



Healthcare Enforcement and Licensing Management System Profession Credentialing

Portal User Guide

Version 1.3

DOH 606-024 April 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email <u>doh.information@doh.wa.gov</u>.



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PURPOSE

This User Guide for the State of Washington **Healthcare Enforcement and Licensing Management System (HELMS)** assists the Profession Credentialing Portal User in performing end-to-end activities on the portal. It includes detailed instructions, tips, and answers to frequently asked questions to support the portal users.

WA DOH HELMS is a user-friendly solution designed to modernize how health professionals and facilities apply for and manage their licenses. By leveraging the robust capabilities of a custom Salesforce platform, HELMS offers efficient tools to meet the diverse needs of Washington's licensed health professionals and facilities.

PERSONAS

Persona	Responsibilities
Profession Credentialing Portal User	 Log In Dashboard Access Apply for a New Professional License Submit a Renewal Application Complete Due Payments View Payment History Delete Application Resume Application



LOGGING IN

To access the **HELMS** portal, you will need to log in through **Secure Access Washington (SAW)**, <u>secureaccess.wa.gov</u>. SAW is the State of Washington's tool for government agencies to provide secure access for online government services.

If you experience problems with the SAW site, please contact Consolidated Technology Services (24 hours) at 855-928-3241 or email <u>support@watech.wa.gov</u>. For more information, please visit <u>Apply Online Instructions</u>.



Once you have successfully logged into SAW, you will be able to "Add A New Service" to your account. If you select that button, you will be asked to choose a way to find services. We recommend that you choose to" browse by services" or "browse by agency." From either choice, you can either search "DOH" or choose "Department of Health" from the list. Click the "Apply" button on the right-hand side of the "Health Professional and Facility Licensing (HELMS) service." The service will then be added to your SAW account, and you'll be redirected to the list of services associated with your account. Click on "Access Now" on the right-hand side of the service to log in to HELMS.



MY PROFILE (FIRST-TIME LOGIN)

1. If you are a first-time user, you will be directed to the "Privacy Agreement" page. Read the complete information on the page. Click the "Continue" button to proceed.

HELMS Hitten binisment and the second	6 Help
Privacy Agreement	
Purpose of Data Collection: DOH is committed to protecting your privacy. We collect and process your personal information to evaluate your application for a professional credential. This information ensuring compliance with state regulations.	n is essential for verifying your qualifications and
Information We Collect:	
Personal identification details (e.g., name, address, date of birth)	
Employment history	
Educational background	
Any other information required by state law for credentialing purposes	
Use of Information: Your personal information will be used solely for the purpose of processing your application. This includes:	
Verifying your identity and qualifications	
Communicating with you regarding your application status	
Conducting background checks as required by state law	
Maintaining data for verification and in alignment with the secretary of state retention requirements	
Disclosure of information: We may share your information with:	
 Authorized third-party service providers who assist in processing your application 	
 Law enforcement or other government entities as required by law 	
When required by the Public Records Act	
Provider lookup website will include limited personal information available to the public	
Data Security: We implement appropriate technical and organizational measures to protect your personal information against unauthorized access, alteration, disclosure, or destruction. Your applica	ition data is stored securely and only accessible by
authorized personnel.	
Your Rights: You have the right to:	
Access your personal information held by us	
Request corrections to any inaccurate or incomplete information	
Withdraw your consent for data processing (note: this may affect our ability to process your application)	
Consent: By continuing on, you consent to the collection, use, and disclosure of your personal information as described in this Privacy Statement. You acknowledge that you have read and understood	d this statement and agree to its terms.

2. You will be directed to the "Locate your Account" page on the HELMS portal. Enter the correct details and then click the "Submit" button to find your account.

Note: **Social Security #** field is mandatory. If you do not have your Social Security number, select the checkbox to make the field optional.

Indicates a Required Field			
Please complete the following questions to deter to help us make an accurate match. If no matchin	mine if you already hold an account with the Department of Health. La ng account is found, we will collect account information as part of your	ast name and date of birth are th r credential application.	e only required fields, but please provide as much information as possib
First Name	Middle Name		*Last Name
			Cradential Number
*Social Security #	*Date of Birth		Credential Humber
*Social Security #	*Date of Birth	ä	If you do not know your credential number you can find it on the provider credential



Any of the following scenarios can occur

- a. Exact Match
- b. Fuzzy Match
- c. No Match
- a. **Exact Match**: If the system finds your entered information, you will be directed to the "My Profile" page. This screen allows you to confirm or update your information, ensuring that your details are accurate and up to date.

