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# 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 [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).



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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

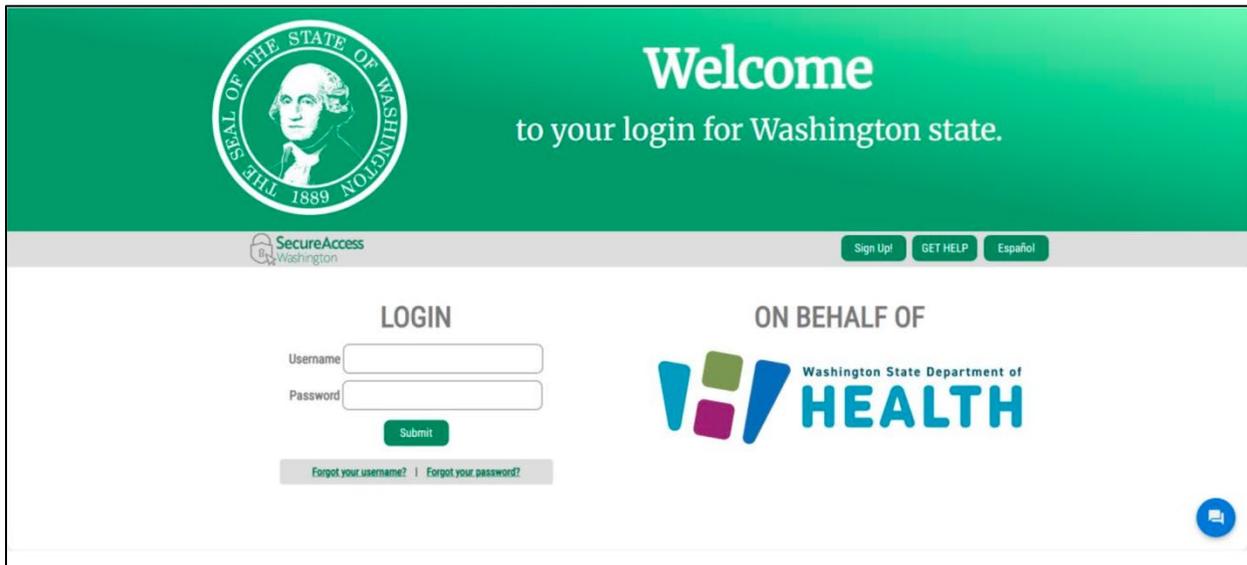
Persona	Responsibilities
Profession Credentialing Portal User	<ul style="list-style-type: none"><li>• Log In</li><li>• Dashboard Access</li><li>• Apply for a New Professional License</li><li>• Submit a Renewal Application</li><li>• Complete Due Payments</li><li>• View Payment History</li><li>• Delete Application</li><li>• Resume Application</li></ul>



## LOGGING IN

To access the **HELMS** portal, you will need to log in through **Secure Access Washington (SAW)**, [secureaccess.wa.gov](https://secureaccess.wa.gov). 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 [support@watech.wa.gov](mailto:support@watech.wa.gov). For more information, please visit [Apply Online Instructions](#).



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**  
Healthcare Enforcement and  
Licensing Management System

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 is essential for verifying your qualifications and ensuring compliance with state regulations.

**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 application 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 this statement and agree to its terms.

Continue

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.

**HELMS**  
Healthcare Enforcement and  
Licensing Management System

Help

### Locate your Account

\* Indicates a Required Field

Please complete the following questions to determine if you already hold an account with the Department of Health. Last name and date of birth are the only required fields, but please provide as much information as possible to help us make an accurate match. If no matching account is found, we will collect account information as part of your credential application.

First Name  Middle Name  \*Last Name

\*Social Security #  \*Date of Birth  Credential Number

I do not have a Social Security Number

Did you receive a unique identification number to login with?

If you do not know your credential number you can find it on the [provider credential search](#).

Submit



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.

The screenshot shows the 'My Profile' page with the following sections:

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

Buttons at the bottom include 'Exit', 'Change of Personal Information', and 'Edit'. A note states: 'Note: If any of the information above is incorrect, please submit a 'Change of Personal Information' submission within the applicant portal.'

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.

The screenshot shows the 'Locate your Account' page with the following elements:

- A message: 'The system has found more than one records that partially match with the details provided by you. In order to find the right one, please complete this step.'
- A list of addresses with radio buttons: 7 S Main St, Greenville, SC; 769 E Bayshore Rd, Nashville, TN; 1919 Post Aly, Seattle, WA (selected); and None of these addresses are my current or previous address.
- A red arrow points to the first address.
- A 'Submit' button is highlighted with a red box.

At the bottom of the page, there is a purple footer with 'HELMS', 'Contact us', social media icons, and 'Subscribe for Updates'.



- If you select the correct address, you will be directed to the “My Profile” page.

**My Profile**

**Personal Information**

First Name Cathy	Middle Name	Last Name Mori
Date of Birth 04/01/2000	Social Security Number	Gender Female

Note: If any of the information above is incorrect, please submit a 'Change of Personal Information' submission within the applicant portal.

**Address**

Street 456, Avenue Street Road	City Washington	Country United States
State or Province Washington	Zip Code 10001	County Alaska

**Contact Information**

Phone Number (344) 556-7893	Cell Number	Email Address cathymori4@gmail.com
--------------------------------	-------------	---------------------------------------

Mailing Address if different than above:

Exit      Change of Personal Information      Edit

- 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.

**Locate your Account**

\* Indicates a Required Field

We weren't able to find you in our system. It's important that we match your new application with any existing information we have on file.

Do you currently hold, or have you ever held, a healthcare license or credential in Washington State?

Yes    No

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 an [email](#) to Customer Service. Office Hours are M-F 8am to 5pm PST.  
If you click No, a new account will be created for you.

Submit



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.

### Locate your Account

\* Indicates a Required Field

We weren't able to find you in our system. It's important that we match your new application with any existing information we have on file.

→ \*Do you currently hold, or have you ever held, a healthcare license or credential in Washington State?

Yes     No

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 an [email](#) to Customer Service. Office Hours are M-F 8am to 5pm PST.

If you click No, a new account will be created for you.

Submit

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

Profession Credentialing ▾
Surveys

→ **My Profile**

\* Indicates a required field

You must specify details for all required fields in order to move forward.

