Instructions for Current and Former Servicemembers Requesting Evaluation of Military Training and Experience Toward Meeting Washington Credentialing Requirements

To Applicant:

The Department of Health licenses healthcare professionals in accordance with state laws and requirements. Under a new state law passed in 2011, people with military training and experience may count their training and experience towards certain civilian healthcare profession credentialing requirements if the state determines it is substantially equivalent to the state’s standards.

By completing the attached supplemental form you are indicating that you are a current or former servicemember of the U.S. Military, or a current or former member of the Military’s Active and Reserve Guard Units. The Department of Health will review your application to determine how your military training and experience may count toward Washington credentialing requirements for the following professions:

- Cardiovascular Invasive Specialist
- Dental Assistant
- Denturist
- Dispensing Optician
- Emergency Medical Responder
- Emergency Medical Technician
- Expanded Function Dental Auxiliary
- Medical Assistant-Certified
- Denturist
- Medical Assistant-Hemodialysis Technician
- Medical Assistant-Phlebotomist
- Emergency Medical Technician
- Medical Assistant-Registered
- Medical Assistant-Certified
- Nursing Assistant Registered
- Ocularist
- Nursing Assistant Registered
- Occupational Therapist
- Occupational Therapy Assistant
- Osteopathic Physician Assistant
- Pharmacy Assistant
- Pharmacy Technician
- Physical Assistant
- Physical Therapy Assistant
- Physical Therapist
- Radiological Assistant
- Radiological Technologist
- Respiratory Care Therapist
- Surgical Technician
- Veterinarian Technician
- X-Ray Technician
For Department of Health to consider your military training and experience, please complete the military questions on the following supplemental form and submit copies of military transcripts/forms that document your military education, training, and experience. The information will be reviewed by the Department of Health to determine civilian equivalency to certain health care profession credentialing requirements.

Documents to submit with your application should include the following:

- A copy of your Certificate of Release or Discharge from Active Duty (DD Form 214, Member-4 copy) or NGB-22 for National Guard.
- Verification of Military Experience and Training (VMET) (DD Form 2586).
- Joint Service Transcript (JST)/Sailor-Marine American Council on Education Registry Transcript (SMART) – (formerly Army/American Council on Education Registry Transcript System or AARTS).
- Army American Council of Education (ACE) Registry Transcript System (AARTS).
- Application for the Evaluation of Learning Experiences During Military Service (DD Form 295).
- Any other military transcripts and forms that document your military training and Experience; e.g., Community College of the Air Force (CCAF).

We will contact you about our need for any additional information.

For more information go to our Military Resources Webpage.
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Applying for Health Care Credential Type
Profession Name:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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</thead>
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Mailing Address

City | State | Zip Code

Any other names used:

**Military Information** (if applicable, please respond to the below questions and submit authorized military documentation of your military training and experience.)

A. Are you currently an active-duty servicemember in the U.S. Military?
   Yes  No

B. If yes to A, what military service branch are you serving in?

________________________________________________________________

C. If yes to A, when will you be formally discharged from Active Duty?

________________________________________________________________

D. Have you served previously in the U.S. Military?
   Yes  No

E. What military service branch did you serve in?

________________________________________________________________

F. When were you formally discharged from Active Duty?

________________________________________________________________

(Please submit a copy of your Certificate of Release or Discharge from Active Duty—DD Form 214 or NGB-22—to validate veteran status with your application.)
G. Are you currently serving in the military’s active Guard and Reserve units?
   Yes    No

H. Have you served previously in the military’s active Guard and Reserve units?
   If so, please indicate years you served._________________________________

I. Do you currently hold a similar credential issued by the military or a national certified agency? If yes, please provide a copy of the credential.
   Yes    No

J. Please indicate your Military Occupational Specialty (MOS), Air Force Specialty Code (AFSC), Navy Enlisted Code (NEC), or Coast Guard Rating while on Active Duty.
   __________________________________________________________________

K. Please submit with your application any official military transcripts and verification documents showing your record of military job experience and training history; e.g., Verification of Military Experience and Training (VMET) (DD Form 2586), Joint Service Transcript (JST)/Sailor-Marine American Council on Education Registry Transcript (SMART) – formerly AARTS, American Council on Education (ACE) Registry Transcript System, Application for the Evaluation of Learning Experiences During Military Service (DD Form 295), Community College of the Air Force Transcripts, etc.

Are you requesting a temporary permit? ..........................................
   □ Yes    □ No

**Attestation:**

I attest that the above information is accurate and complete to the best of my knowledge; further, I certify that I have read and am familiar with the rules and statutes, including scope of practice, that govern the health care profession that I am applying for.

Dated ______________________________ at ____________________________
   (mm/dd/yyyy)       (City/state)

By: ______________________________________________________________
   (Signature of applicant)