First Name	Middle Name	Last Name
Cathy		Mori
Date of Birth	Social Security Number	Gender
04/01/2000	ä	Female
Street 456, Avenue Street Road	City Washington	Country United States
Street	City	Country
Street 456, Avenue Street Road	City Washington	Country United States
Street 456, Avenue Street Road State or Province	City Washington Zip Code	Country United States County County
Street 456, Avenue Street Road State or Province Washington	City Washington Zip Code 10001	Country United States County Alaska
Street 456, Avenue Street Road State or Province Washington Contact Information	City Washington Zip Code 10001	Country United States County Alaska
Street 456, Avenue Street Road State or Province Washington Contact Information Phone Number	City Washington Zip Code 10001 Cell Number	Country United States County Alaska Email Address
Street 456, Avenue Street Road State or Province Washington Contact Information Phone Number (344) 556-7893	City Washington Zip Code 10001 Cell Number	Country United States County Alaska Email Address cathymori4@gmail.com
Street 456, Avenue Street Road State or Province Washington Contact Information Phone Number (344) 556-7893 Mailine Address if different than above:	City Washington Zip Code 10001 Cell Number	Country United States County Alaska Email Address cathymori4@gmail.com

b. **Fuzzy Match**: If the system finds your entered information with a partial match, you may have to select the correct address and then click the "Submit" button.

* Indicates a Required Field			
The system has found more than one	e records that partially match with the det	tails provided by you. In order to find the right on	e, please complete this step.
*Please select the address below that	is your current or previous address.		
○ 7 S Main St, Greenville, SC ○ 76	9 E Bayshore Rd, Nashville, TN () 1919	Post Aly, Seattle, WA 🔵 None of these addres	sses are my current or previous address.
			_
			Sul



• If you select the correct address, you will be directed to the "My Profile" page.

First Name	Middle Name	Last Name
Cathy		Mori
Date of Birth	Social Security Number	Gender
04/01/2000	ä	Female
Street	City	Country
Address		
Street	City	Country
456, Avenue Street Road	Washington	United States
State or Province	Zip Code	County
Washington	▼ 10001	Alaska
Contact Information		
Phone Number	Cell Number	Email Address
(344) 556-7893		cathymori4@gmail.com
Mailing Address if different than above:		

- If you select the incorrect address, an error message displays on the page. Select **Yes/No** to the question "Do you currently hold, or have you ever held a healthcare license or credential in Washington State?" and then click the "Submit" button.
 - If you select "Yes", you will be allowed to search again for your information in the system.
 - If you select "No", a new account will be created for you.

indicates a re	iquired Field
We weren't abl	e to find you in our system. It's important that we match your new application with any existing information we have on file.
If you click Yes,	you will be allowed to search again for your information in our system. If you have questions about this, you may contact us at (360) 236-4700 or send stomer Service.Office Hours are M-F 8am to 5pm PST.
an <u>email</u> to Cu	



c. **No Match**: If the system cannot find your information, an error message displays on the page.

Select **Yes/No** to the question "Do you currently hold, or have you ever held, a healthcare license or credential in Washington State?" and then click the "Submit" button.

- If you select "Yes," you will be allowed to search again for your information in the system.
- If you select "No," a new account will be created for you.

* Indicates a Required	Field
We weren't able to fine	l you in our system. It's important that we match your new application with any existing information we have on file.
) Yes 💿 No	
) Yes No If you click Yes, you wi an <u>email</u> to Customer	l be allowed to search again for your information in our system. If you have questions about this, you may contact us at (360) 236-4700 or send Service.Office Hours are M-F 8am to 5pm PST.

3. To create your new account, you will be directed to the "My Profile" page.

* Indicates a required field			
Personal Information			
You must specify details for all required fi	elds in order to move forward.		
*First Name	Middle Name	*Last Name	
Cathy		Mori	
*Date of Birth	Social Security Number	*Gender	
	â		-
Address			
*Street	*City	*Country	
		United States	*
*State or Province	*Zip Code	*County	
	x		
Contact Information			
		*Email Address	
Phone Number	Cell Number		



4. Enter all the required information in the "Personal Information" section.

be Dee file			
ly Profile			
* Indicates a required field			
Personal Information			
Personal Information			
Personal Information You must specify details for all requ	Jired fields in order to move forward.		
Personal Information You must specify details for all req *First Name	uired fields in order to move forward. Middle Name	*Last Name	
Personal Information You must specify details for all req #First Name Cathy	uired fields in order to move forward. Middle Name	*Last Name Mori	
Personal Information You must specify details for all req #First Name Cathy *Date of Birth	uired fields in order to move forward. Middle Name Social Security Number	*Last Name Mori *Gender	

Enter all the required information in the "Address" section.
 Note: After entering the address, the Validate Address button will be activated. Click the "Validate Address" button to confirm the address.

*Street	*City		*Country	
456, Avenue Street Road	Washi	ngton	United States	.
*State or Province	*Zip Coo	de	*County	
Washington	▼ 10001		Alaska	

You can select the System Recommended Address or proceed with the Original Address, then click the "Submit" button.

