

*Washington State Department of Health*

# **Healthcare Professional Credentialing Requirements**

*October 2012*





*Washington State Department of Health*

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*For more information contact:*

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*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)*





The Washington State Department of Health, Health Systems Quality Assurance Division is responsible for regulating health care professionals and facilities in our state. I'm pleased to provide an updated issue of the Health Care Professional Credentialing Requirements handbook. This handbook provides detailed information specific to the licensing requirements for each of the health care professions and emergency medical service providers regulated in Washington State.

You will find all of the professions that we license listed in the table of contents. You can select any of the professions that interest you, or you can scroll through the entire handbook. If you would like to print a hard copy for your reference, the handbook is printer friendly; you can select a few pages or the entire handbook.

This booklet includes the following information for each profession that we license, certify, or register:

- RCW and WAC chapter numbers;
- Credential type (license, certification, registration);
- DOH contact;
- Licensing requirements;
- Verification document;
- Additional requirements, such as: HIV/AIDS education and training, education, and/or examinations;
- Process for approving and denying applications;
- Renewal requirements; and
- Continuing education requirements.

A number of different audiences use this handbook to determine the healthcare professional credentialing requirements in Washington State. It may be used by:

- Other states and jurisdictions to verify whether or not Washington State's requirements are substantially equivalent to their requirements;
- Other states, training entities and employers as primary source verification. Primary source verification is official confirmation we verified the licensure requirement prior to credentialing;
- Schools and training programs to determine and develop class curriculum; or
- Healthcare professionals or employers to verify credentialing and documentation requirements.

We also include a sample of the Personal Data Questions in each application. If you have questions about credentialing requirements that are not addressed in the handbook, please contact our customer service center at 360-236-4700.

Karen Ann Jensen, Assistant Secretary  
Health Systems Quality Assurance  
Washington State Department of Health



<b>Page</b>	<b>Contents</b>
9	<a href="#"><u>Advanced Emergency Medical Technician</u></a>
11	<a href="#"><u>Advanced Registered Nurse Practitioner</u></a>
13	<a href="#"><u>Affiliate Sex Offender Treatment Provider</u></a>
15	<a href="#"><u>Agency Affiliated Counselor</u></a>
17	<a href="#"><u>Animal Control Agencies and Non-profit Humane Societies</u></a>
19	<a href="#"><u>Animal Massage Practitioner</u></a>
21	<a href="#"><u>Athletic Trainer</u></a>
23	<a href="#"><u>Audiologist</u></a>
25	<a href="#"><u>Cardiovascular Invasive Specialist</u></a>
27	<a href="#"><u>Certified Adviser</u></a>
29	<a href="#"><u>Certified Counselor</u></a>
31	<a href="#"><u>Chemical Dependency Professional</u></a>
35	<a href="#"><u>Chemical Dependency Professional Trainee</u></a>
37	<a href="#"><u>Chiropractic X-Ray Technician</u></a>
39	<a href="#"><u>Chiropractor</u></a>
41	<a href="#"><u>Controlled Substance Researcher</u></a>
43	<a href="#"><u>Dental Assistant</u></a>
45	<a href="#"><u>Dental Hygienist</u></a>
47	<a href="#"><u>Dentist</u></a>
51	<a href="#"><u>Denturist</u></a>
53	<a href="#"><u>Dietitian and Nutritionist</u></a>
55	<a href="#"><u>Dispensing Optician</u></a>
57	<a href="#"><u>Dispensing Optician Apprentice</u></a>
59	<a href="#"><u>East Asian Medicine Practitioner</u></a>
63	<a href="#"><u>Emergency Medical Technician</u></a>
65	<a href="#"><u>Expanded Function Dental Auxiliary</u></a>
67	<a href="#"><u>First Responder/Emergency Medical Responder</u></a>
69	<a href="#"><u>Genetic Counselor</u></a>
71	<a href="#"><u>Health Care Assistant</u></a>
75	<a href="#"><u>Hearing Instrument Fitter/Dispenser</u></a>
77	<a href="#"><u>Home Care Aide</u></a>
79	<a href="#"><u>Hypnotherapist</u></a>
81	<a href="#"><u>Licensed Practical Nurse</u></a>
83	<a href="#"><u>Marriage and Family Therapist</u></a>
87	<a href="#"><u>Marriage and Family Therapy Associate</u></a>
89	<a href="#"><u>Massage Practitioner</u></a>
91	<a href="#"><u>Mental Health Counselor</u></a>
95	<a href="#"><u>Mental Health Counselor Associate</u></a>
97	<a href="#"><u>Midwife</u></a>
99	<a href="#"><u>Naturopath</u></a>
101	<a href="#"><u>Nursing Assistant - Certified</u></a>
103	<a href="#"><u>Nursing Assistant - Registered</u></a>

<b>Page</b>	<b>Contents</b>
105	<a href="#"><u>Nursing Home Administrator</u></a>
107	<a href="#"><u>Nursing Pools</u></a>
109	<a href="#"><u>Nursing Technician</u></a>
111	<a href="#"><u>Occupational Therapist</u></a>
113	<a href="#"><u>Occupational Therapy Assistant</u></a>
115	<a href="#"><u>Ocularist</u></a>
117	<a href="#"><u>Ocularist Apprentice</u></a>
119	<a href="#"><u>Optometrist</u></a>
121	<a href="#"><u>Orthotics/Prosthetics</u></a>
123	<a href="#"><u>Osteopathic Physician and Surgeon</u></a>
125	<a href="#"><u>Osteopathic Physician Assistant</u></a>
127	<a href="#"><u>Paramedic</u></a>
129	<a href="#"><u>Pharmacies and Other Pharmaceutical Firms</u></a>
133	<a href="#"><u>Pharmacist</u></a>
135	<a href="#"><u>Pharmacy Assistant</u></a>
137	<a href="#"><u>Pharmacy Intern</u></a>
139	<a href="#"><u>Pharmacy Technician</u></a>
141	<a href="#"><u>Physical Therapist</u></a>
143	<a href="#"><u>Physical Therapist Assistant</u></a>
145	<a href="#"><u>Physician and Surgeon</u></a>
147	<a href="#"><u>Physician Assistant</u></a>
149	<a href="#"><u>Podiatric Physician and Surgeon</u></a>
151	<a href="#"><u>Psychologist</u></a>
155	<a href="#"><u>Radiologic Technologist</u></a>
157	<a href="#"><u>Radiologist Assistant</u></a>
159	<a href="#"><u>Recreational Therapist</u></a>
161	<a href="#"><u>Registered Nurse</u></a>
163	<a href="#"><u>Respiratory Care Practitioner</u></a>
165	<a href="#"><u>Retired Volunteer Medical Worker</u></a>
167	<a href="#"><u>Sex Offender Treatment Provider</u></a>
169	<a href="#"><u>Social Worker</u></a>
173	<a href="#"><u>Licensed Social Worker Associate - Advanced</u></a>
173	<a href="#"><u>Licensed Social Worker Associate - Independent Clinical</u></a>
175	<a href="#"><u>Speech-Language Pathologist</u></a>
177	<a href="#"><u>Speech-Language Pathology Assistant</u></a>
179	<a href="#"><u>Surgical Technologist</u></a>
181	<a href="#"><u>Veterinarian</u></a>
183	<a href="#"><u>Veterinary Medication Clerk</u></a>
185	<a href="#"><u>Veterinary Technician</u></a>
187	<a href="#"><u>X-Ray Technician</u></a>

### **Additional Information**

191	<a href="#"><u>Personal Data Questions Sample</u></a>
193	<a href="#"><u>DOH Letter of Verification of Credentials</u></a>

# Washington State Credentialing Requirements

## Advanced Emergency Medical Technician\* (Chapter 18.71 RCW, 246-976 WAC)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Successful completion of Department approved Advanced Emergency Medical Technician (AEMT) Course.	Initial Course Completion Certificate issued by the training program.
Work history (professional training and experience)	<ol style="list-style-type: none"> <li>1. Applicants are required to be associated with one of the following:                             <ul style="list-style-type: none"> <li>• An EMS agency licensed by the Department of Health (aid or ambulance service);</li> <li>• A Law Enforcement Agency;</li> <li>• Business with an organized industrial safety team;</li> <li>• Senior EMS Instructors or coordinators teaching at department approved EMS training programs who are unable to be associated with approved agencies above.</li> </ul> </li> <li>2. Applicants must be recommended for certification by the Physician Medical Program Director (MPD) of the county in which the applicant will be working.</li> <li>3. Applicant must possess a High School Diploma or GED.</li> </ol>
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 regarding: <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.
- Proof of age; must be 18 years of age or older to be certified. (WAC 246-976-141)
- Successful completion of the AEMT certification examination including written and practical skills exams.

Examination is developed and administered by the National Registry of EMT's (NREMT). Applicant provides proof of successful completion of the NREMT exam. (WAC 246-976-141)

**Process for Approving/Denying Applications**

Credentialing staff review the application and supporting documents to make an initial determination of 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 emergency medical technicians must renew their license every three years, coinciding with their supervisory EMS agency licensure expiration month. The licensee must satisfy continuing education requirements for re-certification including knowledge and skills competency. There are no fees charged for recertification of the EMS credential.

\*Replaces Intermediate Life Support (ILS) and Intermediate Life Support-Airway (ILS-A) technician certifications.