*First Name Cathy	Middle Name	*Last Name Mori
*Date of Birth	Social Security Number	*Gender

**Address**

*Street	*City	*Country United States
*State or Province	*Zip Code	*County

**Contact Information**

Phone Number	Cell Number	*Email Address cathymori4@gmail.com
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Mailing Address if different than above:

Exit

Save



4. Enter all the required information in the “Personal Information” section.

5. 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.

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



- 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.

**My Profile**

\* Indicates a required field

**Personal Information**

You must specify details for all required fields in order to move forward.

*First Name Cathy	Middle Name	*Last Name Mori
*Date of Birth 04/01/2000	Social Security Number	*Gender Female

**Address**

*Street 456, Avenue Street Road	*City Washington	*Country United States
*State or Province Washington	*Zip Code 10001	*County Alaska

[Validate Address](#)

**Contact Information**

Phone Number (344) 556-7893	Cell Number	*Email Address cathymori4@gmail.com
--------------------------------	-------------	--

Mailing Address if different than above:

[Exit](#) [Save](#)

- The information entered will be saved. Scroll to the bottom, then click the “Exit” button.

Profession Credentialing ▾ Surveys

**My Profile**

**Personal Information**

First Name Cathy	Middle Name	Last Name Mori
Date of Birth 04/01/2000	Social Security Number	Gender Female

Note: If any of the information above is incorrect, please submit a 'Change of Personal Information' submission within the applicant portal.

**Address**

Street 456, Avenue Street Road	City Washington	Country United States
State or Province Washington	Zip Code 10001	County Alaska

**Contact Information**

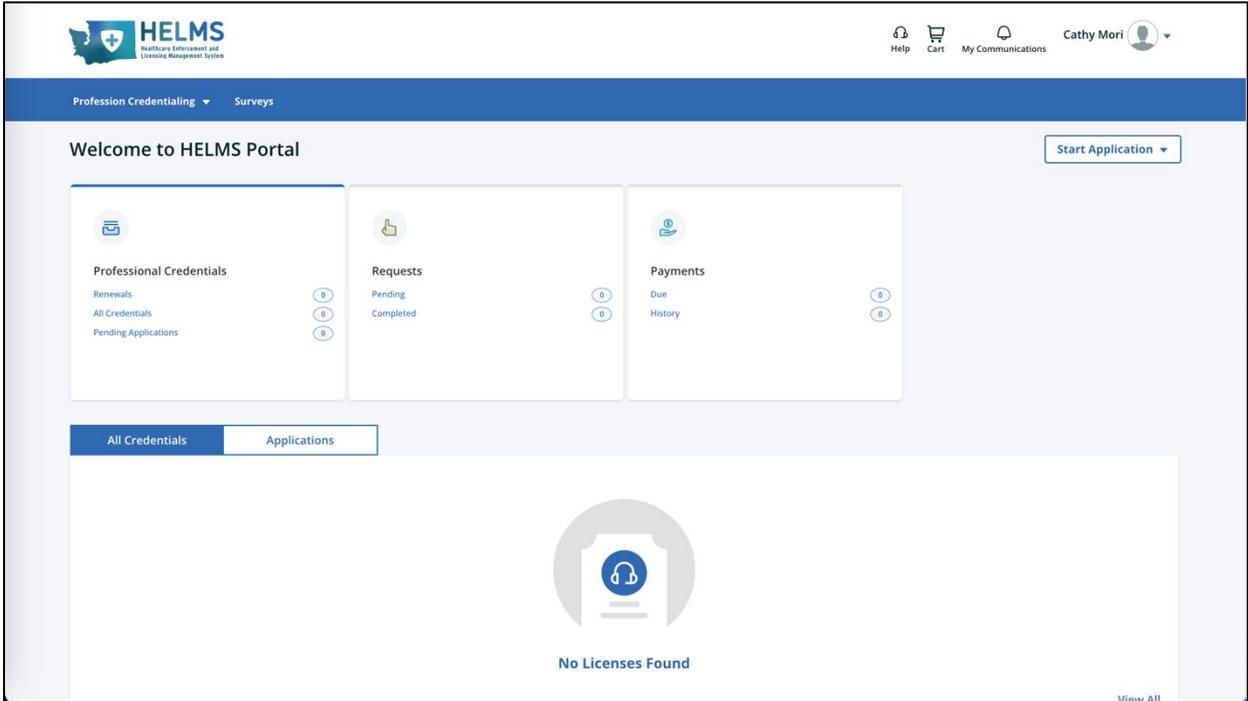
Phone Number (344) 556-7893	Cell Number	Email Address cathymori4@gmail.com
--------------------------------	-------------	---------------------------------------

Mailing Address if different than above:

[Exit](#) [Change of Personal Information](#) [Edit](#)



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.

The screenshot shows the 'My Profile' page in the HELMS portal. The page is divided into three main sections: Personal Information, Address, and Contact Information. Each section contains several input fields. At the bottom right, there is a red-bordered button labeled 'Change of Personal Information' and a blue 'Edit' button. The 'Change of Personal Information' button is highlighted with a red box.