You mus *First Nam	ss Confirma	ition						
Cathy *Date of Bi	ates a required fi	eld						
04/01/20 * Select ar	ny one of the fol	lowing:						
Address O System	n Recommendeo	l Address		Original Address			_	
System	System Recommended Address			Original Address				
456, Aver 456, Aver *State or P Road	venue Street	City New York	Country US	Street City Country 456, Avenue Street Washington US Road				
Washingt State or NY	r Province	Zip Code 10001	County	State or Province WA	Zip Code 10001	County Alaska		
Contact	Address					Su	ress	
Phone Nuhiver	Address		Cerrivaniber		-cmail Audress			
					cathymori4@g	mail.com		



6. Click the "Save" button after entering all the required information.

Note: If you select: Mailing Address if different from the above checkbox, you must enter the mailing address.

* Indicates a required field			
Personal Information			
You must specify details for all required fields i	n order to move forward.		
*First Name	Middle Name	*Last Name	
Cathy		Mori	
*Date of Birth	Social Security Number	*Gender	
04/01/2000	m	Female	
Address *Street	*City	*Country	
456, Avenue Street Road	Washington	United States	,
*State or Province	*Zip Code	*County	
Washington	✓ 10001	Alaska	
		v	alidate Address
Contact Information			
Phone Number	Cell Number	*Email Address	
(344) 556-7893		cathymori4@gmail.com	
Mailing Address if different than above:			

• The information entered will be saved. Scroll to the bottom, then click the "Exit" button.

First Name	Middle Name	Last Name
Cathy		Mori
Date of Birth	Social Security Number	Gender
04/01/2000	ä	Female
State or Province	Zip Code	County
State or Province	Zip Code	County
Washington	v 10001	Alaska
Contact Information		
Contact Information Phone Number	Cell Number	Email Address
Contact Information Phone Number (344) 556-7893	Cell Number	Email Address cathymori4@gmail.com



HELMS A Help Cart My Communications
 Cathy Mori Welcome to HELMS Portal Start Application 👻 Ð 5 2 **Professional Credentials** Requests Payments • 00 00 ewals All Credentials Completed History Pending Applications All Credentials Applications **No Licenses Found**

The account is created, and you will be directed to the Landing page/Dashboard.

Note: For all subsequent logins, you will be taken directly to your Landing page/Dashboard.



Change of Personal Information

Note: To update the "Address" and "Contact Information," click the "Edit" button.

If your personal information is not correct:

1. Click the "Change of Personal Information" button on the "My Profile" page.

		6 Invoice My Communications John Smith (
ression Credentialing 🗸 Facility Credentialing 🖌 Training and Education Programs	← Surveys	
y Profile		
Personal Information		
First Name	Middle Name	Last Name
John		Smith
Date of Birth	Social Security Number	Gender
04/10/1997	iii XX-30X-8912	Male
Street	City	Country
2727 E D St	tacoma	United States
State or Province	Zip Code	County
Washington	98421	Pierce
Washington Contact Information	98421	Pierce
Washington Contact Information Phone Number	V Sel21 Cell Number	Pierce Email Address
Washingon Contact Information Phone Number (55) 743-3606	99421 601 605 605 60	Email Address Email Address devide:costa@msn.com.invalid
Washington Contact Information Phone Number (553) 743-3006 Mailing Address if different than above:	99421 Cell Number (555) 344-3463	Perce Email Address devide.costa@msn.com.invalid
Washingon Contact information Phone Number (555) 743-3666 Mailing Address if different than above:	99421 Cel Number (555) 344-3463	Email Address devidscosta@msn.com.invalid
Washingson Contact Information Phore Number S53 743-3606 Mailing Address if different than above:	99421 Cell Number (555) 344-3463	Pierce Email Address davidacosta@msn.com.invalid
Washington Contact Information Phone Number (553) 743-5066 Mailing Address if different than above: Ext		Perce Email Address devidsocsta@msn.com.invalid Change of Personal Information Edit

2. By selecting checkboxes, choose the fields that need to be updated.

HELMS Indition (Educated at Entering Reception Estimat		A H Commencement
Tredentialing 👻 Facility Credentialing 👻 Trainin	and Education Programs 👻 Surveys	
ofile		
anal Information		
hme	Change of Personal Information	
f Birth		
/1997	* Indicates a required field	
: If any of the information above is incorrect, please sub	Change of Personal Information	
ess	Middle Name	
	Date of Birth	
E D St	Social Security Number	
r Province		
ngton act Information	Close	Save & Next
Number	Cell Number	Email Address
743-3606	(555) 344-3463	devidacosta@msn.com.invalid
ing Address if different than above:		Change of Personal Information Edit
		Change of Personal Information Edit



Note: Each field will appear once selected, and you can select multiple fields to update. Enter the correct information.

