Washington State Online Application Instructions Nursing License

Before Getting Started

You cannot apply online if:

- You have previously applied for a license in Washington state and your application was closed as deficient.
- You don't have sufficient information in the public record to verify your identity.
- You are applying for reactivation of a previous license.

If you meet the above criteria then you need to send in a paper application. If applicable, reference the closed credential number on the application. To find this number, search your name on the Department of Health's <u>Provider Credential Search</u>.

Supported browsers

Microsoft Edge and Google Chrome work best. Online services are configured with PCs and PCbased laptops. **Mobile device and tablet users may experience technical difficulty attempting to apply online.**

Help

Want to see the online application process in action before applying?

Watch the DOH instructional Online Application Video.

Need some help with the Online Application Portal? If you're having problems with the Online Application Portal, contact the Nursing Care Quality Assurance Commission at 360-236-4703. Our normal business hours are Monday through Friday, 8:00 a.m. to 5:00 p.m. We're closed on state holidays.

Need some help with the Secure Access Washington (SAW) site?

If you're having problems with the SAW site, contact Consolidated Technology Services at 360-586-1000, 855-928-3241 (24 hours), or <u>servicedesk@cts.wa.gov</u>.

Getting Started

You must create an account with <u>Secure Access Washington</u>(SAW) and sign in to the Department of Health Online Application Portal. The first time you add the service, the portal will prompt you to answer several questions to verify your identity. The questions will match the name and address you provide with the existing public record information. If you don't have sufficient information in the public record to verify your identity, applying for a license previously closed as deficient, or are applying for reactivation of a previous license, then you'll need to submit a paper application.

There is a \$2.50 convenience fee to use the portal and you must pay the **non-refundable application fee** to successfully submit your application. Make sure your address on the payment information screen matches the address your financial institution has on file for you.

Step 1

Create a Secure Access Washington (SAW) account

- 1. Go to the <u>Secure Access Washington</u> website.
- 2. Create a SAW account as a new user.
- 3. If you already have a SAW account, sign in with your user ID and password you previously created.
- 4. If you forgot your User ID or password, contact Secure Access Washington at 855-928-3241.

THE STATE OF WASHING	WELCOME to your login for Washington state. Click SIGN UP! If you need to create an account
Log in using an existing account	SIGN UP! GET HELP TIPS ON ON BEHALF OF WASHINGTON STATE AGENCIES

NURSING CARE QUALITY ASSURANCE COMMISSION

Adding the Online Application Portal

- 1. Select the "Add a New Service" link.
- 2. Click on "I would like to browse a list of services by agency."
- 3. On the right column, select "Department of Health."
- 4. Scroll to "Online Application Portal". Select "Apply."



NURSING CARE QUALITY ASSURANCE COMMISSION

Identification verification

- 1. Under the "ADD A NEW SERVICE" button, you will find a list of your services
- 2. Locate the Online Application Portal and click the "Access Now"



- 3. You'll be asked a series of questions based on your public record data (state of Washington doesn't gather or store this data). The questions will match the name and address you provide with the existing public record information. You'll want to ensure you've provided your full legal name and you may find you have to enter a former address, especially if your address has changed recently (within the past one to two years) to get the right questions that pertain to your identity.
- 4. If your identity cannot be verified, please click on "request permission to skip this step".

If you do request to skip, please email <u>nursing@doh.wa.gov</u> or call 360-236-4703 to notify the team of the request.

IDENTITY VERIFICATION

You will be asked a series of questions based on your public record data (the state of Washington does not gather or store this data). These questions could be about things you have owned, people you know or your professional experience. If you do not wish to answer these questions, you may <u>request permission to skip this step</u>. This choice may delay access to your service. Requests to bypass this process will send a notification to the owner of the service who may reach out to you to verify your identity manually. Once verified, you will be able to continue the registration process for this service. NAME Is your legal name displayed correctly below? First and Last name are required. This name should match what appears on your official documents, like your driver's license or passport. <u>Edit your name</u> if it does not match your official documents. Once any edits are complete, please return to this page.

- After your identity is verified, you will be sent back to the add service screen. Locate the Online Application Portal and click the "Access Now"
- 6. You will then be asked for a Multi-Factor authentication. Please select the method of authentication and then input the code sent to you.

Choose Method

How would you like to receive your verification code?

