successfully passed the NBRC examination.</p>
<p>Work history (professional training &amp; experience)</p>	<p>Must have complete chronology from the year of graduation from a respiratory therapy program to the date of application.</p>
<p>State licensure verification</p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>

### **Additional Information/Documents Required**

- HIV/AIDS training – seven hours

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.84 and WAC 246-926. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Respiratory therapists must renew their certification every year on or before their birthday. Thirty hours of continuing education is required every two years.



## *Washington State Credentialing Requirements*

### **Sex Offender Treatment Provider (Chapter 18.155 RCW)**

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Education history to include a minimum of a Master's degree from a recognized institution of higher learning.	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Professional experience requirement in the field of evaluation and treatment of sex offenders, a minimum of 2,000 hours must be complete. The hours must include at least 250 hour of evaluation experience and at least 250 hours of treatment experience	<p>Applicant must provide a detailed description of all experience to include hours acquired and calculated face-to-face treatment and evaluation hours.</p> <p>To qualify for evaluation hours, the applicant must have had primary responsibility for interviewing the offender and completed the written report. In evaluation, the direct provision of comprehensive evaluation and assessment services to persons investigated by law enforcement or child protective services for commission of a sex offense or who have been adjudicated or convicted of a sex offense.</p> <p>To qualify for treatment hours, the applicant must have had primary responsibility of treatment services with direct relevance to the offender's behavior. In the treatment, the provision of face-to-face individual, group or family therapy with persons who have been investigated by law enforcement or child protective services for commission of a sex offense or who have been adjudicated or convicted of a sex offense.</p>
Underlying Credential	All applicants are required to hold a credential in another health profession in Washington or a state or jurisdiction other than Washington. This underlying registration, certification or licensure must be maintained in good standing.
Work history (professional training & experience)	Applicant must list all professional experience activities to include the nature, the practice and location.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.

<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
---	---

**Additional Information/Documents Required**

- HIV/AIDS training – four hours
- Successfully passed state exam. Score of 90 percent or above.
- Applicant certification verifying he/she is presumed to know Washington State statutes and rules.
- Signed statement stating the applicant does not intend to practice the profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington.
- Professional training obtained within the last three years. List 50 hours of courses, seminars or formal conferences attended directly relating to the evaluation and treatment of sex offenders or victims of abuse.
- Three professional references that can verify the applicants experience requirement.

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Renewal Requirements**

Providers must renew their certification every year on or before their birthday. They are required to submit the appropriate fee and renewal card. Forty hours of continuing education is required every two years.

## Washington State Credentialing Requirements

### Social Worker (Chapter 18.225 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
A minimum of a master's degree in social work from an accredited graduate school of social work.	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
<p>Advanced: 3,200 hours of supervised social work practice. Within that practice, 800 hours of direct client contact and 90 hours of formal meetings with the approved supervisor.</p> <p>Independent Clinical: 4,000 hours of supervised experience, of which 1,000 hours must be direct client contact over a three year period with approved supervision of at least 130 hours.</p>	Verification form completed by the supervisor. Supervisor must also make a statement as to his/her qualifications. Verification of Academy of Certified Social Workers (ACSW) clinical membership will verify all postgraduate supervision and experience except 45 formal meetings with a MSW. Verification must be sent directly to the department from the ACSW/NASW office.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
<p>Statement about:</p> <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training – four hours
- If already taken the AASSWB, Advanced, or Clinical examination, verification of scores must come from the testing company or verified by another state in which the applicant was credentialed

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Social workers must renew their license every year on or before their birthday. Thirty-six hours of continuing education, six hours must be in law and ethics, is due every two years on or before their birthday. Social Workers are required to submit the appropriate fee, renewal card and an affidavit of compliance with the continuing education requirement.



## **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.225 & WAC 246-809. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Social work associates (advanced and independent clinical) must renew their license every year on the date of issuance. The associate credential can only be renewed four times.

## *Washington State Credentialing Requirements*

### **Speech-Language Pathologist (Chapter 18.35 RCW)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Education history to include a minimum of a Master's degree from a recognized institution of higher learning	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Post-graduate professional experience in the field of speech-language pathology. Minimum of thirty-six weeks of full-time professional experience or part-time equivalent or certification of clinical competency from the American Speech and Hearing Association (ASHA) will be accepted in lieu of above mentioned items.	Applicant's supervisor provides details of experience to include name/address of employer, type of business, position title, name of supervisor, detailed description of duties, dates of post-graduate work and number of hours.
Agent registration	Applicant provides the name of a registered agent to accept service of process for any violation of the law.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### **Additional Information/Documents Required**

- HIV/AIDS training – four hours
- Successfully passed national examination - score (600 or above) verified from appropriate jurisdiction
- Applicant certification form that the applicant understands he/she is presumed to know Washington State statutes and rules

### **Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### **Renewal Requirements**

Speech-language pathologists must renew their license every year on or before their birthday. They are required to submit the appropriate fee and renewal card. Thirty hours of continuing education is required every three years.



