

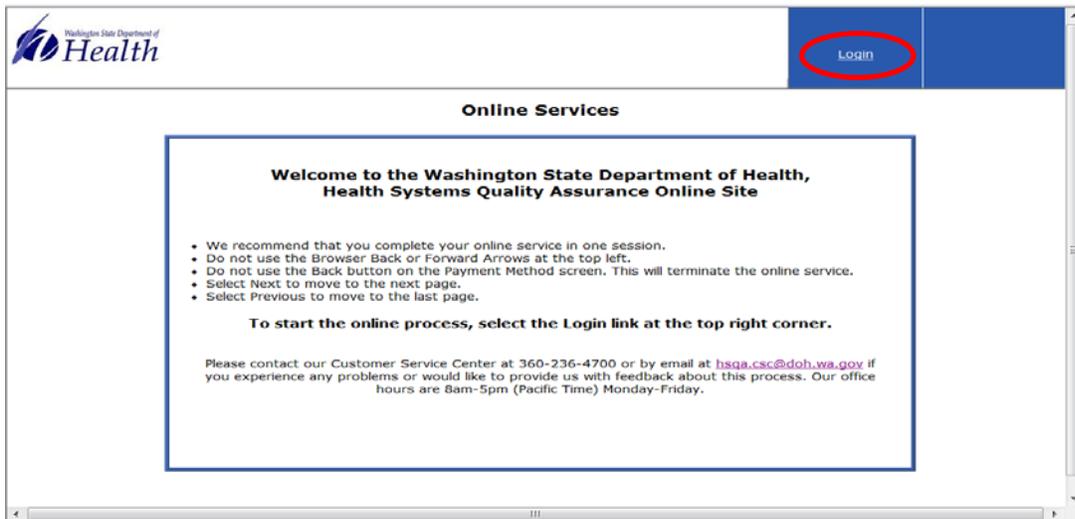


## DOH Online Services – Instructions for online renewal

(Note: There is a \$2 convenience fee to renew online.)

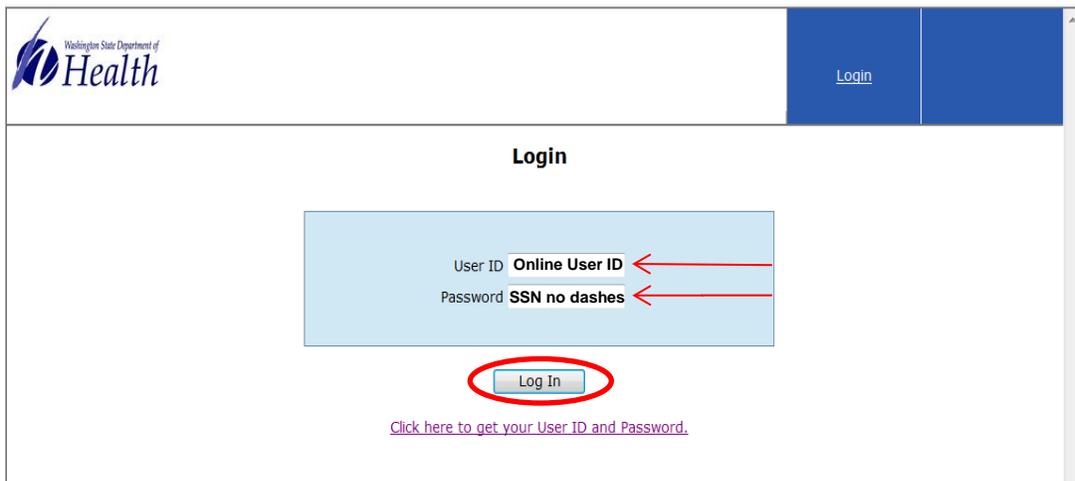
Follow each step to ensure you complete your online renewal successfully.

1. To get started, select “Login” in the upper right corner.



2. Enter your online renewal User ID and Password provided on your renewal notice. Select “Log In.”

Note: If you receive an error message stating “**The username or password you entered is incorrect,**” confirm you entered the information correctly. If you receive the message again, contact our Customer Service Center at 360-236-4700 to resolve the issue.



3. Online Services may prompt some users to update their email address by entering and confirming their email address for verification. This will occur only if you don't have an email address on file with Department of Health already.

4. Enter the email address twice and select "Send Email."

Washington State Department of Health

DOH User ID  
Logout

### Update Email

Your account does not have a verified email address. Please update your email address below. You will be sent a verification email. You need to click on the verification link included in the email before continuing with any online services.

Email:

Confirm Email:

5. You will receive a message directing you to check your email.

Washington State Department of Health

DOH User ID  
Logout

### Update Email

The verification email has been sent to **Email address appears here**. Please check your email and click the link provided.