3. Enter the correct information, then click "Save & Next."

Date of Birth	Social Security Nur	nber Gi	ender	
08/23/1995	🗰 XX-XXX-2341			*
Note: If any of the information ab	ove is incorrect, please submit a 'Change of Pers	ional Information' submission within the applica	nt portal.	
Addross				
Address				
Street Change of	Personal Information			
740 Marshall A				*
State or Province * Indicates a	required field			
Illinois Change of Pers	nal Information			
Contact Info 🥑 First Name				
Phone Number Middle Nam	e			
(987) 654-3214				
Date of Birt	1			
Mailing Addr Social Secur	ity Number			
*First Name				
DivyaTest				5-0 4
Exit				Eur
Close			Save & Next	
HEI MS	Contact us	Notices	Subscribe for Upda	ates
		Privacy Notice		
🤁 in 🝽	Hours & Location	Copyright Statement	like news releases, job openings,	emergency

- Click "Upload" to attach the relevant documents supporting the information change. Attach the files by dragging and dropping them into the window or clicking the "Select Files" button.
- 5. After uploading the necessary supporting documents, click the "Submit" button.

HELMS Entre Efference State						G I Help In	in the second se	ith 👤 -
My Profile								
Personal Information								
First Name		Middle Name		L	ast Name			
					1			
Date of Birth	Change of Persona	l Information						
04/10/1997					_			
	Document Name	Description	Uploaded Files	Upload				
Note: If any of the information above is incorrect, pl	Name Change	Submit one of the following		企 Upload				
Address		documents: copy of official marriage certificate, certified divorce decree, or certified name change decree.			_			
Street								
2727 E D St								
State or Province	Close			Previous	Submit			
Washington	1							
Contact Information								
Phone Number		Cell Number		E	mail Address			
(555) 743-3606		(555) 344-3463			davidacosta@msn.com.invalid			
Mailing Address if different than above:								
Exit					Change of Person	al Information	n Edit	



THE LANDING PAGE/DASHBOARD

The landing page is the main page for the HELMS portal and serves as the central hub for all your professional licensing activities. It is organized into three primary cards that provide an overview of key information:

- **Professional Credentials**: This card displays counts of all the credentials you hold, including renewals and pending applications.
- **Requests**: This card shows counts of your pending and completed requests. It helps you keep track of ongoing and past requests.
- **Payments**: This card highlights the number of payment items due and provides access to your payment history. It ensures you stay informed about pending payments and past transactions.

Below these cards, the landing page has a table of information that provides more specifics on each of the cards. The layout of the tables and the action buttons makes sure that you can see the information you need and respond to your credentialing needs quickly.

fession Credentialing 🚽 🛛 Facility	Credentialing 👻 Training and E	ducation Programs 👻 Surveys					
elcome to HELMS Po	rtal						Start Application
Professional Credentials Renewals Al Credensisis Pendre Jegistanions New CL Audit Requests	000	E Requests Pening Conpleted	0	Payments Due History	0		
Renewals	All Credentials	Applications	CE /	Audit Requests			
Do not let your credential expire; ma	ike sure the Department of Health rec	eives your renewal before your license expin	es. It is a violation of the law to pr Expiration Date	actice without a current license and you	i may be subject to disciplinary action. CE Due Dat	e Acti	ons



SUBMITTING A PROFESSION CREDENTIAL APPLICATION

Login to the HELMS portal and follow the procedure outlined below to fill out and submit a profession credential application.

Applying for a New Health Professional License

1) Click the "Start Application" button and then select the "Professional Credential" from the drop-down list.

Nelcome to HELMS	Portal					Start Application 👻
1 I I I I I I I I I I I I I I I I I I I		<u>ل</u>		®		Professional Credent
Professional Credentials Renewals All Credentials Pending Applications	33 63 50	Requests Pending Completed	(18) (18)	Payments Due History	(9) (89)	
Renewals	All Credentials	Applications				

Note: Alternatively, you can click the drop-down arrow next to the "Profession Credentialing" tab and select the "Apply for a New Credential" option from the list.

w Profession Credential	tal				Start Application 👻
D	Ł		0		
Professional Credentials	Requests		Payments		
Renewals	33 Pending	18	Due	9	
All Credentials	63 Completed	(18)	History	(89)	
Pending Applications	50				

2) You will be directed to the "Select License" page. You can search for the license using the "Search By Name" or the "Search From List" options.



Search By Name:

a) Click the alphabet to see the list of licenses starting with that alphabet. Select the radio button beside the License name and then click the "Next" button.

 Select Licens Search By Name 	• O Searc	ch From List	t																		
АВС	D	E F	G	н	1	JК	L	м	N	0	Р	Q	R	S	т	U	۷	w	х	Y	z
															[Search H	lere				
A Acupuncturist or Acu Practitioner	puncture a	and Easterr	n Medicir	ne	0	Advanceo	d Registe	ered Nur	rse Practi rse Pract	itioner Li itioner N	icense Iidwife L	icense) Anima	al Massa tic Train	age Certi er Licen:	ification se	for Sma	all Anim	als	
Advanced Emergency Advanced Registered	Medical T	lechnician (actitioner A	Certificat	ion: st	0	Agency A Specialist	ffiliated t Enhanc	Counse	lor Co-Oc	curring	Disorder		C	Audiologist Interim Permit							
Advanced Registered	Nurse Pra	actitioner C	linical Sp	oecialist	0	Animal M	lassage	Certifica	ition for l	.arge An	imals		C) Audio	logist Li	cense					

Search from List:

- a) Select a "Profession" from the "Program Type" drop-down list. This displays the Credential Type field.
- b) Select the appropriate "Credential Type" from the drop-down list. The list of Credential Names related to the selected Credential Type will be displayed.
- c) Select the required "Credential Name" and click the "Next" button.