# Washington State Credentialing Requirements

## Advanced Registered Nurse Practitioner (Chapter 18.79 RCW, 246-840 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Graduation from an approved nurse practitioner program and has an active RN license in Washington State</p>	<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> <ol 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> </ol>
<p>Work history - (Only applies to applicants endorsing from out-of-state or applicants reactivating a lapsed license)</p>	<p>Must show 250 hours of work within the past two years. This does not apply to new graduates.</p>
<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>	<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 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 obtained within that two year renewal cycle.

# Washington State Credentialing Requirements

## Affiliate Sex Offender Treatment Provider (Chapter 18.155 RCW, 246-930 WAC)

**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. 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.
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 Washington State Affiliate Sex Offender Treatment Provider Examination.
- 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 and renewal card. Forty hours of continuing education is required every two years.

# Washington State Credentialing Requirements

## Agency Affiliated Counselor (Chapter 18.19 RCW, 246-810 WAC)

**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, certified by Washington State, a federally recognized Indian tribe located within the state, or a county.	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

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### Animal Care and Control and Non-profit Humane Societies (Chapter 18.92 RCW, 246-933 WAC)

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**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

### Animal Massage Practitioner (Chapter 18.240 RCW, 246-940 WAC)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Successfully complete a three hundred hour training program approved by the secretary:</p> <ol style="list-style-type: none"> <li>a. To practice animal massage on large animals, the three hundred hours of instruction must be related to the performance of animal massage on large animals;</li> <li>b. To practice animal massage on small animals, the three hundred hours of instruction must be related to the performance of animal massage on small animals;</li> </ol>	<p>Proof of successful completion of the training required in WAC 246-940-050 received directly from the program where the applicant completed the training;</p>
<p>Successfully complete a qualifying examination approved by the secretary:</p> <ol style="list-style-type: none"> <li>a. To practice animal massage on large animals, successfully complete the National Certification Examination for Equine Massage.</li> <li>b. To practice animal massage on small animals, successfully complete the National Certification Examination for Canine massage.</li> </ol>	<p>Proof of successful completion of a certification examination.</p>
<p>State licensure verification.</p>	<p>Verification from all states in which the applicant holds or has held a credential to practice animal massage, indicating that the applicant has or has not been subject to charges or disciplinary action for unprofessional conduct or impairment.</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 documentations 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
- Verification of completion of the Washington State Animal Massage 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 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**

Animal massage practitioners must renew their license every year on or before their birthday. They are required to submit the appropriate fee.

NOTE: If the certification has expired for more than five years, the animal massage practitioner must also submit verification of active practice in any other state or jurisdiction, or retake and successfully pass the examinations required in WAC 246-940-020. For the purpose of this section, active practice means at least two hundred hours of practice in each of the previous three years.



## **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, 246-828 WAC)

**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.	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.
Pass the nationally recognized audiology examination or receive official verification from the American Speech and Hearing Association (ASHA), clinical competency certifications, American Board of Audiology (ABA), or the American Academy of Audiology (AAA).	Request verification send directly from the exam agency or from ASHA, ABA, or AAA.
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, and provides the bond number, surety company and agent's name.
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**

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

## *Washington State Credentialing Requirements*

### **Cardiovascular Invasive Specialist (Chapter 18.84 RCW, 246-923 WAC)**

**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 cardiovascular invasive specialist and subsequent passage of national examination.</p>	<p>Official results from one of the following national examinations.</p> <ol style="list-style-type: none"> <li>1. Registered Cardiovascular Invasive Specialist (RCIS) through the Cardiovascular Credentialing International (CCI);</li> <li>2. Registered Cardiac Electrophysiology Specialist (RCES) through CCI;</li> <li>3. Heart Rhythm Society (HRS) through the International Board of Heart Rhythm Examiners (IBHRE), formerly the North American Society of Pacing and Electrophysiology (NASPE);</li> <li>4. Cardiac Interventional Radiographer (RTR-CI) post-primary examination through the American Registry of Radiologic Technologists (ARRT);</li> <li>5. Vascular Interventional Radiographer (RTR-VI) post-primary examination through the ARRT; or</li> <li>6. Cardiovascular Interventional Radiographer (RTR-CV) Post-Primary examination through the ARRT.</li> </ol>
<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 & 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” 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**

Cardiovascular invasive specialists must renew certification every two years on or before their birthday

No continued education is required.

Cardiovascular invasive specialists certified through the alternate process (grandfather clause) who allow their certification to be expired longer than a year will not be able to have it reactivated. These individuals must now meet the education and examination requirements in order to activate their certification.

# Washington State Credentialing Requirements

## Certified Adviser (Chapter 18.19 RCW, 246-810 WAC)

**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 the Washington State Certified Adviser 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>To create an exam account:  <a href="http://www.webassessor.com/dohcounselingexam">http://www.webassessor.com/dohcounselingexam</a> and create an exam account. You will receive notification by email when your application has been approved. If an account has not been created you will be unable to register for an exam. Study references for the exam are available on our <a href="#">website</a>.</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.

# Washington State Credentialing Requirements

## Certified Counselor (Chapter 18.19 RCW, 246-810 WAC)

**Type of Credential:**  
Certification

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

Credentialing Requirements	Verification Documents Obtained
<p>An applicant for certified counselor must:</p> <ul style="list-style-type: none"> <li>• Have a bachelor’s degree in a counseling related field</li> <li>• Pass the Washington State Certified Counselor 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>To create an exam account:  <a href="http://www.webassessor.com/dohcounselingexam">http://www.webassessor.com/dohcounselingexam</a> and create an exam account. You will receive notification by email when your application has been approved. If an account has not been created you will be unable to register for an exam. Study references for the exam are available on our <a href="#">website</a>.</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.

# Washington State Credentialing Requirements

## Chemical Dependency Professional (Chapter 18.205 RCW, 246-811 WAC)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Education Requirement: An associate's degree in human services or related field or successful completion of 90 quarter or 60 semester college credits in courses from an approved school. See WAC 246-811-010(9)</p>	<p>Official transcript means the transcript from an approved college or school, in an envelope readily identified as having been sealed by the school. The transcript must include the degree and date posted. Transcripts not in English must have an official translation and educational evaluation.</p>
<p>Education Requirement: At least 45 quarter or 30 semester credits must be in courses relating to the chemical dependency profession and must include the topics listed in <a href="#">WAC 246-811-030</a>. Related fields include:</p> <ul style="list-style-type: none"> <li>• Understanding Addiction;</li> <li>• Pharmacological actions of alcohol and other drugs;</li> <li>• Substance abuse and addiction treatment methods;</li> <li>• Understanding addiction placement, continuing care, and discharge criteria, including American Society of Addiction Medicine (ASAM) criteria;</li> <li>• Cultural diversity including people with disabilities and its implication for treatment;</li> <li>• Chemical dependency clinical evaluation;</li> <li>• HIV/AIDS brief risk intervention for the chemically dependent;</li> <li>• Chemical dependency treatment planning;</li> <li>• Referral and use of community resources;</li> <li>• Service coordination;</li> <li>• Individual Counseling;</li> <li>• Group Counseling;</li> <li>• Chemical dependency counseling for families, couples, and significant others;</li> <li>• Client, family and community education;</li> <li>• Developmental psychology;</li> <li>• Psychopathology/abnormal psychology;</li> <li>• Documentation, to include, screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data;</li> </ul>	<p>Course topic identification form must be completed by applicant. Official transcripts verify course topic.</p> <p>If course topic does not clearly identify the course you will be asked for a course syllabus.</p>

<ul style="list-style-type: none"> <li>• Chemical dependency confidentiality;</li> <li>• Professional and ethical responsibilities;</li> <li>• Relapse prevention;</li> <li>• Adolescent chemical dependency assessment and treatment;</li> <li>• Chemical dependency case management; and</li> <li>• Chemical dependency rules and regulations.</li> </ul>	
<p>Experience Requirement:</p> <p>Number of supervision hours is based on level of formal education. This includes:</p> <ul style="list-style-type: none"> <li>• 2500 hours of chemical dependency (CD) counseling for applicants with an associate.</li> <li>• 2000 hours of CD counseling for applicants with a baccalaureate degree.</li> <li>• 1500 hours of CD counseling for applicants with a master or doctoral degree.</li> <li>• 1000 hours of CD counseling for individuals who are: <ul style="list-style-type: none"> <li>- Licensed as advanced registered nurse practitioners under <a href="#">RCW 18.79</a>.</li> <li>- Licensed as a psychologist under <a href="#">RCW 18.83</a>.</li> </ul> </li> </ul>	<p>Verification form completed by the approved supervisor. Approved supervisor requirements <a href="#">WAC 246-811-049</a>. Your supervisor must also make a statement as to his/her qualifications on a form provided by the department.</p>
<p>Licensed as a marriage and family therapists, mental health counselor, advanced social worker, or independent clinical social worker under <a href="#">RCW 18.225</a>.</p> <p>850 hours of experience including:</p> <ul style="list-style-type: none"> <li>• 200 hours of clinical evaluation</li> <li>• 100 of the 200 hours must be a face-to-face patient contact.</li> <li>• 600 hours of face-to-face counseling to include: <ul style="list-style-type: none"> <li>- Individual counseling</li> <li>- Group counseling</li> <li>- Counseling families, couples, and significant others</li> <li>- 50 hours of discussion of professional and ethical responsibilities</li> </ul> </li> </ul>	