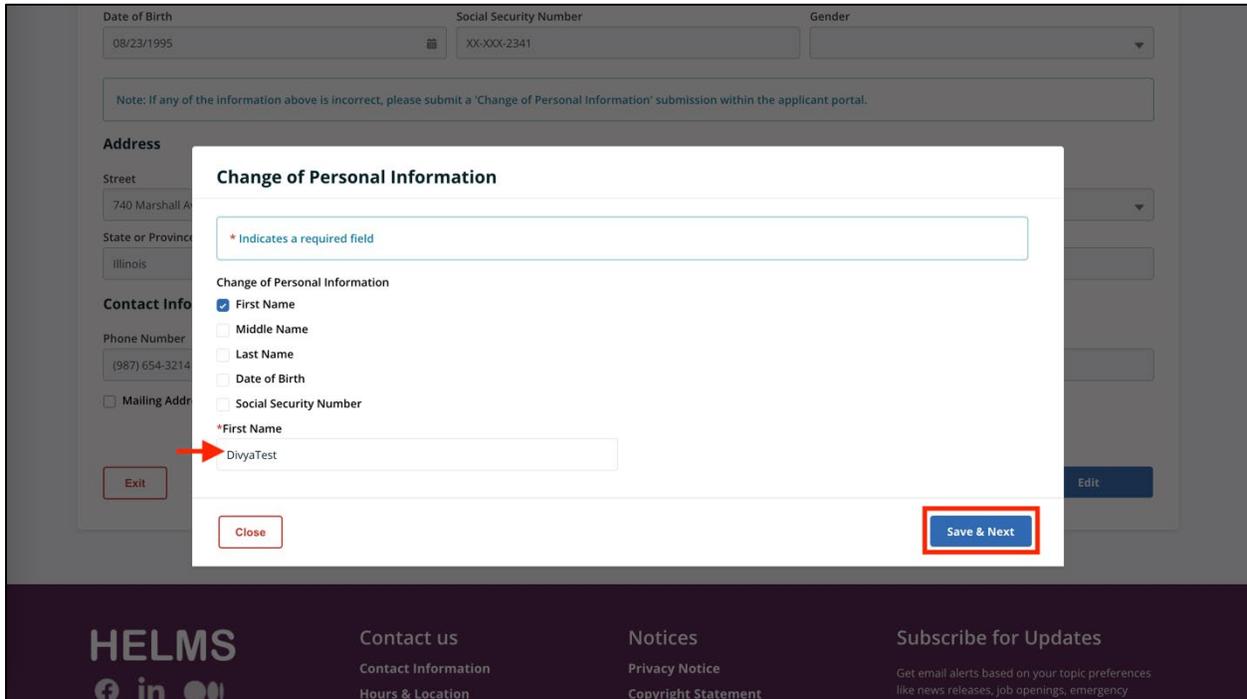
2. By selecting checkboxes, choose the fields that need to be updated.

The screenshot shows the 'My Profile' page with a modal window titled 'Change of Personal Information' open in the center. The modal window contains a list of checkboxes for selecting which fields to update: 'First Name', 'Middle Name', 'Last Name', 'Date of Birth', and 'Social Security Number'. A red box highlights these checkboxes. The modal window also has a 'Close' button and a 'Save & Next' button.

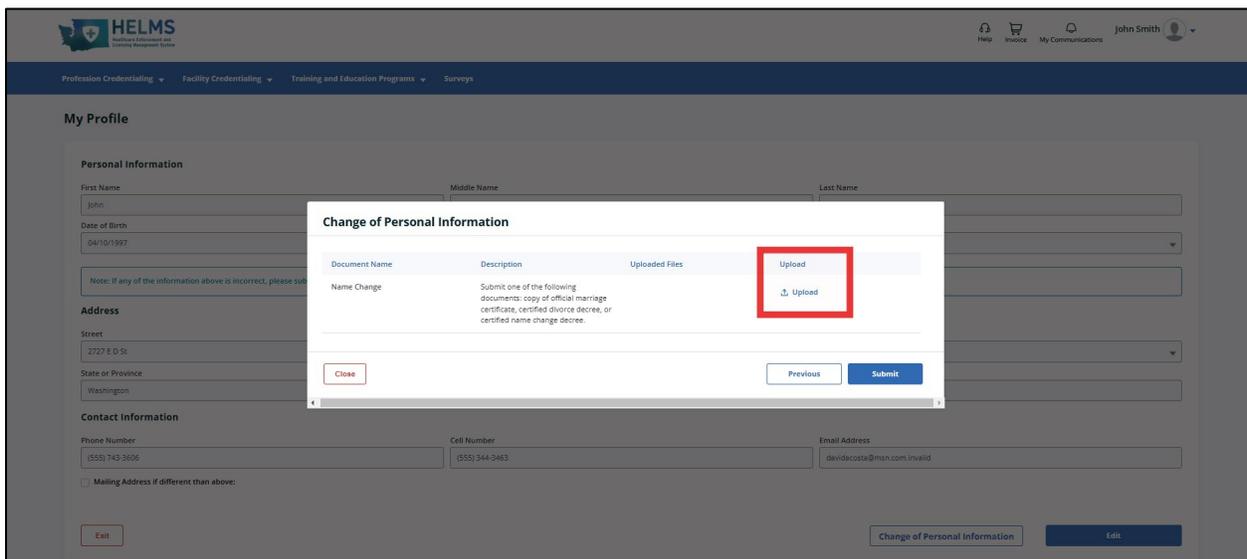


**Note:** Each field will appear once selected, and you can select multiple fields to update. Enter the correct information.

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



4. 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.





## 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.

The screenshot shows the HELMS Portal dashboard. At the top, there is a navigation bar with the HELMS logo and user information (John Smith). Below the navigation bar, there are three main cards: Professional Credentials, Requests, and Payments. Each card has a list of items and a count. Below the cards, there is a table with columns for Credential Number, Credential Name, Effective Date, Expiration Date, Status, CE Due Date, and Actions. A 'Renew' button is visible in the Actions column.

Credential Number	Credential Name	Effective Date	Expiration Date	Status	CE Due Date	Actions
MACCM 60361168	Medical Assistant Certification	2/20/2022	5/13/2024	Expired		<a href="#">Renew</a>