Select License		
Search By Name Search From List		
* Indicates a required field		
*Program Type		
Profession	*	
*Credential Type		
Athletic Trainer	•	
*Credential Name		
 Athletic Trainer License 		



 Read the details carefully on the Prerequisite Information page, then click the "Continue" button to start filling out the application.

	В	ب Cart	ل My Communications	Divya Reddy 💽 🗸	
Profession Credentialing 👻 Emergency Medical services (EMS) Surveys					
Pre-requisite Information Thank you for applying for the Athletic Trainer License in Washington State. To review the requirements for the Athletic Trainer License, please visit the J Exit	his online application will guide you through the process to provie epartment of Health.	de the ir	nformation required.	l Continue	

Application Steps

The application is divided into several steps/sections. Complete each step before proceeding to the next.

In the following example, we have used the "Athletic Trainer License" to demonstrate the steps involved in the application process.

Note: Some steps are common to all credentials, while others are credential-specific and occur based on the selected credential.

1. Complete the application by following the instructions and entering the relevant information in each of the application steps.

	Health Systems Quality Assurance: Athletic Trai	ner License	
Demographic Information	Demographic Information		
Personal Data Questions	* Indicates a required field		
National Provider Identifier Number			
Military Spouse or Registered Domestic Partner of Military Personnel	Please review your demographic information below:		
Other License, Certification, or Registration	Personal Information		
Training & Education	First Name	Middle Name	Last Name
Ī	John		Smith
Additional Education	Date of Birth	Social Security Number	Gender
Examinations	04/10/1997	XX-XXX-8912	Male
Supporting Documentation	Note: If any of the information above is incorrect, please submit a 'Change of F	Personal Information' submission within the applicant portal.	
Additional Information			
Attestation	Address		
1	*Street	*City	*Country
Review	2/2/ E D St	tacoma	United States
Payment	*State or Province	*Zip Code	*County
	Washington v	98421	Pierce
	Contact Information		
	Phone Number	Cell Number	*Email Address
	(555) 743-3606	(555) 344-3463	davidacosta@msn.com.invalid
	Mailing Address if different than above:		
	*Have you ever been known under any other names? Will this application contain O Yes No	n documents with your different name?	



Once you've completed all the requirements for your application type, your application will appear in the "Applications" tab of the table of details under the professional credential card. Depending on your payment method, such as adding the fee to your cart or you are using an employer PIN, the status of your application may be different.

Notes:

• If you saved your application but did not complete it, go to the "Applications" tab. It will appear in the list as "Draft" status. You can then click the "Resume" button to return to the application.

	ortal					Start Application
B		Ł		0 2		
Professional Credentials		Requests		Payments		
Renewals	(33)	Pending	(18) Due	(9)	
All Credentials	63	Completed	(18	History	(89)	
Pending Applications	(51)					
Renewals All C	redentials	Applicati	ons			
						e actions on your applications
Please see all applications below,	if a draft app	lication has gone unsa	ved for 14 days it will be	deleted automatically. You	may use the three dots to take	
Please see all applications below, Credential Name	if a draft app Aj	lication has gone unsa	ved for 14 days it will be Submitted Date De	deleted automatically. You	may use the three dots to take Fingerprint Status U	pload Document Actions

• The Incomplete application will be automatically deleted after 14 days.

You will be directed to Step 1 of the application process. Proceed through each step as prompted.

If you have previously saved any information during an earlier session, those details will automatically appear on the corresponding sections of the form. Review the pre-filled information carefully to ensure its accuracy and make any necessary updates before moving to the next step. Continue through the application process systematically until all steps are completed and submitted for approval.



PROFESSIONAL CREDENTIALS

The Professional Credentials card is where you can review your professional credentials, renewals, and applications.

Renewals

Go to the "Renewals" tab to see the list of credentials that require renewal. This section of the guide will walk you through each step of the renewal process.