<p>The remaining experience hours must be divided among <a href="#">WAC 246-811-047(2)(d) through (i)</a> as determined by the supervisor.</p> <p>All of the experience must be under an approved supervisor as defined by <a href="#">WAC 246-811-049</a>.</p> <p>The first fifty hours of any face-to-face patient contact must be under direct observation of an approved supervisor or a chemical dependency professional.</p> <p>Accumulation of the experience hours is not required to be consecutive.</p> <p>Supervised experience is the practice as referred to in <a href="#">RCW 18.205.090(1)(c)</a> and is the experience received under an approved supervisor. A practicum or internship taken while acquiring the degree or semester/quarter hours is applicable.</p> <p>The department will only accept experience that has been completed within seven years of the application date.</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><b>Exam Requirements:</b></p> <p>The National Association of Alcoholism and Drug Abuse Counselors (NAADAC) level 1 or higher, or the International Certification and Reciprocity Consortium (ICRC) level II or higher Exam is required for certification.</p> <p>The application and fee must be submitted to the department at least 90 days before the applicant would like to take the exam. All other documents must be submitted at least 60 days before applicants would like to take the exam.</p> <p>Please <a href="#">click here</a> to review the exam dates.</p> <p>All certification requirements must be met prior to being approved to sit for the examination.</p>	<p>Verification must be sent directly from NAADAC or ICRC, or the state in which you passed the exam. If the exam was administered as part of your education, the school must verify your scores.</p>

<p><b>Statement about:</b></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>
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**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.
- If you are certified with NAADAC or ICRC you are considered to have met:
  - The experience requirements
  - The 45 quarter or 30 semester hours of topics listed in [WAC 246-811-030\(2\)\(a\) through \(w\)](#)
  - The exam requirements.

If you have NAADAC or ICRC certification, the supervision and verification forms are not required.

Transcripts are needed to verify the additional 45 or 30 semester credits in courses covering the subject content described in [WAC 246-811-030\(2\)](#).

NAADAC or ICRC must send verification of your certification to the department.

**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 complete 40 hours of continuing education every two years. An enhancement plan is required. For more information about the enhancement plan [click here](#).

## *Washington State Credentialing Requirements*

### **Chemical Dependency Professional Trainee (Chapter 18.205 RCW, 246-811 WAC)**

**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.
<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

#### **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 certification every year on the date of issuance. The trainee credential can only be renewed four times. Chemical dependency professional trainees 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, 246-808 WAC)

**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.
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 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, 246-808 WAC)

**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.
Washington State Jurisprudence Examination	Original of the applicant's pass letter.
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>
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**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 RCW, 246-887 WAC)

**Type of Credential:**  
Registration

**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.

### 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, 246-817 WAC)

**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 registration 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, 246-815 WAC)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an American Dental Association Commission on Dental Accreditation accredited dental hygiene program.	Official transcript with degree and date posted, received directly from applicant's program.
Expanded function education training for anesthesia, nitrous oxide and restorative.	Completed expanded function education form from the applicant's ADA CODA accredited dental hygiene program or from a Secretary approved program.
Certification of successful completion of the Dental Hygiene National Board Examination.	An original scorecard sent directly from the National Board.
Clinical Examinations (basic hygiene, anesthesia, restorative)	An original scorecard sent directly from the regional testing agency.
Washington State Jurisprudence Examination	Original of the applicant's pass letter.
Work history (professional training and experience)	Must have complete listing of professional education and experience including college and a complete chronology of practice history from the date of dental hygiene school graduation to present, whether or not engaged in activities related to dental hygiene.
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 Boards 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**

An applicant seeking licensure in Washington by examination must meet the requirements listed above and successfully pass the written and practical examinations consisting of:

- a. A written examination. Only the Dental Hygiene National Board exam will be accepted;
- b. Washington State Jurisprudence Examination; and
- c. The following dental hygiene patient eval/prophy examinations:
  - i. The Western Regional Examining Boards (WREB) dental hygiene patient eval/prophy clinical and Process of Care examination as meeting its examination standard after January 1, 1995; or
  - ii. The Central Regional Dental Testing Services (CRDTS) dental hygiene patient eval/prophy clinical examination as meeting its examination standards as of November 2001; or
  - iii. The North East Regional Board (NERB) dental hygiene patient eval/prophy clinical examination as meeting its examination standard if taken and passed between the dates of January 1, 2000 to August 21, 2009.
- d. The WREB anesthesia and restorative clinical examinations.

### **Licensure by Credential**

An applicant seeking licensure in Washington by credential must meet the requirements listed above and:

- a. Be licensed in a qualifying state which is verified by the state board and
- b. Be currently in practice (within the last year).

### **Initial Limited License**

An applicant seeking an initial limited license in Washington must meet the requirements above and;

- a. Hold a valid license in another state that allows a substantively equivalent scope of practice.
- b. Be currently engaged in active practice in another state. "Active practice" means five hundred sixty hours of practice in the preceding twenty-four months.

The initial limited license is valid for 18 months and is renewable. The following is required to renew:

- a. Verification of passing scores on an approved dental hygiene patient eval/prophy examination.
- b. Verification of passing the WREB Anesthesia examination; and
- c. Verification of didactic and clinical competency in the administration of anesthesia and nitrous oxide.

Upon renewing, the expiration date will change to your birthdate.

### **Renewal Requirements**

Dental hygienists renew their license annually on or before their birthday. They are required to submit the appropriate fee and attest to completion of 15 hours of continuing education with each renewal cycle. They must maintain a current Cardio-Pulmonary Resuscitation (CPR) card as part of this requirement. The dental rules require the hygienist to hold a current and valid health care provider Basic Life Support (BLS) certification. Refer to WAC 246-815-140, 246-12(7) and 246-817-720 for more information. Please keep your address updated to receive courtesy renewal notices.

### **Avoid an expired license**

Do not let your license expire. You must make sure we have your renewal before it expired. Otherwise, you will not be allowed to practice. A timely postmark on your renewal will not prevent an expired license. Renewals sent by mail take about two weeks to process.

## Washington State Credentialing Requirements

### Dentist (Chapter 18.32 RCW, 246-817 WAC)

**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.
Washington State Jurisprudence Examination	Original of the applicant's pass letter.
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 Dental Jurisprudence exam is required. A passing score is 100 percent. It is available on-line 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)
- 2X2 photo, signed and dated.

## **Licensure by Examination**

An applicant seeking licensure in Washington by examination, must successfully pass a written and practical examination approved by the DQAC consisting of:

- a. A written examination. Only the national board exam will be accepted; and
- b. A practical/practice examination.
  - iii. The DQAC will accept the Western Regional Examining Board's (WREB) clinical examination as meeting its examination standard after January 1, 1995; or
  - iv. The DQAC accepts the Central Regional Dental Testing Services (CRDTS) clinical examination as meeting its examination standard as of November 2001; or
  - v. The DQAC 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; or
  - vi. 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
  - vii. The DQAC will consider acceptance of the examination results of those states with individual state board examinations after September 30, 2006.

The results of the WREB/CRDTS/NERB/SRTA examinations will be accepted for five years immediately preceding application for state licensure.

Applications for the examination should be requested directly from one of the following:

WREB at 602.944.3315

CRDTS at 785.273.0380

NERB at 301.563.3300 ext. 227

SRTA at 757.428.1003

## **Licensure without Examination (LWOE)**

The DQAC may grant licensure without an examination to dentists licensed in other states if they meet the requirements of RCW 18.32.215 and WAC 246-817-110. The applicant is responsible for obtaining and furnishing to the DQAC all materials required to establish eligibility for a license without examination. In addition to the requirements defined in WAC 246-817-110 the following documentation must be provided:

1. Hold a valid license in another state; and
  - A certification by the state board(s) of dentistry (or equivalent authority) that the applicant was issued a license, registration, certificate or privilege to practice dentistry, without restrictions, and whether the applicant has been the subject of final or pending disciplinary action.
2. Are currently engaged in the practice of dentistry in another state; and
  - Proof that the applicant is currently engaged in the practice of dentistry, in another state as demonstrated by the following information:

- a. Address of practice location(s);
- b. Length of time at the location(s);
- c. A letter from all malpractice insurance carrier(s) defining years when insured and any claims history;
- d. Federal or state tax numbers;
- e. DEA numbers if any;.

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 (e) of this subsection, 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.

Dentists employed by a dental school approved by the DQAC for the period of such dental practice, need not provide (a) through (e) of this subsection, but 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. Dental practice within a residency program shall be credited toward the dental practice requirement. A license may be revoked upon evidence of misinformation or substantial omission.

3. Are a graduate of a dental college, school, or dental department of an institution approved by the DQAC under RCW 18.32.040(1);
4. Documentation to substantiate that standards defined in WAC 246-817-140 have been met.
  - The DQAC has determined that the licensing and examination standards of all regional testing agencies, as defined in WAC 246-817-010, and all states with independent licensing examinations are adequate to meet the standards for licensure without examination in the state of Washington.

#### **Anesthesia / Sedation Permits**

A permit is required to administer moderate sedation, moderate sedation with parenteral agents, and general anesthesia/deep sedation. WACs 246-817-755, 760, and 770 govern permit requirements.

#### **Renewal Requirements**

Dentists must renew their license 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. Refer to WAC 246-817-440 and 246-12 (7) for more information. Please keep your address updated to receive courtesy renewal notices.

#### **Avoid an expired license**

Do not let your license expire. You must make sure we have your renewal before it expires. Otherwise, you will not be allowed to practice. A timely postmark on your renewal will not prevent an expired license. Renewals sent by mail take about two weeks to process.



