Nursing Pool Registration Application Packet

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In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Nursing Pool Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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 civil.rights@doh.wa.gov.

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Washington State Department of HEALTH

Application Instructions Checklist

Please indicate type of application – new, change of ownership, or change of location.

New—First time requesting a Nursing Pool registration.

Change of Ownership—When name of legal owner/operator changes resulting from the sale of licensed agency.

Change of Location— Changing the location address. Include your current license number.

- ☐ **Check One:**
  Please check your legal owner/operator business structure type according to your Washington State Master Business License.

- ☐ **1. Demographic Information:**
  Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI #'s.

  Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

  Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

  Mailing Address: Enter the owner's complete mailing address.

  Phone and Fax Numbers: Enter the owner's phone and fax number, if you have them.

  Email and Web Address: Enter the owner's email and agency Web addresses, if you have them.

  Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web site.

  Physical Address: Enter the agency's physical street location including city, state, zip code and county.

  Phone and Fax Numbers: Enter the agency's phone and fax number, if you have them.

  Mailing Address: Enter the agency's mailing address, if different than physical address.

- ☐ **2. Facility Specific Information:**
  Background Questions: Check yes or no. If you answer yes, list and explain on a separate sheet of paper.

- ☐ **3. Contact Information:**
  Enter the contact person's name, phone number and email address. This will be the person that the Department can contact for additional information.

☐ **4: Additional Information:**

Additional Locations: Provide name and location addresses of any other locations of nursing pools.

Corporation Information: Enter date of incorporation, corporate number, and state of corporation.

Legal Owner: List the names, titles, social security numbers (SSN), birthdays, addresses, and phone numbers of the corporate officers, partners, etc. Attach additional sheets if you need more space.

Organization Corporate Structure if applicable: Provide a copy of the legal structure of your organization that is recognized in your given jurisdiction. The information provided will be made publicly available per **RCW 18.52C.020(2)**.

Change of Ownership Information: If applicable, list the previous legal owner name, previous name of facility, previous registration number, effective date of ownership change and physical address.

Liability Insurance:
WAC 246-845-080 requires that each nursing pool shall carry professional and general liability insurance in the amount of one million dollars per occurrence for each person delivers patient care services. The policy must show coverage using one of the following methods.

- The nursing pool maintains insurance coverage in the amount indicated for the nursing pool intself and its employees or agents.
- The nursing pool maintains professional and general liability insurance for its own liability in the amount indicated. It only refers self-employed, independent contractors who must maintain their own professional and general liability insurance coverage in the amount indicated. Written evidence of such insurance shall be maintained by the nursing pool in the independent contractor's personnel file for a minimum of three years.

☐ **5. Quality Assurance Standards Affidavit:**
Must be signed by owner, partner or corporate officer and provide title. Affidavit must be submitted with the application and fee.

Quality Assurance Standards: **WAC 246-845-090** requires all nursing pools to comply with quality assurance standards. This rule also requires the nursing pool maintain evidence of compliance for up to three years be made available upon inspection. The department may request evidence during the application process or during a random audit following registration.

☐ **6. Applicant Affirmation:**
Provide signature of authorized representative and date. Print name and title of authorized representative.

Washington State Department of HEALTH

Date Stamp Here

Fee
Click here for current **Fee Link**
All application fees are nonrefundable

Revenue: 0299040000

Nursing Pool Registration Application

This is for: ☐ Initial/New Licensure ☐ Change of Ownership ☐ Change of Location

Check One

☐ Association
☐ Corporation
☐ Federal Government Agency
☐ Limited Liability Company
☐ Limited Liability Partnership
☐ Limited Partnership
☐ Municipality (City)
☐ Municipality (County)
☐ Non-Profit Corporation
☐ Partnership
☐ Sole Proprietor
☐ State Government Agency
☐ Tribal Government Agency
☐ Trust

1. Demographic Information

UBI #		Federal Tax ID (FEIN) #	
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address		Web Address	

Facility/Agency Name (Business name as advertised on signs or Web site)			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Mailing Address (If different than physical address)			
City	State	Zip Code	County

2. Facility Specific Information

Background Questions

	Yes	No
1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? If yes, list and explain on a sheet of paper.	☐	☐
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? If yes, list and explain on a sheet of paper.	☐	☐

3. Contact Information

Contact Person	Title
Phone (enter 10 digit #)	Email Address

4. Additional Information

Does Nursing Pool operate in any other location(s)? ☐ Yes ☐ No

If **yes**, provide name and physical address. Each location is required to obtain separate registration.

Name	Physical Address

Corporate Information

Date of Incorporation	Corporate Number	State of Corporation

Legal Owner Information–attach additional sheets as needed

List names, titles, SSN's, birth dates, addresses, and phone numbers of corporate officers, partners, members, managers, etc.

Name:	Title:	Social Security Number (SSN):	Birth Date (mm/dd/yyyy):
Address:			Phone Number:
Name:	Title:	Social Security Number (SSN):	Birth Date (mm/dd/yyyy):
Address:			Phone Number:
Name:	Title:	Social Security Number (SSN):	Birth Date (mm/dd/yyyy):
Address:			Phone Number:

Disclosure of Corporate Structure

RCW 18.52C.030 requires a nursing pool to disclose corporate structure and ownership. I certify that I have provided a copy of my corporate structure if applicable. I understand the information provided will be made publicly available per RCW 18.52C.020(2). ☐ Yes ☐ No

Change of Ownership Information		
Previous Name of Legal Owner		
Previous Name of Facility	Previous License Number	Effective Date of Change in Ownership
Physical Address		

Liability Insurance (Copy of policy must be attached)

WAC 246-845-080 requires each nursing pool shall carry professional and general liability insurance in the amount of $1 million dollars per occurrence for each person who delivers patient care services. The policy must show coverage using one of the following methods. **Please indicate which method your policy reflects and include a copy of your policy.**

☐ The nursing pool maintains insurance coverage in the amount indicated for the nursing pool itself and its employees or agents.

☐ The nursing pool maintains professional and general liability insurance for its own liability in the amount indicated. It only refers self-employed, independent contractors who must maintain their own professional and general liability insurance coverage in the amount indicated. Written evidence of such insurance coverage shall be maintained by the nursing pool in the independent contractor's personnel file for a minimum of three years.

5. Quality Assurance Standards Attestation

WAC 246-845-090 requires all nursing pools to comply with quality assurance standards. This rule also requires the nursing pool maintain evidence of compliance for up to three years to be made available upon inspection. The Department of Health may request evidence during the application process or during a random audit following registration.

Must be signed by owner, partner or corporate officer and provide title. Affidavit must be submitted with the application and fee.

This is to certify I have read WAC 246.845.090 of the Law Relating to Nursing Pools 18.52C RCW and as a registered nursing pool shall comply with the quality assurance standards as outlined. Evidence of compliance with the standards shall be retained by the nursing pool and will be made available for inspection by the Department of Health.

Initials of Representative	Date

6. Applicant Affirmation

This is to certify the information provided in this application is true and complete. I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act. To the best of my knowledge all supporting documents are actual and complete. I understand the department may require more information from me prior to making a determination regarding my registration, and may independently validate conviction records with official state and federal databases.

Signature of Authorized Representative ____________________ Date ____________________

Print Name ____________________ Print Title ____________________

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RCW/WAC and Online Web Site Links

RCW/WAC Links

Nursing Pool Laws, RCW 18.52C

Nursing Pool Rules, WAC 246-845

Online

Nursing Pool Web Page