						Start Application
ID.		5		() ()		
Professional Credentials	s Re	equests		Payments		
Renewals	33 Pe	nding	18	Due	9	
All Credentials	63 Co	mpleted	18	History	(89)	
Renewals	All Credentials	Applications				
Do not let your credential may be subject to disciplir	expire; make sure the Dep aary action.	artment of Health receives	your renewal before	your license expires. It is a v	olation of the law to practice v	vithout a current license and you
Credential Number	Credential Name	Effective Date	Expiration Date	Status	CE Due Date	Actions
CVIS IS 70007394	Cardiovascular Invasive	9/26/2023	10/17/2023	Expired		Renew

To begin the renewal process:

1. Click the "Renew" button in the action column next to your credential in the Renewals tab.

HELMS Beltarn Erforcenset and Urening Wasspread Spiten						Gamma Communications John Smith
ofession Credentialing 👻 Facilit	y Credentialing 🚽 Training and Educat	ion Programs 👻 Surveys				
elcome to HELMS Po	ortal					Start Application
Professional Credentials Renewsis All Credentials Panding Applications New CL Audit Requests	000	Lequests anglesad	0	Payments Due History	0	
Renewals	All Credentials	Applications	CE A	udit Requests	e subject to disciplinary action.	
Credential Number	Credential Name	Effective Date	Expiration Date	Status	CE Due Date	Actions
MAC.CM.60361168	Medical Assistant Certification	2/20/2022	5/13/2024	Expired		Renew
						View



2. Review the prerequisite Information, then click "Continue."

ELLINS When the statement of the	€ Help C John Smith
Profession Credentialing + Facility Credentialing + Training and Education Programs + Surveys	
Pre-requisite Information	
Thank you for renewing your Medical Assistant Certification in Washington State. This online application will guide you through the process to provide the information required. To review the requirements for the Medical Assistant Certification, please visit the <u>Department of Health.</u>	
Edt	Continue

3. Complete the application by following the instructions and entering the required information.

Note: Each application may have different requirements depending on the license, so your application may appear different from the images below.

	Health Systems Quality Assurance: Medical Assistant Certification						
O Demographic Survey	Attestation						
Attestation	+ Indicates a required field						
• Payment	I, John Smith, affirm the information I provided for the rene provide documentation to the DOH upon request.	ewal of my credential is true and accurate to the best of my knowledge. In addition, if I hav	e continuing education and/or other requirements due, I affirm I have met those requirements and I will				
	* 👩 I agree.						
	Initials	Date					
	21	03/04/2025					
	Exit		Previous Save & Next				



Applications

The Applications tab shows all the applications you have submitted and allows you a variety of actions depending on the status of the application.

If you have not yet completed an application and chose to save it, the status of that application will be "Draft." You can click "Resume" to return to the application, or by clicking the **three dots**; you can delete the application and remove it from the list.

If the application status is "Submitted," you can click "View" to see the application. By clicking the **three dots**, you can download the application or the supporting documents to your device.

	MS Portal							Start Application
E .		£) /			
Professional Credentia	als	Requests		Pay	ments			
All Credentials Pending Applications	63 (54)	Completed		18 Histo	ŋ	(3)		
Renewals	All Credentials	Applicatio	ns					
Please see all application	ns below, if a draft appl	ication has gone unsay	ed for 14 days it will h	be deleted auto	matically. You may	y use the three dots to t	ake actions on your ap	plications.
Please see all applicatio	ns below, if a draft app	lication has gone unsa	ved for 14 days it will Submitted Date	be deleted auto	matically. You may	y use the three dots to t Fingerprint Status	ake actions on your appropriate the second sec	plications.
Please see all applicatio	ns below, if a draft app	Application Type	red for 14 days it will Submitted Date	be deleted auto Deletion Date 4/1/2025	matically. You ma Status Draft	y use the three dots to t	ake actions on your app	Actions Resume
Please see all applicatio Credential Name Cardiovascular Invasive S Athletic Trainer License	ins below, if a draft app	Application Type Renew New	ed for 14 days it will	Deletion Date 4/1/2025 4/1/2025	e Status Draft Draft	y use the three dots to t	ake actions on your apj	Actions Resume
Please see all applicatio Credential Name Cardiovascular Invasive S Athletic Trainer License Dentist Resident Commu	ins below, if a draft app	Application Type Renew New Renew	Submitted Date	Deletion Date 4/1/2025 4/1/2025	matically. You ma Status Draft Draft Approved	y use the three dots to t	ake actions on your app	Actions Resume



REQUESTS

The **Requests** card shows all requests you've made regarding your credentials. You can quickly view your **Pending/Completed** Requests and their Statuses.

The "Completed" tab displays requests with statuses such **as Approved, Complete, Declined, and Closed,** while the "Pending" tab includes requests in all other statuses.

Note: To see the details of the request, click the "View" button under the "Actions" column to see the details.

	-							
B		L		0				
Professional Credentials Renewals All Credentials Pending Applications	(13) (37) (21)	Requests Pending Completed	•	Payments Due History		(15) (28)		
Pending C	ompleted	equests.						
Pending C Please see the list below for all y Request Id	ompleted /our pending re Reques	equests.	Status		Payment Status		Actions	
Pending C	ompleted rour pending re Reques Print Cr	equests.	Status Printed		Payment Status Fully Paid		Actions View	
Pending C Please see the list below for all y Request Id 00006005 00005791	ompleted vour pending re Reques Print Cr Change	equests. It Type redential of Personal Information	Status Printed Submitted		Payment Status Fully Paid		Actions View View	
Pending C Please see the list below for all y Request Id 00006005 00005791 00006219	ompleted vour pending re Reques Print Cr Change EMS Las	equests. It Type redential et of Personal Information st Affiliation Removal	Status Printed Submitted Requested		Payment Status Fully Paid		Actions View View View	

PAYMENTS

The payments feature, accessible through the Payments card on the landing page, allows you to manage your financial transactions related to professional licensing. The Payments card has three tabs:

- 1. **Due**: View a list of all outstanding payment items. You can select multiple items and pay them all at once through the cart feature or choose to pay individually, depending on your preference.
- 2. **History**: Access a record of all completed payments, including dates and amounts. This gives you a history of their financial transactions within the HELMS portal.
 - 1. Additionally, users can view and download receipts for all completed payments.