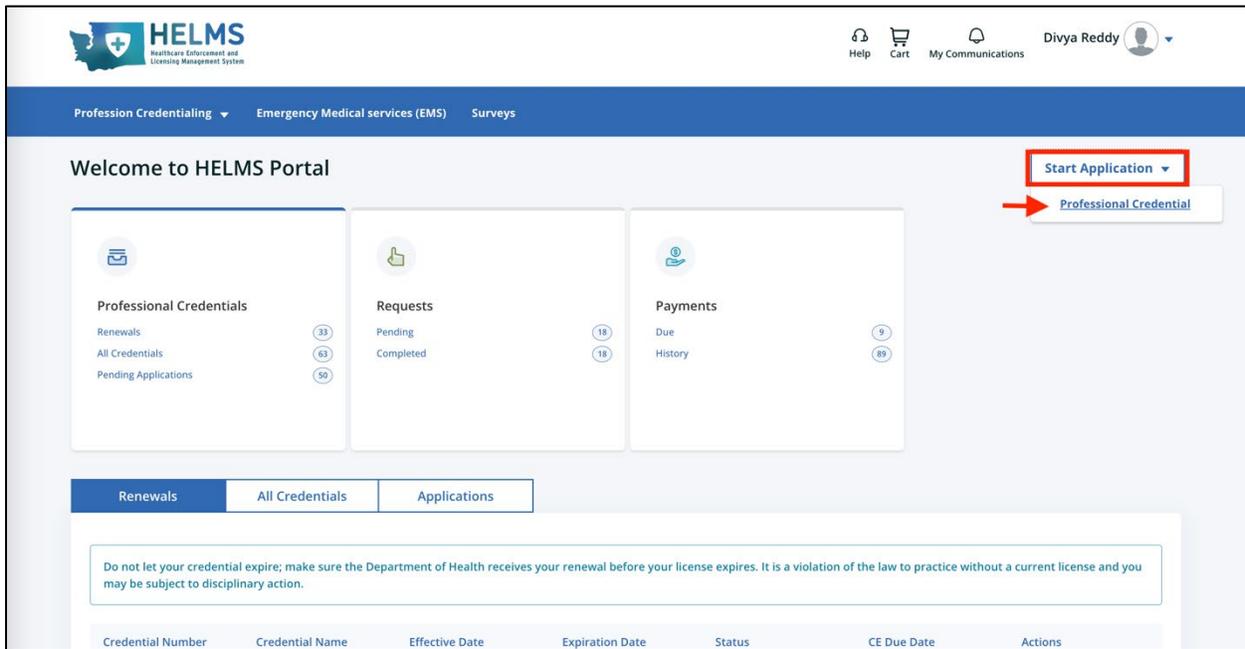


## SUBMITTING A PROFESSION CREDENTIAL APPLICATION

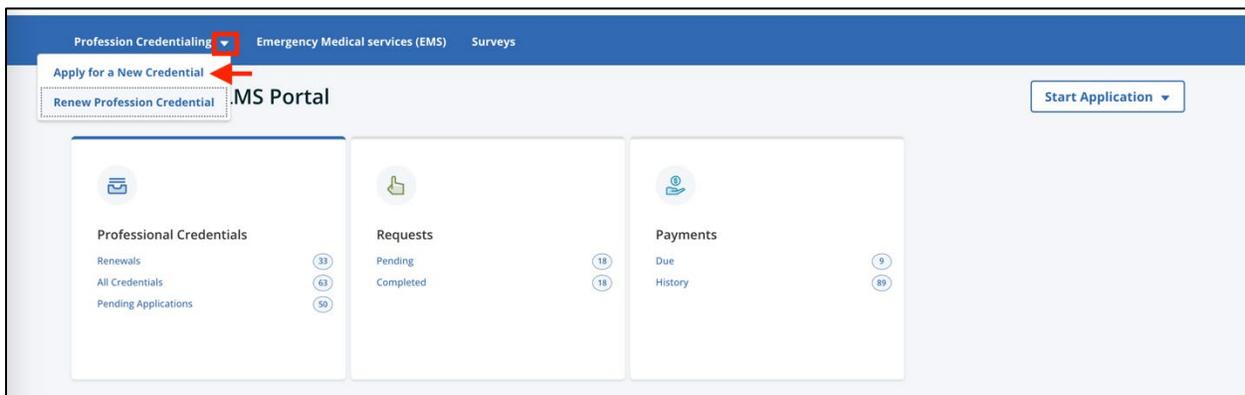
Login to the HELMS portal and follow the procedure outlined below to fill out and submit a profession credential application.

### Applying for a New Health Professional License

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



**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.



- 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.

The screenshot shows the 'Select License' interface. At the top, there are navigation links: 'Profession Credentialing', 'Emergency Medical services (EMS)', and 'Surveys'. Below this, the 'Select License' section has two radio buttons: 'Search By Name' (selected) and 'Search From List'. A horizontal bar contains the alphabet from A to Z, with 'A' highlighted. Below the alphabet bar is a search input field labeled 'Search Here'. Under the 'A' heading, there is a list of licenses with radio buttons. The 'Athletic Trainer License' is selected. At the bottom, there are 'Exit' and 'Next' buttons, with 'Next' highlighted.

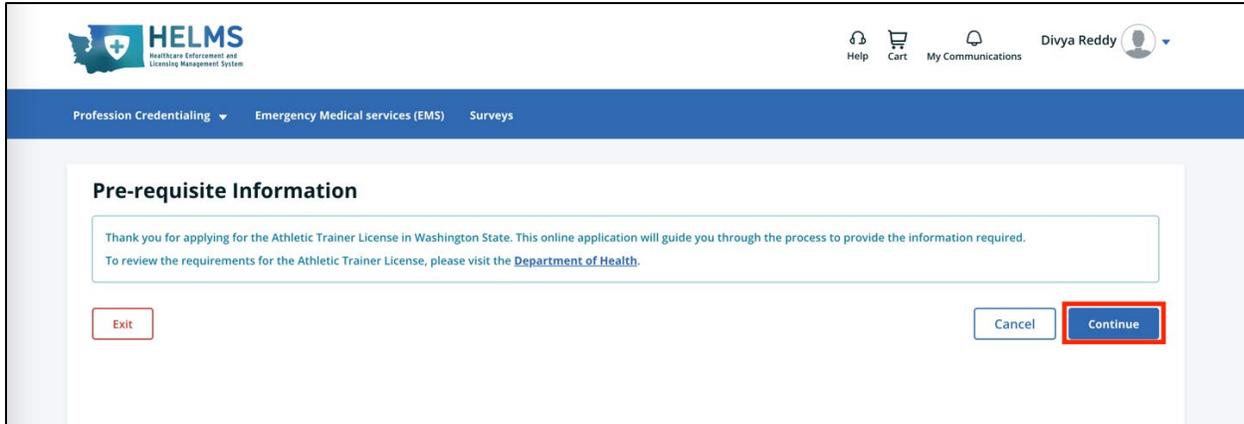
**Search from List:**

- 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.

The screenshot shows the 'Select License' interface with the 'Search From List' option selected. Below the radio buttons is a search input field with a red asterisk and the text '\* Indicates a required field'. There are three dropdown menus: '\*Program Type' with 'Profession' selected, '\*Credential Type' with 'Athletic Trainer' selected, and '\*Credential Name' with 'Athletic Trainer License' selected. At the bottom, there are 'Exit' and 'Next' buttons, with 'Next' highlighted.



- 3) Read the details carefully on the Prerequisite Information page, then click the “Continue” button to start filling out the application.