6. Check your email **inbox** and **spam** for the email from doh.wa.gov. Select the "Click here" link in the email. You'll be redirected to DOH HSQA Online Services.  
**Note:** Be sure you are reading the correct email. It should be from [DoNotReply@doh.wa.gov](mailto:DoNotReply@doh.wa.gov). If you continue receiving the message to confirm your email, contact our Customer Service Center at 360-236-4700 to resolve the issue.

From: DoNotReply@doh.wa.gov Sent:

To:

Cc:

Subject: Email Verification

To provide you with faster service, Department of Health (DOH) staff will communicate with you by email. [Click here](#) to verify your email address now on file with DOH HSQA Online Services.

If a hyperlink does not appear above, then you must copy the following text into your Web browser's address bar (all the text below must be put in as a single line with no spaces): <https://test-secureaccess.wa.gov/doh/renewonlineqa/ILRSONlineRegistration/Account/EmailVerification.aspx?email=shannon.mcmillan@doh.wa.gov&guid=685e2d6c-845a-4467-afe1-824278bd1767>

7. You should now see the Email Verification page below. Select “here” to login.



Washington State Department of Health

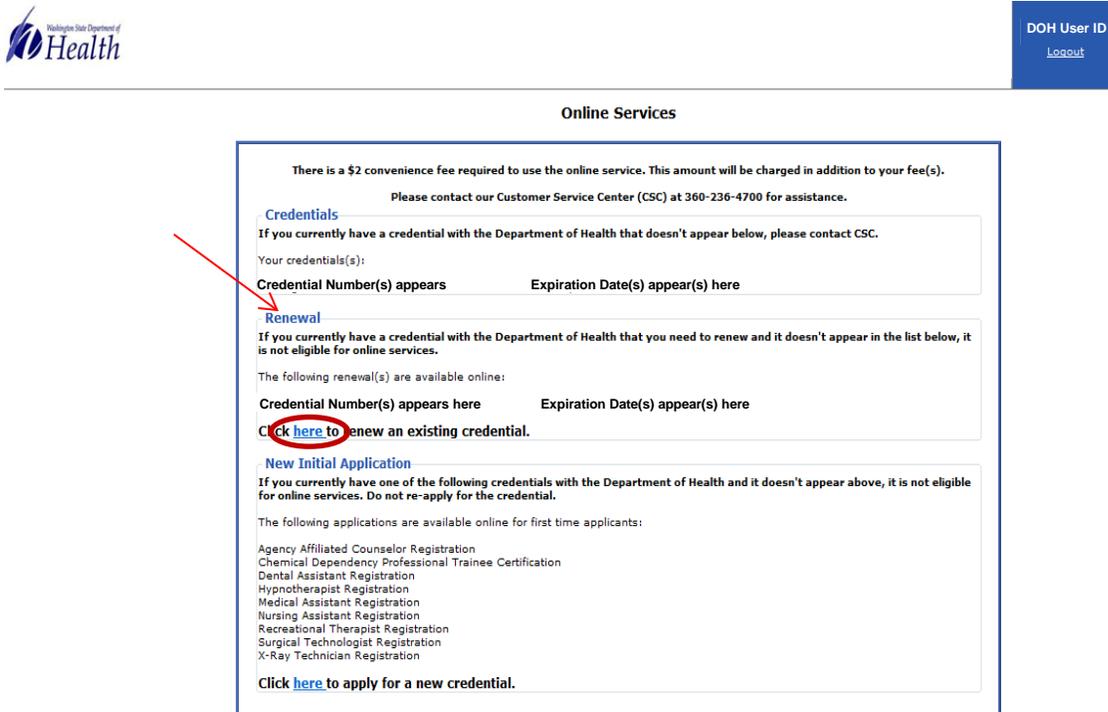
DOH User ID  
[Logout](#)

### Email Verification

The e-mail address **Email address appears here** now been verified.  
Your User ID is **Online User name appears here**  
Your password is your full SSN without spaces or dashes.  
Please [click here](#) to login.

8. Your credential(s), expiration date(s), and status of your credential(s) should now appear. Credentials eligible for online renewal will show in the middle of the page under “Renewal.”

Note: Expired credentials aren’t eligible for online renewal. Contact our Customer Service Center at 360-236-4700 or [hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov) for assistance.



Washington State Department of Health

DOH User ID  
[Logout](#)

### Online Services

There is a \$2 convenience fee required to use the online service. This amount will be charged in addition to your fee(s).  
Please contact our Customer Service Center (CSC) at 360-236-4700 for assistance.

