Agreement for Continuing Competency Requirements to Reactivate an LPN or RN License

Fax to 360-236-4738
Email to nursing@doh.wa.gov

NAME (Please print)	License #	RN ☐ LPN ☐

I agree to complete 177 hours of active nursing practice and 15 continuing education hours in accordance with WAC 246-840-250, 260 within the first year of reactivation.

I will provide the Nursing Commission proof of having the requirements one year after reactivation. All documentation will be sent to:

Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504
Attn: Continuing Competency Audit

***IMPORTANT**

*I further understand if I do not complete the practice hours and continuing nursing education requirements within one year of reactivation, or I fail to respond to the mandatory audit request, I will be referred for disciplinary action.

CURRENT CONTACT INFORMATION

Home: ( )
Cell: ( )
Work: ( )
Email

Address:
_____
_____

SIGNATURE	DATE