## *Washington State Credentialing Requirements*

### **Denturist (Chapter 18.30 RCW, 246-812 WAC)**

**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 at an educational institution recognized by the board.	Official transcript with degree and date posted, received directly from applicant's program.
Written and Clinical Examinations	Passage of the board administered written and clinical examinations.
Or	
Certification of successful completion of a written and clinical examination recognized by the board.	Verification of scores sent from the state agency. The board currently accepts the examinations from Maine and Oregon.
Work history (professional training and experience)	Must have complete listing of professional education and experience including college or university, and a complete chronology of practice history. Include all time periods whether or not engaged in activities related to the practice of denture technology.
Verification of state licensure in a state with substantially equivalent standards as Washington.	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**

Denturists must renew their license annually on or before their birthday. They are required to submit the appropriate fee and renewal card. Denturists are required to verify 30 clock hours of continuing competency every two years. Refer to WAC 246-812-020 and WAC 246-12(n) for more information. Please keep your address updated to receive courtesy renewal notices.

### **Avoid an expired license**

Do not let your license expire. You must make sure we have your renewal before it expires. Otherwise, you will not be allowed to practice. A timely postmark on your renewal will not prevent an expired license. Renewal sent by mail take about two weeks to process.

### **Reminder:**

If you have an alternate location license, you will also need to send in the renewal notice for it. Otherwise, the alternate location license will not be updated.

## *Washington State Credentialing Requirements*

### **Dietitian and Nutritionist (Chapter 18.138 RCW, 246-822 WAC)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Dietitian: Baccalaureate degree or higher in major course of study in human nutrition, foods and nutrition, dietetics, or food management.	Official transcript and date posted, received directly from applicant's program. Transcripts not in English must have an official translation.
Evidence of completion of a continuous preprofessional experience or coordinated undergraduate program in dietetics under the supervision of a qualified supervisor.	Official transcripts showing completion of 900 hours of supervised competency based practice in the field of dietetics accumulated over a maximum of 36-months.
Written examination	Verification of current registration status with the commission of Dietetic Registration.
Nutritionist: Meet the requirements for dietitian	Documentation that the applicant meets the requirements for dietitians as listed above.
Or Masters or doctorate degree in one of the following subject areas: human nutrition, nutrition education, foods and nutrition, or public health nutrition.	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.
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

**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**

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. Please keep your address updated to receive courtesy renewal notices.

**Avoid an expired license**

Do not let your license expire. You must make sure we have your renewal before it expires. Otherwise, you will not be allowed to practice. A timely postmark on your renewal will not prevent an expired license. Renewal sent by mail take about two weeks to process.

## *Washington State Credentialing Requirements*

### **Dispensing Optician (Chapter 18.34 RCW, 246-824 WAC)**

**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 Apprentice (Chapter 18.34 RCW, 246-824 WAC)**

**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 apprentice registration is valid for six years from the first or initial registration date.



## *Washington State Credentialing Requirements*

### **East Asian Medicine Practitioner (Chapter 18.06 RCW, 246-803 WAC)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a ACAOM accredited school, department approved school or department approved apprenticeship.	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.
Certification of successful completion of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination.	Certified copy of the passing scores for the Foundations of Oriental Medicine, Acupuncture with Point Location and Biomedicine modules.
Clean needle technique	Verification of having taken the Council of Colleges of Acupuncture and Oriental Medicine clean needle technique course.
Cardio Pulmonary Resuscitation (CPR)	Copy of the front and back of the applicant's current CPR card.
Background information form	Must complete the background information form. List out all Basic Science courses and all East Asian medicine science courses that are being claimed to meet the education.
Work history (professional training and 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 East Asian medicine (acupuncture) school graduation to present, whether or not engaged in activities related to East Asian medicine.
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>
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**Additional Information/Documents Required**

- HIV/AIDS training - seven hours
- An attestation stating that the applicant will submit a plan for consultation, emergency transfer and referral prior to practicing.

**Licensing Requirements**

1. Minimum of two academic years training in Basic Sciences. This must equal a minimum of 45 credits or 450 hours. The mandatory courses are:
  - a. Anatomy;
  - b. Physiology;
  - c. Microbiology;
  - d. Biochemistry;
  - e. Survey of western clinical sciences; and
  - f. Hygiene
2. East Asian medicine science courses that must equal a minimum of 75 credits or 750 hours. The mandatory courses are:
  - a. Fundamental principles;
  - b. Diagnosis;
  - c. Pathology;
  - d. Therapeutics;
  - e. Meridians/vessels and points; and
  - f. Techniques, including electro-acupuncture.
3. Clinical training that consists of a minimum of 500 hours of supervised clinical training to include no more than 100 hours of observation which includes case presentation and discussion. At least 400 hours must be patient treatment.

**Foreign Trained**

An applicant seeking licensure in Washington who is foreign trained must:

1. Have at least a bachelor’s or master’s degree in East Asian medicine or acupuncture from an institution of higher learning which is approved by the foreign country’s ministry of education/health, or other governmental entity;
2. Have graduated from a program of East Asian medicine or acupuncture education with requirements substantially equal to those required of graduates of secretary-approved programs;

3. Demonstrate fluency in reading, speaking, and understanding the English language by taking the required NCCAOM examinations in English or by passage of the test of English as a foreign language (TOEFL) internet-based (IBT) examinations. The scores on the TOEFL IBT must be at least:
  - a. 24 on the writing section;
  - b. 26 on the speaking section;
  - c. 21 on the reading section; and
  - d. 18 on the listening comprehension section.
4. The department recognizes the American Association of Collegiate Registrars and Admissions Officers (AACRAO) for a credentialing evaluation report. Have the report sent directly to the department. Submit transcripts, fees, and other documentation to a department approved credentialing service and they will send directly to the department; and
5. Meet all of the requirements listed above.

### **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**

East Asian medicine practitioners (Licensed Acupuncturists) must renew their license annually on or before their birthday. They are required to submit the appropriate fee, renewal card and completed Plan for Consultation, Emergency Transfer and Referral Card with each renewal cycle. Refer to WAC 246-803-330 for more information. Please keep your address updated to receive courtesy renewal notices.

### **Avoid an expired license**

Do not let your license expire. You must make sure we have your renewal before it expires. Otherwise, you will not be allowed to practice. A timely postmark on your renewal will not prevent an expired license. Renewal sent by mail take about two weeks to process.



## Washington State Credentialing Requirements

### Emergency Medical Technician (Chapter 18.73 RCW, 246-976 WAC)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Successful completion of Department approved Emergency Medical Technician (EMT) Course.	Initial Course Completion Certificate issued by the training program.
Work history (professional training and experience)	<ol style="list-style-type: none"> <li>1. Applicants are required to be associated with one of the following:                             <ul style="list-style-type: none"> <li>• An EMS agency licensed by the Department of Health (aid or ambulance service);</li> <li>• A Law Enforcement Agency;</li> <li>• Business with an organized industrial safety team;</li> <li>• Senior EMS Instructors or coordinators teaching at department approved EMS training programs who are unable to be associated with approved agencies above.</li> </ul> </li> <li>2. Applicants must be recommended for certification by the Physician Medical Program Director (MPD) of the county in which the applicant will be working.</li> <li>3. Applicant must possess a High School Diploma or GED.</li> </ol>
<ul style="list-style-type: none"> <li>• State licensure verification</li> </ul>	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 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.
- Proof of age; must be 18 years of age or older to be certified. (WAC 246-976-141)
- Successful completion of the EMT certification examination including written and practical skills exams.

Examination is developed and administered by the National Registry of EMT's (NREMT). Applicant provides proof of successful completion of the NREMT exam. (WAC 246-976-141)

**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**

Emergency medical technicians must renew their license every three years, coinciding with their supervisory EMS agency licensure month. The licensee must satisfy continuing education requirements for recertification including knowledge and skills competency. There are no fees charged for recertification of the EMS credential.

## Washington State Credentialing Requirements

### Expanded Function Dental Auxiliary (Chapter 18.260 RCW, 246-817 WAC)

**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), certification through PathwayII, and a separate dental assisting review course; 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>• Verification of dental assisting review course.</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>Certificate of completion, or official school transcript, from an approved program. Approved programs are listed at: <a href="http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Dentist/SchoolApproval.aspx">http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Dentist/SchoolApproval.aspx</a></p>
<p>Pass the written and clinical examinations in restorations approved by the commission.</p>	<p>Applicants must apply directly to DANB and WREB to take the examinations.</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 for EFDA licensure 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. Continuing education is not required for renewal.

## *Washington State Credentialing Requirements*

### **First Responder/Emergency Medical Responder (Chapter 18.73 RCW, 246-976 WAC)**

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Successful completion of Department approved first responder course.	Initial Course Completion Certificate issued by the training program.
Work history (professional training and experience)	<p>No professional work experience required. Applicants are required to be associated with one of the following:</p> <ul style="list-style-type: none"> <li>An EMS agency licensed by the Department of Health (aid or ambulance service);</li> <li>A Law Enforcement Agency;</li> <li>Business with an organized industrial safety team;</li> <li>Senior EMS Instructors or training coordinators of department approved EMS training programs.</li> </ul> <p>Applicants must also be recommended for certification by the Physician Medical Program Director (MPD) of the County in which the applicant will be working.</p>
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 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.
- Successful completion of the First Responder certification examination including written and practical skills exams. Examination is developed and administered by the National Registry of EMT's (NREMT). Applicant provides proof of successful completion of the NREMT exam.

### **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**

First responders must renew their license every three years, coinciding with their supervisory EMS agency licensure month. The licensee must satisfy continuing education requirements for re-certification including knowledge and skills competency.