3. **Payment PIN**: This feature is a tool for employers who pay their employees licensing fees. For more information on this feature, please reach out to the HELMS team or visit the HELMS webpage, <u>doh.wa.gov/HELMS</u>.

Profession Credentiali	ng 👻 Emergency Medic	al services (EMS) Su	veys				
Welcome to	HELMS Portal						Start Application 🔻
B		6		0 2			
Professional Cre	dentials	Requests		Payments			
Renewals	(13)	Pending	4	Due	15		
All Credentials Pending Applications	(R) (R)	Completed	()	History	28		
Due Histor	ry Payment PIN						
Select	Name of Applicant	Credential Number	Select Credential	Fee Status	Total Amount Due	Last Day to Pay	Actions
O	Aloha Bird Joan		Mental Health Counselor License	Employer Payment Pending	\$350	03/19/2025	View Details
O	UAT Test	PT.PT.70023455	Physical Therapist License	Not Received	\$180		View Details

Completing the Due Payment

To complete the due payment, perform the following steps:

1) Click the "Payments" tile and go to the "Due" tab. Locate the record to make a payment. **Note**: Click the "View Details" button to view the complete Fee Information.

elcome to	HELMS Portal						Start Application 🔻
Professional Cr Renewals All Credentials Pending Application	redentials (1) (3) (3) (4)	Requests Pending Completed	() ()	Payments Due History	(8) (8)))	
Due Hist	ory Payment PIN	Credential Number	Select Credential	Fee Status	Total Amount Due	Last Day to Pay	Actions
					Total Amount Due		Accions
	Aloha Bird Joan		Mental Health Counselor License	Employer Payment Pending	\$350	03/19/2025	View Details
	Aloha Bird Joan UAT Test	PT.PT.70023455	Mental Health Counselor License Physical Therapist License	Employer Payment Pending Not Received	\$350 \$180	03/19/2025	View Details
	Aloha Bird Joan UAT Test UAT Test	PT.PT.70023455 MDIN.ML.70022847	Mental Health Counselor License Physical Therapist License Physician And Surgeon Institution License	Employer Payment Pending Not Received Not Received	\$350 \$180 \$395	03/19/2025	View Details



Click the checkbox to select the record/item, and click the "Add to Cart" button.
 Note: You can select multiple records and add them to the cart for payment.

2		5		9			
Professional Credenti	als	Requests		Payments			
Renewals All Credentials	38 (78)	Pending Completed	3 5	Due History	8 62		
	0						
Due History	Payment PIN						
Select	Name of Applicant	Credential Number	Select Credential	Fee Status	Total Amount Due	Last Day to Pay	Actions
0	UAT Test		Counselor Agency Affiliated Certification	Employer Payment Pending	\$175	03/26/2025	View Details
0	UAT Test		Chiropractor License	Employer Payment Pending	\$725	03/26/2025	View Details
0	Divya Sree	AUD.LD.70019140	Audiologist License	Not Received	\$175		View Details
0	Divya Sree	NUTR.NU.70018966	Nutritionist Certification	Not Received	\$65		View Details

3) You will be directed to the "Cart" page. Review the payment details of each of the items and then click the "Make Payment" button.

Note: Click the "Remove" button to delete an item from the cart. The removed item will be available in the "Due" list on the payment dashboard.

Note: The Remove button will remove the item from the cart but will still be foun Health.	id on the due list on the payment dashboard. Application will not be submitted to the Depar	tment of
Name of Applicant - UAT Test Application Type - New Credential Numb	eer - NA License Type - Chiropractor License	Remove
PAYMENT NAME	AMOUNT	
Application Fee	\$625.00	
Jurisprudence Examination Fee	\$100.00	
Subtotal:	\$725.00	
Name of Applicant - UAT Test Application Type - New Credential Numb	er - NA License Type - Counselor Agency Affiliated Certification	Remove
PAYMENT NAME	AMOUNT	
Application Fee	\$175.00	
Subtotal:	\$175.00	
	Total Sum: \$900.00	



4) Click the "Submit" button to confirm.