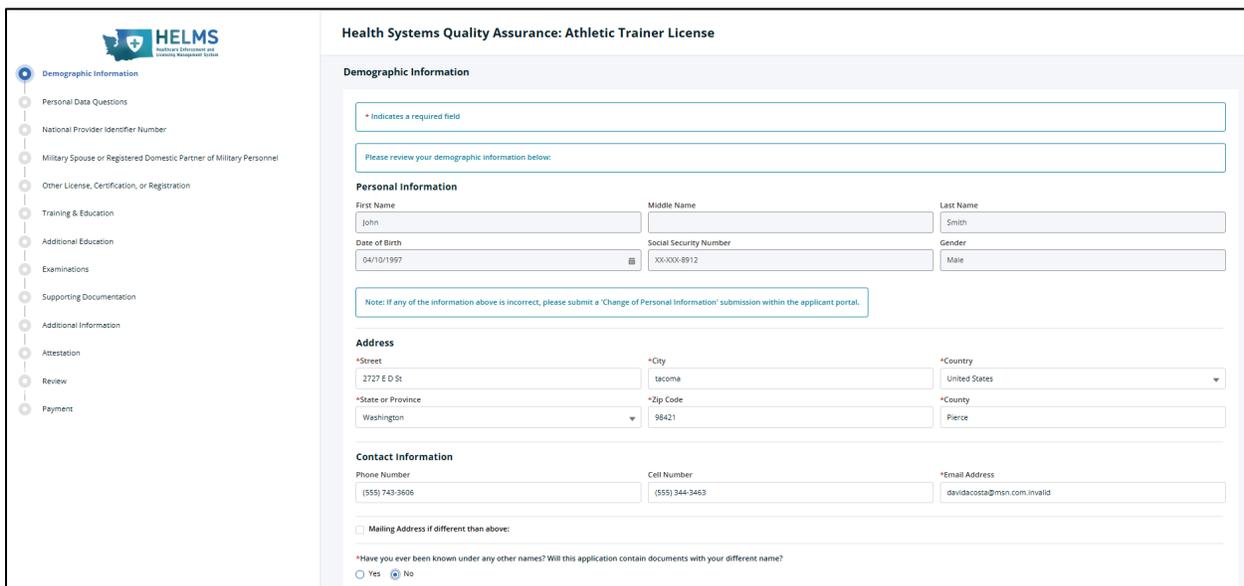
### Application Steps

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.

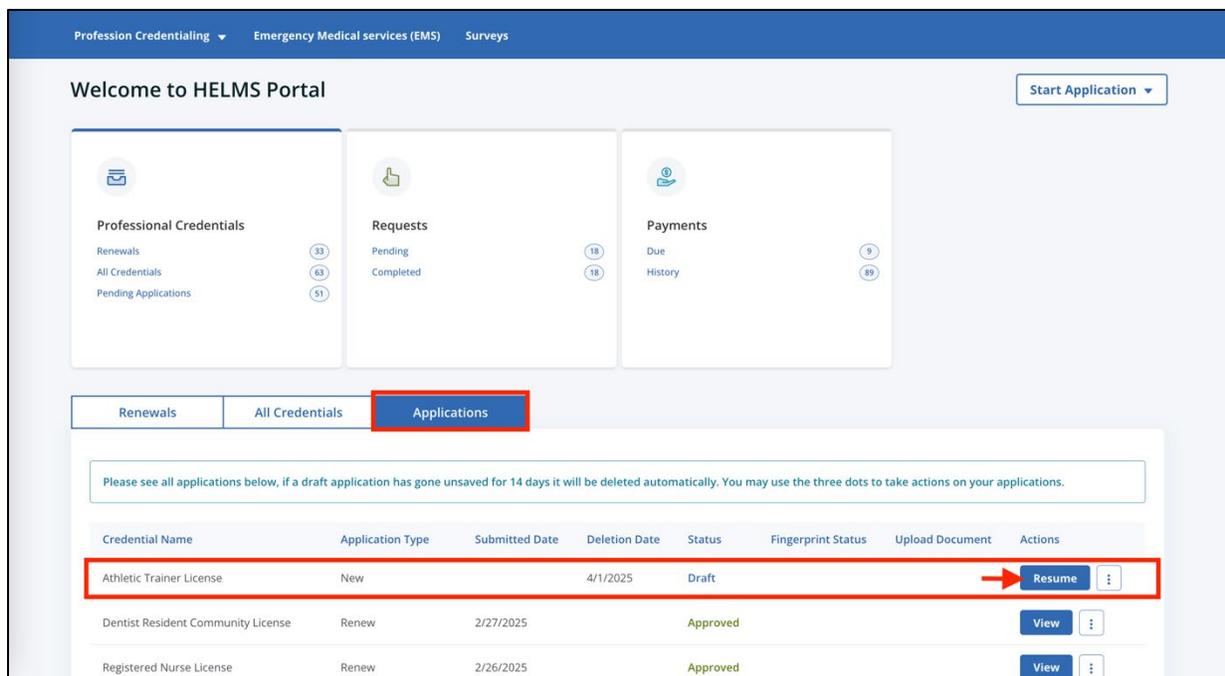




Once you’ve completed all the requirements for your application type, your application will appear in the “Applications” tab of the table of details under the professional credential card. Depending on your payment method, such as adding the fee to your cart or you are using an employer PIN, the status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

Welcome to HELMS Portal Start Application ▾

**Professional Credentials**

- Renewals (33)
- All Credentials (63)
- Pending Applications (54)

**Requests**

- Pending (18)
- Completed (18)

**Payments**

- Due (9)
- History (89)

**Renewals** | All Credentials | Applications

Do not let your credential expire; make sure the Department of Health receives your renewal before your license expires. It is a violation of the law to practice without a current license and you may be subject to disciplinary action.