## *Washington State Credentialing Requirements*

### **Genetic Counselor (Chapter 18.290 RCW, 246-825 WAC)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an ABGC or ABMG accredited 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 and experience)	Must have complete chronology from graduation 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.
<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
- Successfully passed national examination - score verified from appropriate jurisdiction
- Collaborative agreement – to order laboratory tests or recommend other evaluations regarding hereditary or carrier conditions, a genetic counselor must have a collaborative agreement with a physician (MD or DO). Such agreements must be signed by both practitioners and re-evaluated every two years.

### **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**

Genetic counselors must renew their registration every year on or before their birthday. Seventy-five continuing education hours are required every three years following the first license 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.</p>	<p>Official transcripts and a course outline showing completion of the course information outlined below:</p> <p><b>Category A:</b> To perform venous and capillary invasive procedures for blood withdrawal; administration of oral, topical, and nasal vaccines.  <b>Education:</b> High school education or its equivalent. No additional education is required.</p> <p><b>Category B:</b> To perform arterial invasive procedures for blood withdrawal; administration of oral, topical, and nasal vaccines.  <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:</b> To perform intradermal (including skin tests), subcutaneous, and intramuscular injections for diagnostic agents; administration of oral, topical, and nasal vaccines and approved drugs restricted to topical, rectal, otic, ophthalmic, or inhaled routes.  <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:</b> To perform intravenous injections for diagnostic agents; administration of oral, topical, and nasal vaccines.  <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 style="text-align: right;">Categories continued on next page:</p>

	<p><b>Category E:</b> To perform intradermal (including skin tests), subcutaneous, and intramuscular injections for therapeutic agents; administration of oral, topical, and nasal vaccines and approved drugs restricted to topical, rectal, otic, ophthalmic, or inhaled routes.</p> <p><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:</b> To perform intravenous injections for therapeutic agents; administration of oral, topical, and nasal vaccines.</p> <p><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>

Medication and Diagnostic Agent List – Categories A, B, C, D, E, F, G	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.
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 - 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, 246-828 WAC)**

**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 a program approved by the Board of Hearing and Speech.	Official transcript with degree and date posted, received directly from applicant's program.
Bonding requirement	Applicant attests that a surety bond covers them, and provides the bond number, surety company and agent's name.
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 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 and bond card. Completion of 30 hours of continuing education is required every three years.

## *Washington State Credentialing Requirements*

### **Home Care Aide (Chapter 18.88B RCW, 246-980 WAC)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Successful completion of a 75 hours of training through a program approved by the Department of Social and Health Services.	Training certificate.
Successfully passing the Washington State home care aide examination.	Prometric, the contracted exam vendor, will send exam results directly to 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.
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>• history of action by Department of Social and Health Services</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.
Background check	If the applicant is already working as a long-term care giver, they must have a fingerprint background check done through Department of Social and Health Services (DSHS). DSHS will provide results directly to the Department of Health.

**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**

Home Care Aides must renew their certification on or before their birthday each year. They are required to complete 12 hours of continuing education each year. The continuing education must be approved by the Department of Social and Health Services. The home care aide must certify that they have completed the required continued education with their renewal. The Department of Health may audit them later and require them to send verification that they have completed continued education at that time.

# Washington State Credentialing Requirements

## Hypnotherapist (Chapter 18.19 RCW, 246-810 WAC)

**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.
<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

### 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, 246-840 WAC)**

**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 the school of nursing. Transcripts can be received from another state board if education must be verified for applicants licensing by endorsement.
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. Applicant must get verification whether their 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.
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 manager approves all applications. If there is an application with a positive answer on the personal data questions, or is questionable, that application may become a “red flag” application. 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. A continuing competency program is in place requiring 531 practice hours and 45 continuing education hours every three years.



# Washington State Credentialing Requirements

## Marriage and Family Therapist (Chapter 18.225 RCW, 246-809 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p><b>Educational Requirements:</b> A master's or doctoral degree in marriage and family therapy, or behavioral science master's or doctoral degree with equivalent course work from an approved school. Applicants must meet the program equivalency requirements. <a href="#">WAC 246-809-121</a> lists the program equivalency requirements.</p> <p>Applicants who have obtained the American Association for Marriage and Family Therapy (AAMFT) clinical membership status are considered to have met the educational requirements for licensure.</p>	<p>Official transcript with degree and date posted, received directly from applicant's program.</p> <p>If the course title does not clearly relate to courses listed in rule, you will be asked to show a course syllabus.</p> <p>Transcripts not in English must have an official translation.</p> <p>If applying through the AAMFT clinical status, verification must be from the AAMFT directly to the department.</p>
<p>Completion of 36 hours of continuing education, of the 36 hours at least six must be in professional ethics.</p>	<p>Applicants must attest that they have met this requirement on the application.</p>
<p><b>Educational Requirements:</b> A total of 45 semester hours or 60 quarter credits are required in all nine areas of study. At least 27 semester credits or 36 quarter credits are required in the first five areas of study:</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>	<p>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>

<p>A minimum of two calendar years of full-time marriage and family therapy, and at least 3000 hours of experience, 1000 hours of which must be direct client contact. At least 500 hours must be gained in diagnosing and treating couples and families; and</p> <p>At least 200 hours of qualified supervision with a supervisor. At least 100 of the 200 hours must be one-on-one supervision, and the remaining hours may be in one-on-one or group supervision.</p> <ul style="list-style-type: none"> <li>• Of the total supervision, 100 hours must be with a licensed marriage and family therapist (LMFT) with at least five years clinical experience.</li> <li>• The other 100 hours may be with a equally qualified licensed mental health practitioner.</li> </ul> <p>Those who have completed a master’s program accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy (COAMFTE) will be credited with 500 hours of direct client contact and 100 hours of formal meetings with an approved supervisor.</p>	<p>Verification of post-graduate supervised experience must be verified by an approved supervisor, on forms provided by the department.</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>Exam:</p> <p>The association of Marital and Family Therapy Regulatory Boards (AMFTRB) Exam is required. The Department of Health will approve applicants to sit for the exam, after approving the applicants education and experience.</p> <p>Applicants are not approved to take the examination, until they have completed the educational and supervisory components needed for licensure. Once these components have been met, the department will approve the applicant for the exam.</p>	<p>Verification sent directly from the testing company.</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>
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**Additional Information/Documents Required**

- HIV/AIDS training - four hours
- If already taken the AMFTRB examination, 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, 246-809 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p><b>Requirements:</b> A master's or doctoral degree in marriage and family therapy, or behavioral science master's or doctoral degree with equivalent course work from an approved school. Applicants must meet the program equivalency requirements. <a href="#">WAC 246-809-121</a> lists the program equivalency requirements.</p>	<p>Official transcripts with degree and date posted, received directly from the applicant's programs. Transcripts not in English must have an official translation.</p>
<p><b>Educational Requirements:</b> A total of 45 semester hours or 60 quarter credits are required in all nine areas of study. At least 27 semester credits or 36 quarter credits are required in the first five areas of study:</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>	<p>Subject content form to be completed by applicant. Official graduate school transcripts verify course completion and content.</p> <p>If the course title does not clearly relate to the course as listed in rule, you will be asked for a course syllabus.</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>
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**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, 246-830 WAC)**

**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</p> <p>–and–</p> <p>Successful completion of National Exam</p>	<p>Verification of Completion form stamped with the Program’s Department of Health issued stamp received directly from the approved education program.</p> <p>Official Exam report from the NCBTMB or FSMTB</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 or verification from an approved education 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**

Massage practitioners must renew their license every year on or before their birthday. Twenty-four 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, 246-809 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>A master's or doctoral degree in mental health counseling or a behavioral science master's or doctoral degree in a field relating to mental health counseling.</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>Behavioral science in a field relating to mental health counseling includes a core of study relating to counseling theory and counseling philosophy.</p> <p>Either a counseling practicum, or a counseling internship, or both, must be included in the core of study. Exclusive use of an internship or practicum used for qualification must have incorporated supervised direct client contact.</p> <p>This core of study must include seven content areas from the entire list in subsections (1) through (17) of this section, five of which must be from content areas in subsections (1) through (8) of this subsection:</p> <ul style="list-style-type: none"> <li>• Assessment/diagnosis</li> <li>• Ethics/law</li> <li>• Counseling individuals</li> <li>• Counseling groups</li> <li>• Counseling couples and families</li> <li>• Developmental psychology (may be child adolescent, adult or life span).</li> <li>• Psychopathology/abnormal psychology</li> <li>• Research and evaluation</li> <li>• Career development counseling</li> <li>• Multicultural concerns</li> <li>• Substance/chemical abuse</li> <li>• Physiological psychology</li> <li>• Organizational psychology</li> <li>• Mental health consultation</li> <li>• Developmentally disabled persons</li> <li>• Abusive relationships</li> <li>• Chronically mentally ill</li> </ul>	<p>Subject content form to be completed by applicant.</p> <p>Official graduate school transcripts verify course content.</p> <p>If the course title is not clear, you will be asked to provide a course syllabus.</p>

