



Washington State Department of

Health

Nursing Assistant Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

Out of State Credential Verification Form

Mail this form to the state you are coming from. They will return it to the Washington State Department of Health.

Part I: To Be Completed By Applicant

I am listed on the Nurse Aide Registry in the state of _____ under the name of _____ and my registration number is _____

Social Security Number _____ Telephone Number _____

Mailing Address _____

I completed a nursing assistant training program at _____ on _____
Training Site mm/dd/yyyy

I completed a competency examination on _____
mm/dd/yyyy

I became a nursing assistant by waiver or deeming.

I am applying in Washington under the name of _____

Last recorded place of caregiver employment _____

Starting and ending date of caregiver employment _____
Start Date: mm/dd/yyyy End Date: mm/dd/yyyy

Address _____

Nurse Aide: Do **not** return this form to the Washington Nurse Aide Registry. After you have completed the information requested above, it is your responsibility to send this form to the state agency from which you completed your nurse aide training and testing.

Part II: To Be Completed By State Agency

The information on this form is accurate and the above-named person is on the nursing assistant registry in our state.

The above-named person is not on the nursing assistant registry in our state.

Date of Registration or Certification _____ Number _____

Date of Expiration of Registration or Certification _____
mm/dd/yyyy

Has Registrant had any type of disciplinary action? Yes No

If yes, please explain: _____

Is Registrant currently under investigation? Yes No

Signature _____ Date _____

Title _____ State _____