#### Credentials

If you currently have a credential with the Department of Health that doesn't appear below, please contact CSC.  
Your credential(s):  
**Credential Number(s) appears**      **Expiration Date(s) appear(s) here**

#### Renewal

If you currently have a credential with the Department of Health that you need to renew and it doesn't appear in the list below, it is not eligible for online services.  
The following renewal(s) are available online:  
**Credential Number(s) appears here**      **Expiration Date(s) appear(s) here**  
[Click here to renew an existing credential.](#)

#### New Initial Application

If you currently have one of the following credentials with the Department of Health and it doesn't appear above, it is not eligible for online services. Do not re-apply for the credential.  
The following applications are available online for first time applicants:  
Agency Affiliated Counselor Registration  
Chemical Dependency Professional Trainee Certification  
Dental Assistant Registration  
Hypnotherapist Registration  
Medical Assistant Registration  
Nursing Assistant Registration  
Recreational Therapist Registration  
Surgical Technologist Registration  
X-Ray Technician Registration  
[Click here to apply for a new credential.](#)

9. Click "Start" to renew a credential

	Fee Completed	License #	Description	From	To	Supervisor	Note
<a href="#">Start</a>		MAN12946678	Nursing Assistant Certification	02/10/2014	02/09/2015		

10. Answer the renewal affirmation and select "Next."

Note: If you need to step away from the computer, you can stop the online renewal process by selecting "Close and Save" at the bottom of the screen. You'll be able to restart the process later, as long as the credential hasn't gone past your expiration date and/or seven days.

1. I affirm the information I provided for the renewal of my credential is true and accurate to the best of my knowledge. In addition, if I have continuing education and/or other requirements due, I affirm I have met those requirements and I will provide documentation to the DOH upon request.

Yes  No

Answer Yes or No  
Then select Next

Previous **Next** Close and Save

11. Review fee page. If the information is correct, select Add to Invoice to start payment process. Otherwise, select Previous, correct information, and follow the repeat steps

License for NAC.N Your credential number appears here

**Review** Print Review

• Renewal Affirmation  
▶ Review

To continue with payment, select Add to Invoice at the bottom of the page. There is a \$2 convenience fee required to use the online service. This amount will be charged in addition to your fee(s).

Fees	
Renewal	\$53.00
=====	
Total Fees	\$53.00

**Renewal Affirmation**

1. I affirm the information I provided for the renewal of my credential is true and accurate to the best of my knowledge. In addition, if I have continuing education and/or other requirements due, I affirm I have met those requirements and I will provide documentation to the DOH upon request.

Yes

Previous **Add to Invoice** Close and Save

12. Review the Invoice Summary. Select Pay Invoice.

NOTE: If you have multiple credentials to renew, you must renew them one at a time. You will have to Log out and Log in again.

Washington State Department of Health

DOH User ID LogOut

**Invoice Summary**  
1 Item: \$53.00

The item was successfully added to the invoice.  
Click Pay Invoice to continue.

**Pay Invoice** Print Invoice

**Invoice Summary**  
Department of Health  
Health Systems Quality Assurance  
360-236-4700

Washington State Department of Health

- There is a \$2 convenience fee required to use the online service. This amount will be charged in addition to your fee(s).
- To check the status of your renewal and/or application, please go to Provider Credential Search at [www.doh.wa.gov/pcs](http://www.doh.wa.gov/pcs). This site will give you your State of Washington pending credential number.

---

Date: 12/31/2013      Invoice #: 247760

Item #	Description	Amount
248287	Renewal - NAC.NC.01234567 Renewal	\$53.00
Subtotal:		\$53.00
Total:		\$53.00

13. Choose a method of payment and select “Next.” You may pay by either ACH (electronic check) or by a credit card with a Visa or MasterCard logo.

Note: If you choose electronic check, you must also choose either ‘Personal’ or ‘Business’ on ‘Account Type.’ With business checks you will need to provide the UBI (Tax Identification) number for the business for verification purposes.


**Online Service QA**

---

**Payment Method**

Select payment. For electronic check select Account Type then select “Next”

\* Indicates required field

**Choose method of payment**

Pay by electronic check

\* Account Type:

Pay by credit card

Customer Service  
8am-5pm (PST) M-F  
(360) 236-4700  
[hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)

All trademarks, service marks and trade names used in this material are the property of their respective owners. Powered by PayPoint®

14. Complete the required information and select “Next.” The billing address **must** be what your financial institution has on file for verification purposes or the renewal attempt will be unsuccessful. If you receive a “**Verification Failed**” or “Declined” message while attempting to renew online.

Example of Pay by Check:


**Online Service QA**

---

**Payment Information**

\* Indicates required field

**Billing Address**

\*First Name:

M.I.:

\*Last Name:

\*Street Line 1:

Street Line 2:

\*City:

\*State:

\*Zip:

\*Country:

Phone:

E-Mail:

---

**Payment Details**

\*Payment Amount: 53.00 USD

Convenience Fee: 2.00 USD

Your account will be debited 1 to 3 days from the date identified. If your payment date falls on a nonbanking day your payment will be executed on the next available banking day. Current date payments received 4:00 PM MT will be executed on the next valid banking day.