<p>Minimum of 36 months of full-time counseling or 3000 hours of postgraduate mental health counseling under the supervision of an approved licensed mental health counselor or equally qualified licensed mental health practitioner in an approved setting.</p> <p>At least 100 hours must be in immediate supervision with an approved licensed mental health counselor or equally qualified licensed mental health practitioner.</p> <p>At least 1200 hours must be direct counseling with individuals, couples, groups, or families.</p>	<p>Verification form completed by the supervisor. Supervisor must also make a statement as to his/her qualifications.</p>
<p>Completion of 36 hours of continuing education, six of which is in professional law and ethics.</p>	<p>Applicants must attest that they have met this requirement on the 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><b>Exam:</b></p> <p>Either of the following National Board of Certified Counselors (NBCC) exams are accepted.</p> <ul style="list-style-type: none"> <li>• National Counselor Exam (NCE).</li> <li>• National Clinical Mental Health Counselor Exam (NCMHCE).</li> </ul>	<p>Applicants registered to take the exam directly through the National Board of Certified Counselors (NBCC).</p> <p>The National Counselor Examination (NCE) and the National Clinical Mental Health Counselor Examination (NCMHCE) are accepted for licensure in Washington State.</p> <p>NBCC Registration form.</p> <p>If you have questions regarding the exam registration process, please contact NBCC at <a href="http://www.nbcc.org">www.nbcc.org</a>.</p> <p>After passing the exam, each applicant must have their exam scores sent directly from NBCC.</p> <p>If you require special accommodations to take the exam, please access the following for the process and forms required <a href="http://www.nbcc.org/Exams/Accomodations">http://www.nbcc.org/Exams/Accomodations</a></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>
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**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, 246-809 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>A master's or doctoral degree in mental health counseling or a behavioral science master's or doctoral degree in a field relating to mental health counseling.</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>Behavioral science in a field relating to mental health counseling includes a core of study relating to counseling theory and counseling philosophy.</p> <p>Either a counseling practicum, or a counseling internship, or both, must be included in the core of study. Exclusive use of an internship or practicum used for qualification must have incorporated supervised direct client contact.</p> <p>This core of study must include seven content areas from the entire list in subsections (1) through (17) of this section, five of which must be from content areas in subsections (1) through (8) of this subsection:</p> <ul style="list-style-type: none"> <li>• Assessment/diagnosis</li> <li>• Ethics/law</li> <li>• Counseling individuals</li> <li>• Counseling groups</li> <li>• Counseling couples and families</li> <li>• Developmental psychology (may be child adolescent, adult or life span).</li> <li>• Psychopathology/abnormal psychology</li> <li>• Research and evaluation</li> <li>• Career development counseling</li> <li>• Multicultural concerns</li> <li>• Substance/chemical abuse</li> <li>• Physiological psychology</li> <li>• Organizational psychology</li> <li>• Mental health consultation</li> <li>• Developmentally disabled persons</li> <li>• Abusive relationships</li> <li>• Chronically mentally ill</li> </ul>	<p>Subject content form to be completed by applicant. Official graduate school transcripts verify course completion and content.</p> <p>If the course title is not clear, you will be asked to provide a course syllabus.</p>

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**

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, 246-834 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
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	Official transcript with date midwifery certificate was issued received directly from the Midwifery School.  Foreign graduates, out-of-state 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.
Work history	Must have complete chronology from receipt of midwifery degree.
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 pass both the national and state 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, 246-836 WAC)

**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 and 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 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. 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, 246-841 WAC)

**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 may meet our requirements.	Training certificate.
Applicants must pass the competency exam.	The Examination results will be sent directly to the Department of Health.
Work History (professional training and 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.
<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>• history of action by Department of Social and Health Services</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 is included as part of the NAC training.

**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 - 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, 246-841 WAC)

**Type of Credential:**

Registered

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<ul style="list-style-type: none"><li>• 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></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.

**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, 246-843 WAC)

**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 Administrator - in - Training (AIT) program required for initial licensure	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. The AIT program is at least 1,500 hours. An AIT program with a lower amount of hours, or exemption from the AIT program, may be granted based on specific experience or training of the applicant. 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. Graduates from NAB approved programs are exempt from AIT requirements.
Pass NAB Exam	Scores obtained directly from NAB.
State licensure verification 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 - four hours
- If national examination (NAB) was taken in another state, the passing score must be verified directly from NAB.

**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, 246-845 WAC)

**Type of Credential:**  
Registration

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

Credentialing Requirements	Verification Documents Obtained
<ul style="list-style-type: none"> <li>Indicate kind of business</li> <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, 246-840 WAC)

**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 education	List education preparation.
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. The recommendation is based upon the requirements outlined in RCW 18.19 & WAC 246-810. Credentialing manager approves all applications. If there is an application with a positive answer on the personal data questions, or is questionable, that application may become a “red flag” application. 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 30 days from the date of registration to the date of graduation. Registrations will 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, 246-847 WAC)**

**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.
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 obtain a passing score on the National Board for Certification in Occupational Therapy's (NBCOT) exam.
- Applicants must complete the online Washington State Jurisprudence Examination and pass with a score of 100%.

**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 Therapy Assistant (Chapter 18.59 RCW, 246-847 WAC)**

**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 two 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.
<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
- Applicants must attain a passing score on the National Board for Certification in Occupational Therapy's (NBCOT) exam.
- Applicants must complete the online Washington State Jurisprudence Examination and pass with a score of 100%.

### **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 therapy 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, 246-849 WAC)**

**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 Washington State Ocularist Examination.	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, 246-849 WAC)

**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.
<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

### 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. This license is non-renewable.



## Washington State Credentialing Requirements

### Optometrist (Chapter 18.53 and 18.54 RCW, 246-851 WAC )

**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. Applicants must provide official form from school verifying required training for diagnostic, therapeutic and oral prescription of drugs and training in the injection of epinephrine for anaphylactic shock.
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.
<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
- 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, 246-850 WAC)**

**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.
Three professional references. One must be from a physician	Each reference must complete reference form.

### **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. 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, 246-853 WAC)**

**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.
Complete an examination approved by the board.	<p>Verification of completion of one of the following examinations:</p> <ul style="list-style-type: none"> <li>• Parts I, II, and III of the National Board of Osteopathic Medical Examiners (NBOME);</li> <li>• 1,2,and 3 of the comprehensive Osteopathic Medical Licensing Examination (COMLEX); or</li> <li>• The combination of the Washington State Osteopathic Principles and Practices examination (OP&amp;P) and:               <ul style="list-style-type: none"> <li>- FLEX prior to June 1985;</li> <li>- FLEX I and FLEX II; or</li> <li>- USMLE 1,2,and 3.</li> </ul> </li> </ul>
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 and 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>
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**Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Successfully passed examination (NBOME, COMLEX, or USMLE/FLEX with the Washington 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 (FCVS). The FCVS will collect core documents (school, post-graduate training, exam scores, and federation clearance) and the board will accept certification from FCVS 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, 246-854 WAC)**

**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 (NCCPA).
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. 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

## Paramedics (Chapter 18.71 RCW, 246-976 WAC)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Successful completion of Department Approved Paramedic Training Course. Applicants who graduated from Paramedic training after June 30, 1996 are required to have graduated from a Paramedic training program that is accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).	Course Completion Certificate issued by the Training Program.
Work history (professional training and experience)	<ol style="list-style-type: none"> <li>1. Applicants must be associated with one of the following: <ul style="list-style-type: none"> <li>• An EMS agency licensed by the Department of Health (aid or ambulance service);</li> <li>• A Law Enforcement Agency;</li> <li>• Business with an organized industrial safety team;</li> <li>• Senior EMS Instructors or coordinators teaching at department approved EMS training programs who are unable to be associated with approved agencies above.</li> </ul> </li> <li>2. Applicants must be recommended for certification by the Physician Medical Program Director (MPD) of the County in which the applicant will be working.</li> <li>3. Applicant must possess a High School Diploma or GED.</li> </ol>
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>
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**Additional Information/Documents Required**

- HIV/AIDS training – seven hours
- Proof of age; must be 18 years of age or older to be certified
- Successful completion of the Paramedic certification examination including written and practical skills exams. Examination is developed and administered by the National Registry of EMT’s (NREMT). Applicant provides proof of successful completion of the NREMT exam. (WAC 246-976-141)

**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**

Paramedics must renew their license every three years, coinciding with their supervisory EMS agency licensure month. Paramedics must satisfy continuing education requirements for re-certification including knowledge and skills competency. Paramedics may be required to successfully complete a protocol and skills knowledge assessment developed and administered by the Physician Medical Program Director of the County in which the applicant is working. There are no fees charged for recertification of the EMS credential. (WAC 246-976-144 & WAC 246-976-161)

## *Washington State Credentialing Requirements*

### **Pharmacies and Other Pharmaceutical Firms (Chapter 18.64 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 federal drug enforcement administration (DEA) registration, 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 that 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 (WAC 246-288)
- Drug Dog Handlers Registration (WAC 246-887)
- Drug Fish and Wildlife Registration\*\* (WAC 246-887)
- Drug Precursor Registration (RCW 69-43\* and WAC 246-889)
- Health Care Entity (WAC 246-904)
- Itinerant Vendor or Peddler
- Legend Drug Sample Distribution (RCW 69.45)
- Nonresident Pharmacy License
  - With or without controlled substance
- Other Controlled Substance Registration (WAC 246-887-200)
  - Analytical Lab
  - Methadone Treatment Facility
  - School Laboratories
- Pharmaceutical Manufacturer License (WAC 246-895 and WAC 246-879)
  - With or without controlled substance
- Pharmaceutical Wholesaler License (WAC 246-879)
  - With or without controlled substance
  - Over-the-counter Drugs
  - Export
  - Non-profit Export
  - Reverse Distributors
  - Non-Resident
- Pharmacy License\* (WAC 246-869)
  - With or without controlled substance
  - Jail
  - Nuclear (WAC 246-903)
  - Long-term care (WAC 246-865)
  - Parenteral (WAC 246-871)
  - Hospital (WAC 246-873)
- Poison Distributor (RCW 69.38)
- Poison Manufacturer (RCW 69.38)

### **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**

\* Pharmacies must renew annually on or before May 31 of each year. All other pharmaceutical firms must renew annually on or before September 30 of each year.