HELMS HITLE DESCRIPTION		€ ↓ Oivya Sree ↓ + Help Invoice My Communications
Cart		
Note: The Remove butto Health. Name of Applicant - Div PAYMENT NAME Application Fee Subtotal:	Payment Confirmation You are about to submit your application. By doing so you can no longer make any edits to your application. proceed, please select "Submit" and you will be redirected to the payment portal for your application. There is a 2.5% convenience fee required to use the online service when paying by credit/debit card. The addition to your feets). There is no convenience fee for ACH Payments. Fees submitted with applications for initial credentialing, examinations, renewal and other fees assore regulation of the profession are nonrefundable <u>WAC 246-12-340</u> . Exit	the Department of the Department of the Department of the Cense Remove to the amount will be charged in cense Remove to the Cense Total Sum: \$11330

5) Select the Method of Payment to begin the payment process. In the screen below, the payment method selected is "Pay by credit card."

Notes:

- You can choose either of the two payment methods: Pay by electronic check/Pay by credit card.
- Populate the correct details on the payment information to make a payment.

Payment Method		
	* Indicates required field	
	Choose Method Of Payment	
	Pay with new account	
	O Pay by electronic check	
	Pay by credit card	
	Back Next Exit	
Sustemer Service Sam-Spin (Pacific Time) M-F Sec-256-4700		
sou-256-4700 hsga.csc@doh.wa.gov		
trademarks, service marks and trade names used in this mat	erial are the property of their respective owners.	Powered by PayPol



6) Enter the "Billing Address" and "Payment Method" details, select the "I'm not a robot" checkbox, and then click the "Next" button.

e Business Name *First Name: Test M.L: *Last Name: Adam *Street Line 2: Street Line 2: *City: Providence *State: Rhode Island *Zip: 02903 *Country: UNITED STATES Phone: 7867898767 E-Mail:
Street Line 2: *City: Providence *State: Rhode Island *Zip: 02903 *Country: UNITED STATES Phone: 7867898767 E-Mail:
*State: Rhode Island *Zip: 02903 *Country: UNITED STATES Phone: 7867898767 E-Mail:
*Country: UNITED STATES ~ Phone: 7867898767 E-Mail:
ment Details
*Payment Amount: 5725.00 USD Convenience Fee: 143.13 USD
ment Method
*Name on Card: Test *Card Number: 4111111111111 *Expiration Date: *Year 2026 ~ Verification Value(CVV2): 123 What's This?
v

7) Review the payment order and click the "Pay Now" button.

Payment Review		
	Address	
	Billing Address: Test G Sabin St Washington, AK 10001	
	Payment Method	
	Credit Card VISA Test x1111 04/26	
	Payment Amount	
	Amount: 900.00 USD Convenience Fee: 22.50 USD Total: 922.50 USD	
	Back Pay Now	Exit
Once you select 'Pay Now' plea	se wait for confirmation of your payment. If you leave this page, the processing of your payment and renewal or ap	plication may not be completed.



8) After successful payment completion, an Application Submission message appears on the screen.

Note: To return to the home page, click the "Back to Home" button.

HELMS Related for the second s	ရှိ Help	₽ Cart	Q My Communications	Divya Sree 💽 🗸
Profession Credentialing 👻 Emergency Medical services (EMS) Surveys				
Payment Successful Your payment has been sent to the State of Washington. Select the Back to Home button to go to the dashboard Back to Home				

History

E.

Click the "Payments" tile and go to the "History" tab. The History tab will display a list of all fees paid through HELMS and allow you to download the receipts of these transactions by clicking "Download Receipt."

l凹		Ł				
Professional Credentials Renewals All Credentials Pending Applications	(13) (39) (26)	Requests Pending Completed	•	Payments Due History	(1) (2)	
Due History P	ayment PIN	1				
Payment Date	Amount Pa	id	Payment Method		Confirmation Number	Action
Payment Date	Amount Pa \$305	j	Payment Method eCheck		Confirmation Number 25010526448855	Action Download Receipt
Payment Date 3/12/2025 3/12/2025	Amount Pa \$305 \$226	id	Payment Method eCheck eCheck		Confirmation Number 25010526448855 25010626449769	Action Download Receipt Download Receipt
Payment Date 3/12/2025 3/12/2025 3/19/2025	Amount Pa \$305 \$226 \$9200	J	Payment Method eCheck eCheck eCheck		Confirmation Number 25010526448855 25010626449769 25011026464449	Action Download Receipt Download Receipt Download Receipt
Payment Date 3/12/2025 3/12/2025 3/12/2025 3/9/2025 3/9/2025	Amount Pa \$305 \$226 \$9200 \$793	id	Payment Method eCheck eCheck eCheck eCheck		Confirmation Number 25010526448855 25010626449769 25011026464449 25011026464492	Action Download Receipt Download Receipt Download Receipt Download Receipt
Payment Date 3/12/2025 3/12/2025 3/9/2025 3/9/2025 3/9/2025	Amount Pa \$305 \$226 \$9200 \$793 \$2783	id	Payment Method eCheck eCheck eCheck eCheck eCheck eCheck		Confirmation Number 25010526448855 25010626449769 25011026464497 25011026464492 25011026464492 25011026464515	Action Download Receipt