Credential Number	Credential Name	Effective Date	Expiration Date	Status	CE Due Date	Actions
CVIS.IS.70007394	Cardiovascular Invasive Specialist Certification	9/26/2023	10/17/2023	Expired		<a href="#" style="background-color: #0056b3; color: white; padding: 2px 5px;">Renew</a>

To begin the renewal process:

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

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Help Invoice My Communications John Smith ▾

Profession Credentialing ▾ Facility Credentialing ▾ Training and Education Programs ▾ Surveys

Welcome to HELMS Portal Start Application ▾

**Professional Credentials**

- Renewals (1)
- All Credentials (2)
- Pending Applications (1)
- New CE Audit Requests (1)

**Requests**

- Pending (1)
- Completed (1)

**Payments**

- Due (1)
- History (1)

**Renewals** | All Credentials | Applications | CE Audit Requests

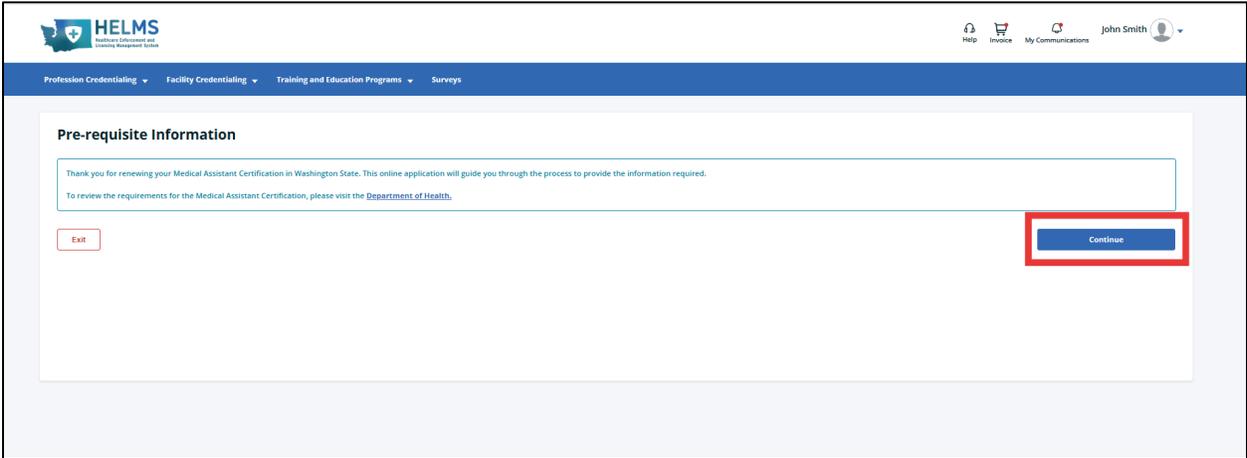
Do not let your credential expire; make sure the Department of Health receives your renewal before your license expires. It is a violation of the law to practice without a current license and you may be subject to disciplinary action.

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		<a href="#" style="background-color: #0056b3; color: white; padding: 2px 5px;">Renew</a>

View All

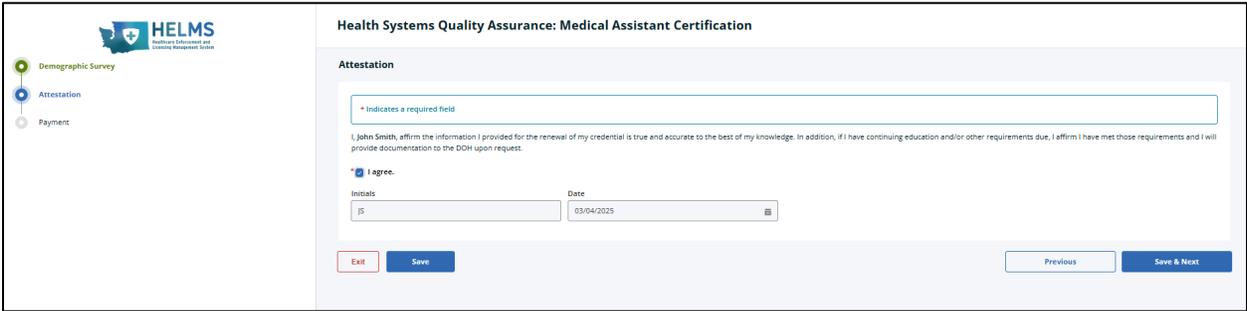


2. Review the prerequisite Information, then click “Continue.”



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.





## 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.

Welcome to HELMS Portal Start Application ▾

**Professional Credentials**

- Renewals 33
- All Credentials 63
- Pending Applications 54

**Requests**

- Pending 18
- Completed 18

**Payments**

- Due 9
- History 89

Renewals
All Credentials
Applications

Please see all applications below, if a draft application has gone unsaved for 14 days it will be deleted automatically. You may use the three dots to take actions on your applications.

Credential Name	Application Type	Submitted Date	Deletion Date	Status	Fingerprint Status	Upload Document	Actions
Cardiovascular Invasive Specialist Certification	Renew		4/1/2025	Draft			<span style="background-color: #0056b3; color: white; padding: 2px 5px;">Resume</span> <span style="font-size: 1.2em;">⋮</span>
Athletic Trainer License	New		4/1/2025	Draft			<span style="background-color: #0056b3; color: white; padding: 2px 5px;">Resume</span> <span style="font-size: 1.2em;">⋮</span>
Dentist Resident Community License	Renew	2/27/2025		Approved			<span style="background-color: #0056b3; color: white; padding: 2px 5px;">View</span> <span style="font-size: 1.2em;">⋮</span>
Registered Nurse License	Renew	2/26/2025		Approved			<span style="background-color: #0056b3; color: white; padding: 2px 5px;">View</span> <span style="font-size: 1.2em;">⋮</span>



## 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.

The screenshot shows the HELMS Portal interface. At the top, it says "Welcome to HELMS Portal" and has a "Start Application" button. Below this are three main cards: "Professional Credentials", "Requests", and "Payments". The "Requests" card is highlighted with a red box and shows "Pending" (4) and "Completed" (1) counts. Below the cards are two tabs: "Pending" (selected) and "Completed". A table below the tabs shows pending requests with columns for Request Id, Request Type, Status, Payment Status, and Actions. The table contains four rows of data.