# Washington State Credentialing Requirements

## Surgical Technician (Chapter 18.215 RCW)

**Type of Credential:**  
Registration

**DOH Contact:**  
Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"><li>• physical and mental health status</li><li>• lack of impairment due to chemical dependency/substance abuse</li><li>• history of loss of license, certification or registration</li><li>• felony convictions</li><li>• loss or limitations of privileges</li><li>• disciplinary actions</li><li>• professional liability claims history</li></ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training – seven hours

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

Surgical technicians must renew their credential every year on or before their birthday. They are required to submit the appropriate fee and renewal card.



# Washington State Credentialing Requirements

## Veterinarian (Chapter 18.92 RCW)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a AVMA accredited school	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training – four hours
- Successfully passed examination (National Board and Clinical Competency Examination or NAVLE exam) - scores verified from appropriate organization/agency
- Successful completion of the Washington State Jurisprudence Examination

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

Veterinarians must renew their license annually on or before their birthday. They are required to complete 30 hours of continuing education every three years.



# Washington State Credentialing Requirements

## Veterinary Medication Clerk (Chapter 18.92 RCW)

**Type of Credential:**

Registration

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Completion of on-the-job training program	Sponsor candidate affidavit signed by the employing Veterinarian, agreeing to sponsor candidate and ensuring applicant has met the requirements.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

**Additional Information/Documents Required**

- HIV/AIDS training – four hours

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

**Renewal Requirements**

Veterinary medication clerks must renew their registration annually on or before their birthday. They must submit the appropriate fee and renewal card. No continuing education is required.



# Washington State Credentialing Requirements

## Veterinary Technician (Chapter 18.92 RCW)

**Type of Credential:**  
Registration

**DOH Contact:**  
Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a AVMA accredited school in Veterinary Technology; or five years of full-time veterinary technician work experience; or two years from a non-accredited school and three years of full-time work experience.	Official transcript with degree and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Work history (professional training & experience)	Must have complete chronology to the date of application. All time breaks of 30 days or more must be accounted for.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training – four hours
- Verification of passing scores on Veterinary Technician National Examination (VTNE)
- Successful completion of the Washington State Jurisprudence Examination

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

## **Renewal Requirements**

Veterinary technicians must renew their license annually on or before their birthday. They are required to submit the appropriate fee and renewal card. Thirty hours of continuing education will be required for renewals beginning January 1, 2011.



# Washington State Credentialing Requirements

## X-Ray Technician (Chapter 18.84 RCW)

**Type of Credential:**  
Registration

**DOH Contact:**  
Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
No education required for registration as an x-ray technician	The registration is issued to those individuals who apply ionizing radiation at the direction of a licensed practitioner.
Work history (professional training & experience)	Must have complete chronology, which includes employment in radiologic technology field.
State licensure verification	Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.
Statement about: <ul style="list-style-type: none"> <li>• physical and mental health status</li> <li>• lack of impairment due to chemical dependency/substance abuse</li> <li>• history of loss of license, certification or registration</li> <li>• felony convictions</li> <li>• loss or limitations of privileges</li> <li>• disciplinary actions</li> <li>• professional liability claims history</li> </ul>	Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.

### Additional Information/Documents Required

- HIV/AIDS training – seven hours

### Process for Approving/Denying Applications

Credentialing staff review the application and supporting documents to make an initial determination on eligibility. The recommendation is based upon the requirements outlined in RCW 18.84 & WAC 246-926. Credentialing supervisors approve applications that do not have positive answers to personal data questions, have questionable verifying documents, or are otherwise “red flag” applications. Red flag applications are forwarded to the exception application process for determination by the appropriate disciplining authority. An applicant will be formally notified of a denial and has the opportunity for a hearing.

### Renewal Requirements

X-Ray technicians must renew their registration every two years on or before their birthday. No continuing education is required.



---

---

## **Additional Information**

---

---

### **Page**

112	Personal Data Questions Sample
116	DOH Letter of Verification of Credentials



## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

**2. Personal Data Questions (cont.)**

Yes No

a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction .....

**Note: If you answered “yes” to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.**

b. If you answered “yes” to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? .....

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs? .....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements? .....

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....

9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....

10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

May 14, 2009

**Subject: Primary Source Verification**

This letter is to fulfill your request for information concerning primary source verification of educational requirements to obtain a Washington State health care professional credential. As documented in the Department of Health publication, "Health Care Professional Credentialing Requirements" dated January 2007; educational requirements are primary source verified prior to licensure in Washington State.

The above mentioned publication and any revision to it shall serve as documentation of health care professionals credentialing requirements in the State of Washington.

The complete "Health Care Credentialing Requirements" booklet is available on the Department of Health website, [www.doh.wa.gov](http://www.doh.wa.gov) and is listed under "publications." Enclosed for your reference is a list of health care professions that have educational requirements.

The credential status of individual health care professionals is available at [https://fortress.wa.gov/doh/hpqa1/Application/Credential\\_Search/profile.asp](https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp). This web site also reports disciplinary actions taken and allows viewing/downloading of legal documents issued since 1998. The site is updated daily with all current information. For additional verification of information of actions prior to 1998, contact the Customer Service Center at 360-236-4700.

Sincerely,

A handwritten signature in cursive script that reads "Shannon Beigert".

Shannon Beigert, Director  
Customer Service Office

Enclosure