\*\*Drug Fish and Wildlife registration is issued exclusively to the Washington State Department of Fish and Wildlife (WDFW). This registration is issued for five years and must be renewed on or before September 30 on the fifth year.



## Washington State Credentialing Requirements

### Pharmacist

**(Chapter 18.64 RCW, and 246-863 and 246-861 WAC)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p><b>New ACPE graduate and all other applicants</b> The following requirements apply to all methods of licensure</p>	
Application and supporting documents	Completed application signed by the applicant.
Work history (professional training and 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 activities related to pharmacy.
North American Pharmacy Licensure Examination & Multistate Jurisprudence Examination	Exams administered by the National Association of Boards of Pharmacy
HIV/AIDS training	Attest to seven hours of HIV/AIDS education
<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> <p>All past and current credentials, licenses, certifications, or registrations must be verifiable via the internet or a verification form is required. The verification form is included in each application packet.</p>
<p><b>• Additional Requirements by Application Type</b></p>	
ACPE Graduate	<ul style="list-style-type: none"> <li>• Official transcript sent directly from the Accreditation Council for Pharmacy Education (ACPE) accredited school or college of pharmacy (proof of graduation).</li> <li>• Certification of 1500 Internship hours</li> <li>• Preceptor evaluation form (Washington State Students only)</li> <li>• Intern site evaluation report form (Washington State Students only)</li> </ul>

License Transfer/Reciprocity only	<ul style="list-style-type: none"> <li>• Official NABP application - Must transfer licensure through pharmacy national clearinghouse to which all states and territories submit disciplinary actions.</li> </ul> <p>Note: applicants for license transfer originally licensed in California or Florida prior to January 2004 and Florida prior to November 2001 that have not sat for the NAPLEX must take and pass the NAPLEX before a WA license is issued.</p>
Licensure by Score Transfer only	<ul style="list-style-type: none"> <li>• Official transcript sent directly from the Accreditation Council for Pharmacy Education (ACPE) accredited school or college of pharmacy (proof of graduation).</li> <li>• NABP score transfer report</li> <li>• Certification of 1500 Internship hours</li> <li>• Preceptor evaluation form</li> <li>• Intern site evaluation report form</li> </ul>
Foreign Graduate	<ul style="list-style-type: none"> <li>• All non-English documents must be translated before sending copies to the department.</li> <li>• Copy of diploma</li> <li>• FPGEE – Foreign Pharmacy Graduate Equivalency Exam score letter</li> <li>• FPGEE - Foreign Pharmacy Graduate Equivalency Committee Certificate</li> <li>• TOEFL iBT – Test of English as a Foreign Language</li> <li>• FPGEE score determines number of Internship hours required up to 1500. (Reciprocity and score transfer applicants must provide verification of internship hours from the state board of pharmacy.</li> <li>• Preceptor evaluation form (may be required if applying by reciprocity or score transfer and intern hours are completed in Washington State).</li> <li>• Intern site evaluation report form (may be required if applying by reciprocity or score transfer and intern hours are completed in Washington State).</li> </ul>

### **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, 246-901 WAC)

**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 RCW, 246-858 WAC)

**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 - Foreign Pharmacy Graduate Equivalency Exam score letter
- FPGEE - Foreign Pharmacy Graduate Equivalency Committee Certificate
- TOEFL iBT - Test of English as a Foreign Language



# Washington State Credentialing Requirements

## Pharmacy Technician (Chapter 18.64A RCW, 246-901 WAC)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from, or completion of, a Board of Pharmacy approved technician training program	Completed application signed by applicant and related affidavit(s) properly signed documenting satisfactory completion of a board-approved program.  Note: Training and education completed out-of-state must be recognized by the board as equivalent to the training received by a pharmacy technician trained in Washington.
Pharmacy law study	Affidavit of eight hours of pharmacy law study.
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 Pharmacy Technicians or Foreign Medical or Pharmacy School Graduates for whom English is not the primary language:**

- TOEFL iBT - Test of English as a Foreign Language
- 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 documentation of training and education. All out-of-state training and education must be approved by the board as being equivalent to pharmacy technician training in Washington State.

## *Washington State Credentialing Requirements*

### **Physical Therapist (Chapter 18.74 RCW, 246-915 WAC)**

**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 physical therapy degree to the date of application. All time breaks of 30 days or more must be accounted for.
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. 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.

## *Washington State Credentialing Requirements*

### **Physical Therapist Assistant (Chapter 18.74 RCW, 246-915 WAC)**

**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.
<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
- 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, 246-919 WAC)**

**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 The 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>
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### **Additional Information/Documents Required**

- HIV/AIDS training - four hours - Documentation not required
- Successfully passed examination (FLEX, USMLE, National Board Examination, or state examination if licensed prior to 1985) - scores verified from appropriate organization/agency
- AMA Physician Profile, department staff will obtain.
- Federation of State Medical Boards verification, department staff will obtain.
- 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 one year old from the date of application must be re-verified.
- The licensing 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 who have not worked 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 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, 246-918 WAC)**

**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 - Documentation not required
- Federation of State Medical Boards verification, that will be obtained by department staff.
- 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 one year old from the date of application must be re-verified.
- The licensing 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 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 licensing 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.
- A medical consultant reviews practice plans where the sponsoring or supervising physician is currently sponsoring or supervising three or more physician assistants, and remote site requests. 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**

A practice plan allows the certified or non-certified physician assistant to prescribe, order, administer and dispense legend drugs and Schedule II-V controlled substances. If a supervising or alternate physician’s prescribing privileges are restricted, the physician assistant will be deemed similarly restricted.

## **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, 246-922 WAC)**

**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, 246-924 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Completion of a doctoral degree from a regionally accredited institution. The doctoral degree program must include:</p> <ul style="list-style-type: none"> <li>• At least 40 semester hours, or 60 quarter hours, of graduate courses in curriculum areas described in <a href="#">WAC 246-924-046</a>. Courses must be clearly identified by title and course content as being part of an integrated psychology program.</li> <li>• One year in residency.</li> <li>• Submission of an original dissertation which is psychological in nature and endorsed by the program; and</li> <li>• An organized, sequential and coordinated practicum and internship experience and internship experience as described in <a href="#">WAC 246-924-049</a> and <a href="#">WAC 246-924-056</a>.</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>Must have one year or 750 hours in residency and a 300 hour practicum.</p>	<p>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.</p>

<p>Experience - Applicants are required to verify a total of 3300 hours of supervision.</p> <p><b>Pre-internship</b></p> <p>The pre-internship occurs between the practicum required by WAC 246-924-049 and internship required by WAC 246-924-056. A pre-internship can include up to 1500 hours of supervised experience, but is not required.</p> <p><b>Internship</b></p> <p>Applicants must complete an internship as part of the doctoral degree program. The internship must include at least 1500 hours of supervised experience and be completed within 24 months. The internship program must be accredited by the American Psychological Association; or be a member of the Association of Psychology Postdoctoral and Internship Centers. If the program is not accredited by the APA or APPIC member, it must meet the requirements listed in WAC 246-924-056.</p> <p><b>Post-Doctoral Supervise Experience</b></p> <p>If 3000 hours of supervised experience has not been completed at the end of the doctoral degree program, then up to 1500 hours of supervised post-doctoral experience can be used to satisfy the total requirement. Post-doctoral supervised experience must be completed only if an applicant does not already have 3000 hours of supervised experience.</p>	<p>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.</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>
<p><b>Exams</b></p> <p>Candidates taking the written exam will receive a scanable application form directly from the testing company, Professional Exam Services (PES). You complete the form and return it to PES along with the exam fee. After PES receives your application and fee, they will send you information about contacting the testing center through a toll free number to schedule your exam appointment.</p> <p>Once we have verification of your passing the EPPP and documentation of 3300 supervised hours, you will be scheduled for the jurisprudence exam.</p> <p>You will receive a letter letting you know of your eligibility and instructions on how to schedule your exam. Once you have been approved, you may schedule your test at your convenience.</p> <p><b>Washington State Jurisprudence Examination</b></p> <p>The Washington State Jurisprudence Examination is the last step in the licensure process. The exam is a multiple-choice, open book exam given monthly at the Department of Health, in Tumwater. Please see this <a href="#">link</a> for more information.</p>	<p>If you have already passed the EPPP, we must receive official documentation of your exam scores.</p>

### **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 translated and their education verified for content by a suggested credentialing agency.

### **Washington State Jurisprudence Examination**

The Washington State Jurisprudence Examination will be administered after the applicant has passed the Examination of Professional Practice in Psychology (EPPP), has completed their experience hours, and has met all requirements for a license.

The examination is a multiple-choice, open book examination administered monthly at the Department of Health.

You should know and understand each of the Washington Statutes and rules and how they relate to the practice of psychology in the state of Washington. Please see this [link](#) for more information.

### **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, 246-926 WAC)

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
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>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> <ol 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> </ol>
Work history (professional training & experience)	Must have complete chronology from the date education is completed and includes employment in the 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.