(***) ***-0513



***leo@aol.com Receive the code in an email and enter it on the next screen.

Receive the code in a text message and enter it on the next screen

-

NURSING CARE QUALITY ASSURANCE COMMISSION

User Lookup

- Complete the information on the User Lookup Page. Last name, date of birth, and social security number (SSN) are required fields. If you don't have a SSN, check the "I don't have a Social Security Number" box. Click "Search."
 - If you don't have a match, or have never had a state of Washington credential, select "No."
 - If you do have a partial match, you'll be asked additional questions. Select answer, then click "Validate."
 - If you have a full match, you'll be asked to update any information that is currently incorrect. You'll not be able to update any gray-out field. Once complete, click "Update."

User Lookup
Please complete the following questions to help us determine if you already hold a credential with the Department of Health. Last name, date of birth, and social security number are required fields. If you don't have a Social Security Number, select 'I don't have a Social Security Number'. Please provide as much information as possible to help us look for an accurate match. If no match is found, we'll collect information as part of your credential application.
First Name
Middle Name
Last Name*
Date of Birth (ex. MM/DD/YYYY)* Social Security Number*
If you don't know your credential number, you can find it on Provider Credential Searchଜ.
□ I don't have a Social Security Number.
SEARCH

Application Hub

- 1. Scroll down and select the desired credential from the list under "Complete a New Credential Application."
 - If the desired application is not listed please reach out to us at <u>nursing@doh.wa.gov</u> or 360-236-4703.
 - You'll have 14 days from the start of the application to complete, pay for and retrieve a copy of the application and any supplemental forms needed for completion.
- 2. If you are continuing an application please select from the "Continue an Application In Progress" list.

Q Full Text Search		1
Application Title	Action	Expiration Date
Registered Nurse	Continue form completion	01/11/2022
Q Full Text Search		7
Q Full Text Search		T
Q Full Text Search Application Title Acupuncturist or Acupuncture and Eastern Medicine Directificator	Description Application for an Acupuncturist or Acup	▼ puncture and Eastern Medicine Practitioner
Q Full Text Search Application Title Acupuncturist or Acupuncture and Eastern Medicine Practitioner License	Description Application for an Acupuncturist or Acup License.	▼ puncture and Eastern Medicine Practitioner
Q Full Text Search Application Title Acupuncturist or Acupuncture and Eastern Medicine Practitioner License Advanced Registered Nurse Practitioner License	Description Application for an Acupuncturist or Acup License. Application for an Advanced Registered Specialist, Midwife, and Anesthetist Pra	▼ puncture and Eastern Medicine Practitioner d Nurse Practitioner License. This includes Clinical actitioner License.

Step 6

Application

- 1. Carefully review the personal information
 - Legal name
 - Date of birth
 - Social Security number

NURSING CARE QUALITY ASSURANCE COMMISSION

Step 6 continued

Application

- 2. If you answered yes to any of the "Personal Data Questions", please note we will need all court or legal documents.
 - Please use the space below the question to write out your personal statement in regards to the question that "yes" was the answer
- 3. Please carefully review the "Method of Licensure" section. Select the method that best represents your application.

Method of Licensure

Select One:* Please read all options below and select the option that best applies to you.

- Endorsement I have an active Registered Nurse license from another state and am applying for my Washington state credential by endorsement.
- Endorsement I am a Registered Nurse without an active license in any state and I am applying for a Washington state credential by endorsement.
- Examination I am a new graduate of a U.S.-based school of nursing applying for my credential and have not yet passed the NCLEX.
- Examination I am a new graduate of a non U.S.-based school of nursing applying for my credential by examination and have not yet passed the NCLEX.
- I have passed the Registered Nurse NCLEX for Canada and am applying for my Washington State Credential.
- I am a student in a master's degree nursing program and testing for the Registered Nurse NCLEX.
- None of the above apply to me.
 - 4. Please carefully review all the items under the "Applicant's Attestation" section before signing and dating.

Applicant's Attestation			
I,, declare under penalty of perjury under the laws of the State of Washington that the following is true and correct:			
 I am the person described and identified in this application. 			
 I have read <u>RCW 18.130.170</u> and <u>RCW 18.130.180</u> of the Uniform Disciplinary Act. 			
 I have answered all questions truthfully and completely. 			
The documentation provided in support of my application is accurate to the best of my knowledge.			
 I have read all laws and rules related to my profession. 			
I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.			
I authorize the release of any files or records the department requires to process this application.			
This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.			
I understand that I must inform the department of any past, current or future criminal charges, or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality healthcare. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.*			
Applicant's Initials Date			

NURSING CARE QUALITY ASSURANCE COMMISSION

Step 6 continued

Application

- 5. Once the body of the application is filled out you will see the "Follow-up Checklist"
 - This goes over items that are frequently needed for the application process. Please note that each application is different and may or may not require one or more of the items listed.