---

**Payment Method**

\*Name On Account:

\*Account Number:

\*Re-Type Account Number:

\*Routing Number:

\*Account Type:  Checking  Savings

\*Driver License Number:

\*Driver License State:

## Example of Pay by Card:

Online Service QA

Payment Information

**Billing Address** \* Indicates required field

\*First Name:   
M.I.:   
\*Last Name:   
\*Street Line 1:   
Street Line 2:   
\*City:   
\*State:   
\*Zip:   
\*Country:   
Phone:   
E-Mail:

**Payment Details**

\*Payment Amount: 53.00 USD  
Convenience Fee: 2.00 USD

**Payment Method**

\*Name on Card:   
\*Card Number:   
\*Expiration Date: \* Month  \* Year  **Fee appears here must be U.S. Dollars**  
\*Card Verification Value(CVV2):   
  
\* Enter the above code: [Can't read? Try a different code.](#)

15. Review your payment information. Select "Pay Now."

Online Service QA

Payment Review

**Address**

Billing Address:  
Billing Information/Verification address will appear here

**Payment Method**

Payment Type and account information will appear here

**Payment Amount**

Amount:	53.00 USD
Convenience Fee:	2.00 USD
<b>Total:</b>	<b>55.00 USD</b>

Once you select 'Pay Now' please wait for confirmation of your payment. If you leave this page, the processing of your payment and renewal or application may not be completed.

Customer Service  
8am-5pm (PST) M-F  
(360) 236-4700  
[hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)

All trademarks, service marks and trade names used in this material are the property of their respective owners. Powered by PayPoint®

**Important Note:** Once you select 'Pay Now' please wait for confirmation of your payment. If you leave this page, the processing of your payment and renewal or application may not be completed.

Don't exit out or close down while the payment is processing.

**Online Service QA**

**Payment Review**

<b>Address</b>
Billing Address: Billing Information/Verification address will appear here
<b>Payment Method</b>
Payment Type and account information will appear here
<b>Payment Amount</b>
Processing Request, please wait...
Amount: 53.00 USD Convenience Fee: 2.00 USD Total: 55.00 USD

[Back](#) [Pay Now](#) [Exit](#)

Once you select 'Pay Now' please wait for confirmation of your payment. If you leave this page, the processing of your payment and renewal or application may not be completed.

Customer Service  
8am-5pm (PST) M-F  
(360) 236-4700  
hsqa.csc@doh.wa.gov

All trademarks, service marks and trade names used in this material are the property of their respective owners. Powered by PayPoint®

16. You will receive a message that says '**Approved!**' You may want to print a receipt for your records by selecting "Print Receipt."

**DOH User ID****Invoice Summary**  
LogOut0 Item: \$0.00

**Payment Receipt**

**Department of Health  
Health Systems Quality Assurance  
360-236-4700**



- There is a \$2 convenience fee required to use the online service. This amount will be charged in addition to your fee(s).
- To check the status of your renewal and/or application, please go to Provider Credential Search at [www.doh.wa.gov/pcs](http://www.doh.wa.gov/pcs). This site will give you your State of Washington pending credential number.

Completion Date Here	Invoice #: 247760	Confirmation #
----------------------	-------------------	----------------

**Approved!**

You have been charged **\$53.00**.

Please print a copy for your records from the button above.  
This receipt is not a license or an authorization to do business.

Item #	Description	Amount
248288	Renewal	\$53.00
	Renewal - NAC.NC. 01234567	
	Subtotal:	\$53.00
	Total:	\$53.00
	Amount Paid:	(\$53.00)
	<b>Amount Due:</b>	<b>\$0.00</b>

Copyright © 1997-2011 CAVU Corporation All Rights Reserved, version V20110214, 1.8400

17. Select “LogOut” at the top right corner of the screen. Then, select “OK” to end your session.

The screenshot displays a web application interface. At the top left is the logo for the Washington State Department of Health. On the top right, there is a blue navigation bar containing a "DOH User ID" section with a "LogOut" button circled in red, and an "Invoice Summary" section showing "0 item: \$0.00". Below the navigation bar is a "Print Receipt" button. The main content area is titled "Payment Receipt" and includes the text: "Department of Health", "Health Systems Quality Assurance", and "360-236-4700". In the bottom left corner, a "Message from webpage" dialog box is open, asking "Are you sure you want to logout?". The "OK" button in this dialog is circled in red.

18. Your credential(s) should now be renewed. Our [Provider Credential Search](#) site updates expiration dates immediately.

Your credential will print the next business day. Please allow five to ten business days for the credential to arrive by mail.

NOTE: RN, LPN, and ARNP won't receive an updated credential by mail.