<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>
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**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*

### **Radiologist Assistant (Chapter 18.84 RCW, 246-926 WAC)**

**Type of Credential:**

Certification

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from an American Registry of Radiologic Technologists (AART) accredited program.	Official transcript with degree and date posted, received directly from applicant's program.
Pass a Radiologist Assistant examination.	Verification of completion of examination from the ARRT.
Work history (professional training & experience)	Must have complete chronology from graduation 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.
<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 examination - score verified from appropriate jurisdiction.

**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 assistants 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, 246-927 WAC)

**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.
<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

### 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.







## Washington State Credentialing Requirements

### Respiratory Care Practitioner (Chapter 18.89 RCW, 246-928)

**Type of Credential:**

License

**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 246-928. 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 license every two years on or before their birthday. Thirty hours of continuing education is required every two years.

## *Washington State Credentialing Requirements*

### **Retired Volunteer Medical Worker (Chapter 18.130.360 RCW, WAC 246-12 Part 12)**

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Fee	There is no application or renewal fee for this license.
Washington state license and status	An applicant must have held a health care profession credential issued by the department. That license must be expired but the expiration date must not be longer than 10 years. There must be no restrictions on the applicants ability to activate that license. An applicant is not eligible for a retired volunteer medical worker license if they hold any current health care profession credential issued by the department.
Current volunteer registration	Verification of current registration as a volunteer emergency worker with a local organization for emergency services or management.
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 18.130.360 and WAC 246-12 Part 12. 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**

Retired Volunteer Medical Workers do not have to pay a renewal fee but they must renew their license every three years on or before their birthday. The licensee must submit the renewal card and proof of current registration as a volunteer with a local organization for emergency services or management. They must also complete the following continuing competency requirements every three years:

- Basic first-aid course;
- Bloodborne pathogens course; and
- CPR course.

## *Washington State Credentialing Requirements*

### **Sex Offender Treatment Provider (Chapter 18.155 RCW, 246-930 WAC)**

**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>
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**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, 246-809 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p>Graduation from a master’s or doctorate social work educational program accredited by the council on social work education.</p>	<p>To verify your education you will need to provide official transcript with degree and date posted, received directly from applicant’s program. Transcripts not in English must have an official translation.</p>
<p><b>Licensed Advanced Social Worker (LASW):</b>                      Minimum of 3200 hours of experience.                      800 hours must be in direct client contact.                      90 hours of supervision by a LICSW or LASW who has been licensed for at least two years.                      Of the 90 hours:</p> <ul style="list-style-type: none"> <li>• 50 must include direct supervision by a LASW or LICSW. The 50 hours may be in one-to-one supervision or group supervision.</li> <li>• 40 hours may be with an equally qualified licensed mental health practitioner. The 40 hours must be in one-on-one supervision.</li> </ul> <p>Distance supervision is limited to 40 supervision hours.</p> <p><b>Licensed Independent Clinical Social Worker (LICSW)</b>                      Minimum of 4000 of experience.                      1000 hours must be direct client contact.</p> <ul style="list-style-type: none"> <li>• Over a three-year period.</li> <li>• Supervised by a LICSW.</li> </ul> <p>130 hours of supervision by a licensed mental health practitioner.                      Of the total supervision is limited to 60 supervision hours.</p>	<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.</p>
<p>Completion of 36 hours of continuing education, six of which is in professional law and ethics.</p>	<p>Applicants must attest that they have met this requirement on the application.</p>

<p><b>Exam Requirements:</b></p> <p>The American Association of Social Work Boards (ASWB) exam is required for licensure. The advanced exam is required to be a LASW, and the clinical exam is required to be a LICSW.</p> <p>If you are applying to be a licensed advanced social worker, you must take the advanced generalist exam. The advanced generalist is for social workers with an MSW and at least two years of post-degree experience in non-clinical settings.</p> <p>If you are applying to be a licensed independent clinical social worker, you must take the clinical exam. The clinical exam is for social workers with an MSW and at least two years of post-degree experience in direct clinical practice settings.</p> <p>You cannot register for the exam until we have approved your application, experience, and education.</p> <p>Once approved, we will send you information on how to register for the exam.</p> <p>The exams are administered by appointment at test centers, there are not set test dates. You must schedule a time to take the exam.</p> <p>For more information in the tests, including practice exams, please visit the ASWB's website at <a href="http://www.aswb.org/">http://www.aswb.org/</a>.</p>	<p>Verification of exam scores must be sent directly from the ASWB.</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>
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**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
- Applicants who obtained the Board Certified Diplomate in Clinical Social Work from the American Board of Examiners in Clinical Social Work (ABECSW) or the Diplomate in Clinical Social Work (DCSW) or Qualified Clinical Social Work (QCSW) from the National Association of Social Workers (NASW) are considered to have met the education and postgraduate experience requirements to be eligible for Washington State Licensure examination.

Documentation of DCSW or QCSW must be sent directly to the department from NASW.

**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.



## *Washington State Credentialing Requirements*

**Licensed Social Work Associate - Advanced** (Chapter 18.225 RCW, 246-809 WAC)

**Licensed Social Work Associate - Independent Clinical** (Chapter 18.225 RCW, 246-809 WAC)

**Type of Credential:**

License

**DOH Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
Graduation from a master's or doctorate social work educational program accredited by the council on social work education.	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.
<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**

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.

Associates are not required to complete continuing education in order to renew their credential. However, at the time they apply to be Licensed Independent Clinical Social Worker or a Licensed Advanced Social Worker, they will be required to attest to the completion of 36 hours of continuing education, 6 of which must be in professional law and ethics.

## *Washington State Credentialing Requirements*

### **Speech-Language Pathologist (Chapter 18.35 RCW, 246-828 WAC)**

**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.	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.
Passing the nationally recognized exam or receiving a certification of clinical competency from the American Speech and Hearing Association (ASHA) will be accepted in lieu of above mentioned item.	Verification from exam agency or certification of clinical competency from ASHA.
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

### **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

## Speech-Language Pathology Assistant (Chapter 18.35 RCW, 246-828 WAC)

<b>Type of Credential:</b> Certification	<b>DOH Contact:</b> Customer Service Center - 360-236-4700
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Credentialing Requirements	Verification Documents Obtained
Education history to include a minimum of an Associate Degree or a Certificate of Proficiency from a board-approved institution of higher education.	Official transcript with degree or certificate date posted, received directly from applicant's program.
State credential 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

Speech-language pathology assistants must renew their license every year on or before their birthday. They are required to submit the appropriate fee.



# Washington State Credentialing Requirements

## Surgical Technologist (Chapter 18.215 RCW, 246-939 WAC)

**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.
<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

### 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 technologists must renew their registration every year on or before their birthday. They are required to submit the appropriate fee. Continuing education is not required.







# Washington State Credentialing Requirements

## Veterinary Medication Clerk (Chapter 18.92 RCW, 246-937 WAC)

<b>Type of Credential:</b> Registration	<b>DOH Contact:</b> Customer Service Center - 360-236-4700
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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 training 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, 246-935 WAC)**

**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.
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 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.

## **Practical Experience Requirements**

Persons who are applying through the practical experience route must have started the 5 year period prior to July 1, 2010. This option will no longer be available after 2015.

To qualify, an individual must complete 9500 hours of training within a five year period. Certain tasks and procedures must be documented on forms provided by DOH.

During the last 1900 hours of the supervised practical experience period, the trainee may perform the same tasks as a licensed veterinary technician provided they have submitted the required documentation and are designated as a “trainee” by the Veterinary Board of Governors.

## **Practical Experience Trainee:**

A Practical Experience Trainee (Trainee) is an individual who is working toward completion of a minimum of five years (or 9500 hours) of experience to qualify to sit for the veterinary technician licensing examination. To apply for the Trainee registration, the applicant must meet the following requirements:

- Submit documentation to the board of 7600 hours of experience as an unregistered assistant within the past seven years; and
- Provide a written declaration of his or her intention to sit for the Veterinary Technician National Examination, or other examination approved by the board, within the next calendar year; and
- Possess a current registration as a veterinary medication clerk.

## **Documentation of Experience:**

The 7600 hours of experience must be documented on Attestation Forms completed by the supervising veterinarian verifying successful completion of the required tasks and procedures. The attestation forms shall include at a minimum:

- Identification or description of the procedure or task.
- Identification of the individual performing the task or procedure.
- Identification of the supervising veterinarian.
- Date the task or procedure was completed.
- Whether the procedure or task was completed using practical demonstration of experience or knowledge based demonstration of experience.

## **Written Declaration:**

The application must read and sign the enclosed Declaration confirming his or her intention to sit for the Veterinary Technician National Examination, or other examination approved by the board, within the next calendar year.





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## **Additional Information**

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### **Page**

173	Personal Data Questions Sample
175	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  
*Olympia, Washington 98504*

October 2, 2012

Subject: Primary Source Verification

To Whom It May Concern;

This letter fulfills your request for information about primary source verification of educational requirements needed to obtain a Washington State health care profession credential. The Department of Health verifies professional requirements prior to licensure in Washington State. The department documents these requirements in the October 2012 publication, "Healthcare Professional Credentialing Requirements," which lists credentialing requirements for health professions in Washington State.

You can view the complete publication on the department website at [www.doh.wa.gov](http://www.doh.wa.gov). It is listed under "quick links" <http://www.doh.wa.gov/Home.aspx>.

You can find the credential status of specific individual health care professionals at [Provider Credential Search](#). On this website, you can also view disciplinary action and legal documents issued since 1998. We update the site daily with current information.

Please let me know if you need additional information. My contact number is 360-236-4604.

Sincerely,

Shannon Beigert, Director  
Office of Customer Service  
Health Systems Quality Assurance