Follow-up Checklist		
Additional items can be submitted in several ways. Please include your pending credential number on the document(s) when you submit.		
- You can upload them using the Online Application Portal within 14 days of starting your application.		
- You can email them to <u>nursing@doh.wa.gov</u> .		
- You can send them to: Nursing Commission P.O. Box 47864 Olympia, WA 98504-7864		
Note: You cannot practice as a Registered Nurse until the Department of Health has issued your credential.		
Declaration of no Social Security Number: If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. <u>42 U.S.C. § 666(a)(13)</u> ; RCW 26.23.150. It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a license if you meet the requirements to be licensed, but you must submit a No Social Security Number form declaring that you do not have a Social Security Number.		
Official Transcripts: If applying by examination, have your Certificate of Completion, official transcripts or any documentation of training sent directly from your college or university to the Department of Health. If you were trained outside of the United States and your documents are not in English they must be evaluated and translated by a commission approved evaluation service.		
 NURSYS Verification: You must visit <u>www.nursys.com</u> and follow their directions to verify your original license by examination to Washington. 		
There is a fee you will pay to NURSYS for this service		
Additional Information Get important information about your credential type by subscribing to email alerts.		
The initial credential will expire on your birthday. If the initial credential is issued within 90 days of your birthday, your renewal will be due on your next birthday.		
The Department of Health will email or mail you a courtesy renewal notice to your address on record. You must keep your addresses current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.		
FBI Background Check Information:		
Washington State Law authorizes the Department of Health to obtain fingerprint background checks for licensing purposes. This check is done through the Washington State Patrol and the Federal Bureau of Investigation (FBI).		
 You will be required to submit fingerprints for the background check if you have an out of state address listed on this application. (Not out of country). 		
 Once we receive your application, we will send you an email with the fingerprint background check instructions. 		
 A temporary practice permit will be issued if all other licensing requirements are met pending the completion of this process. See the Nursing Commission website for the <u>Fingerprint-based Federal Background Check</u> <u>form and instructions</u>. 		
It is your responsibility to understand the RCWs and WACs relevant to your profession. Uniform Disciplinary Act, Chapter 18,130 RCW Administrative Procedure Act, Chapter 34.05 RCW		

NURSING CARE QUALITY ASSURANCE COMMISSION

Step 6 continued

Application

6. Please review the application one last time to ensure all fields are filled out correctly. Once you are confident all looks good please click the "Submit" button.

Please review your application for completeness

Submit

Step 7

Payment

- 1. Follow the prompts to complete the payment.
 - Pay the application and \$2.50 convenience fee with a VISA or MasterCard or by ACH (electronic check). Payment must be made with U.S. funds drawn on a U.S. financial institution. Make sure your address on the payment information screen matches the address your financial institution has on file for you.
 - If a receipt is needed, please print immediately after paying. If not printed at this time you will need to reach out to request a copy.

Submitted

After payment has processed

- 1. After successfully submitting the payment, you can attach additional documents to your application at the "Upload Attachments" screen. If you have nothing to upload, choose "Skip."
 - The final screen will have a copy of any additional forms you may need to submit and a copy of the application you just finished. You'll be able to retrieve these documents for 14 days after the original start of the application.
 - Types of documents frequently uploaded
 - Legal name change documents
 - Court documents
 - Military orders
- 2. Please note, you will have 14 days after submission to upload relevant documents yourself. After 14 days you will no longer have access to your application through SAW. After that point, documents can be emailed to nurselicensing@doh.wa.gov.

NURSING CARE QUALITY ASSURANCE COMMISSION

Next Steps

After you have completed the process, you will receive an email with your pending credential number. Refer to this credential number any time you contact the Department of Health or submit supporting paperwork. If we need additional documentation, we will notify you by email. Please also keep an eye on your Spam or Junk folder, as sometimes emails can be kicked there.

You may check on the status of your pending application by searching your name or pending credential number on the Department of Health's <u>Provider Credential Search</u>. We rely on you to track the status by conducting a <u>Provider Credential Search</u>. When conducting your search, enter only your first and last name as this will simplify your search.

We process applications in the order we receive them.

Processing Times

To view a visual on the estimated processing times for each step of the licensing process, please visit our website.

Please note, the times listed are best case scenario. All applications are unique and may require different items and documentation. Times may increase due to volume. If a review specialist reaches out requesting additional documentation, please respond promptly. All additional documentation should be emailed to nurselicensing@doh.wa.gov.