Request Id	Request Type	Status	Payment Status	Actions
00006005	Print Credential	Printed	Fully Paid	<a href="#">View</a>
00005791	Change of Personal Information	Submitted		<a href="#">View</a>
00006219	EMS Last Affiliation Removal	Requested		<a href="#">View</a>
00006006	Print Wall Certificate	Submitted	Fully Paid	<a href="#">View</a>

## 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, [doh.wa.gov/HELMS](https://doh.wa.gov/HELMS).

Welcome to HELMS Portal

Start Application

**Professional Credentials**

Renewals (13)

All Credentials (37)

Pending Applications (21)

**Requests**

Pending (4)

Completed (1)

**Payments**

Due (15)

History (28)

Due | History | Payment PIN

Select	Name of Applicant	Credential Number	Select Credential	Fee Status	Total Amount Due	Last Day to Pay	Actions
<input type="checkbox"/>	Aloha Bird Joan		Mental Health Counselor License	Employer Payment Pending	\$350	03/19/2025	<a href="#">View Details</a>
<input type="checkbox"/>	UAT Test	PT.PT.70023455	Physical Therapist License	Not Received	\$180		<a href="#">View Details</a>

### 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.

Welcome to HELMS Portal

Start Application

**Professional Credentials**

Renewals (13)

All Credentials (37)

Pending Applications (21)

**Requests**

Pending (4)

Completed (1)

**Payments**

Due (15)

History (28)

Due | History | Payment PIN

Select	Name of Applicant	Credential Number	Select Credential	Fee Status	Total Amount Due	Last Day to Pay	Actions
<input type="checkbox"/>	Aloha Bird Joan		Mental Health Counselor License	Employer Payment Pending	\$350	03/19/2025	<a href="#">View Details</a>
<input type="checkbox"/>	UAT Test	PT.PT.70023455	Physical Therapist License	Not Received	\$180		<a href="#">View Details</a>
<input type="checkbox"/>	UAT Test	MDIN.ML.70022847	Physician And Surgeon Institution License	Not Received	\$395		<a href="#">View Details</a>
<input checked="" type="checkbox"/>	UAT Test	CRAS.FS.70022810	Construction Review Ambulatory Surgery Center Project	Not Received	\$240		<a href="#">View Details</a>



2) 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.

Welcome to HELMS Portal Start Application ▾

**Professional Credentials**

Renewals 38

All Credentials 78

Pending Applications 28

**Requests**

Pending 3

Completed 5

**Payments**

Due 8

History 62

Due | History | Payment PIN

Select	Name of Applicant	Credential Number	Select Credential	Fee Status	Total Amount Due	Last Day to Pay	Actions
<input checked="" type="checkbox"/>	UAT Test		Counselor Agency Affiliated Certification	Employer Payment Pending	\$175	03/26/2025	<a href="#">View Details</a>
<input checked="" type="checkbox"/>	UAT Test		Chiropractor License	Employer Payment Pending	\$725	03/26/2025	<a href="#">View Details</a>
<input type="checkbox"/>	Divya Sree	AUD.LD.70019140	Audiologist License	Not Received	\$175		<a href="#">View Details</a>
<input type="checkbox"/>	Divya Sree	NUTR.NU.70018966	Nutritionist Certification	Not Received	\$65		<a href="#">View Details</a>
<input type="checkbox"/>	Divya Sree	DIET.DI.70018965	Dietitian Certification	Not Received	\$65		<a href="#">View Details</a>

[Add to Cart](#)

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.

**Cart**

Note: The Remove button will remove the item from the cart but will still be found on the due list on the payment dashboard. Application will not be submitted to the Department of Health.

Name of Applicant - UAT Test    Application Type - New    Credential Number - NA    License Type - Chiropractor License [Remove](#)

PAYMENT NAME	AMOUNT
Application Fee	\$625.00
Jurisprudence Examination Fee	\$100.00
<b>Subtotal:</b>	<b>\$725.00</b>

Name of Applicant - UAT Test    Application Type - New    Credential Number - NA    License Type - Counselor Agency Affiliated Certification [Remove](#)

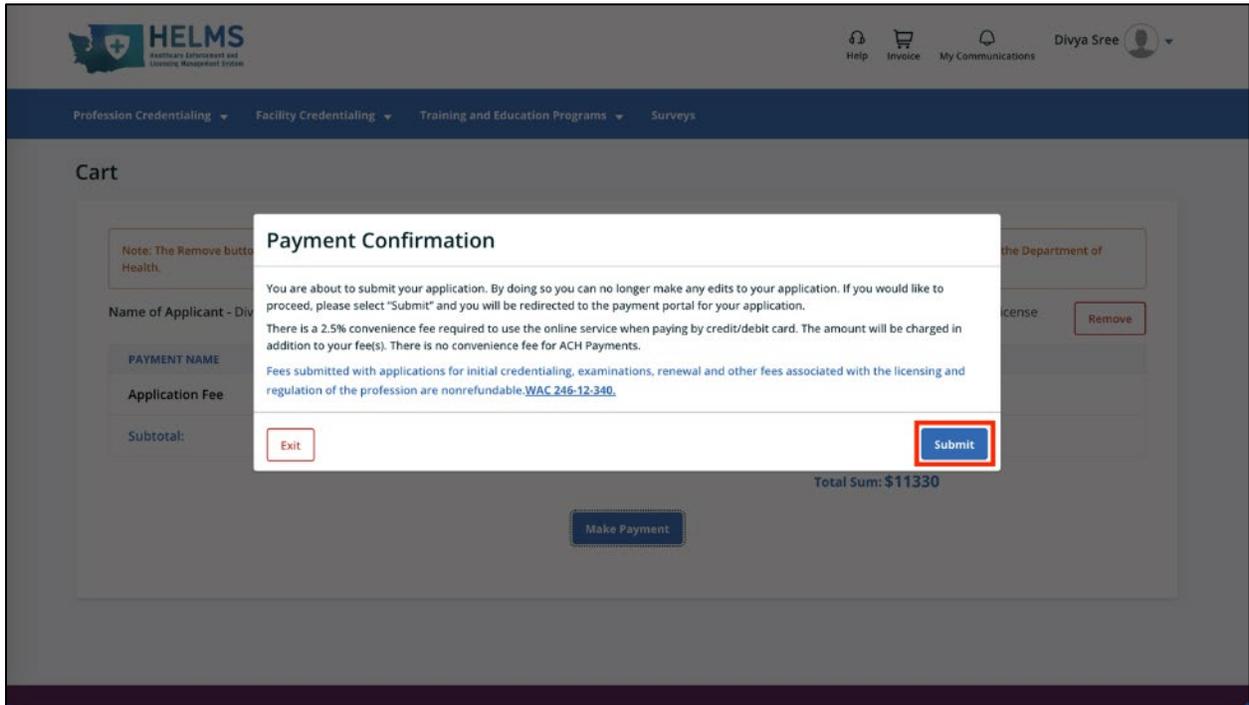
PAYMENT NAME	AMOUNT
Application Fee	\$175.00
<b>Subtotal:</b>	<b>\$175.00</b>

**Total Sum: \$900.00**

[Make Payment](#)



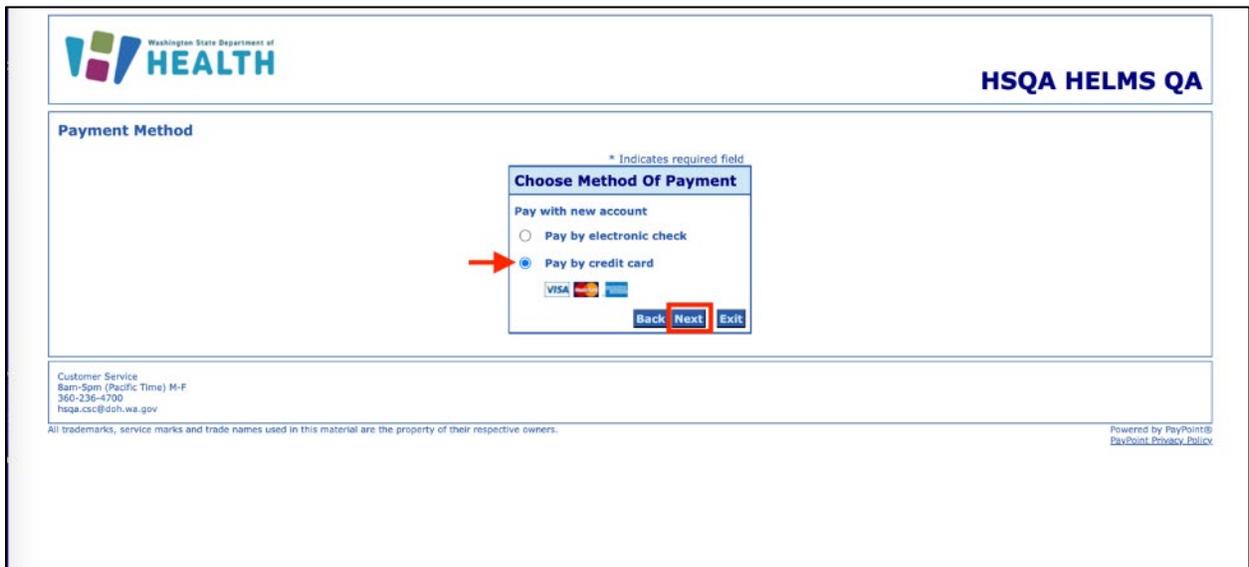
4) Click the “Submit” button to confirm.



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.





- 6) Enter the “Billing Address” and “Payment Method” details, select the “I’m not a robot” checkbox, and then click the “Next” button.

**Payment Information**

\* Indicates required field

**Billing Address**

Use Business Name

\*First Name:

M.I.:

\*Last Name:

\*Street Line 1:

Street Line 2:

\*City:

\*State:

\*Zip:

\*Country:

Phone:

E-Mail:

**Payment Details**

\*Payment Amount: 5725.00 USD  
Convenience Fee: 143.13 USD

**Payment Method**

\*Name on Card:

\*Card Number:

\*Expiration Date: \* Month  \* Year

Card Verification Value(CVV2):  [What's This?](#)

I'm not a robot

- 7) Review the payment order and click the “Pay Now” button.

**HSQA HELMS QA**

**Payment Review**

**Address**

Billing Address:  
Test G  
Sabin St  
Washington, AK 10001

**Payment Method**

Credit Card   
x1111 04/26

**Payment Amount**

Amount: 900.00 USD  
Convenience Fee: 22.50 USD  
**Total: 922.50 USD**

Once you select 'Pay Now' please wait for confirmation of your payment. If you leave this page, the processing of your payment and renewal or application may not be completed.

Customer Service  
8am-5pm (Pacific Time) M-F  
360-236-4700  
hsqa.csc@doh.wa.gov

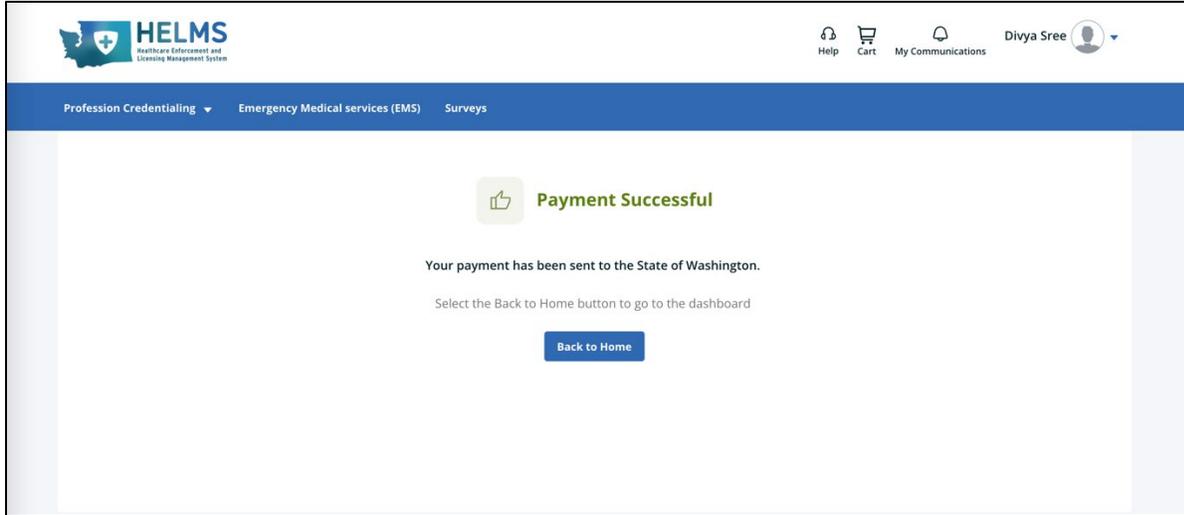
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8) After successful payment completion, an Application Submission message appears on the screen.

**Note:** To return to the home page, click the “Back to Home” button.



### History

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.”

