

Online Application Instructions Checklist

Thank you for your interest in applying for your **Agency Affiliated Counselor** credential online. To ensure that you have submitted the necessary information, we encourage you to **print** the following checklist and use it as a reference.

You will be notified by email if further documentation is needed. It is the responsibility of the applicant to submit all supporting documentation. Failure to do so may result in a delay in processing your application.

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

Application Fee: The application fee must be paid at the time you apply. You may use a debit or credit card with a VISA or MasterCard logo or pay by ACH/E-Check. Make sure your address on the payment screen matches the address your financial institution has on file. **This fee is non-refundable.** You can check the online [fee page](#) for current fees. There is a convenience fee to apply online.

Once you have completed the process you will find your pending credential number at www.doh.wa.gov/pcs. Refer to this number any time you contact the department or submit paperwork.

The following is information you will need to complete the online application:

Do you hold a credential in Washington State? Select yes or no if you currently or have ever held a health care credential in Washington State.

Demographic Information:

Social Security Number: You **must** have a social security number to apply online. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day and year of your birth.

Birth place: Provide the city, state and country where you were born.

Address: List the address we should use to send any information about your credential. Be sure to include the city, state, zip code, county, and country. This will be your address of record with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, including area code, if you have them.

Agency or Facility Name: List the agency or facility name, if applicable. If you have an offer of employment by an agency or facility operated, licensed, or certified by Washington State or a federally recognized Indian Tribe or county located within Washington State, an [Employment Verification form](#) must be completed. The agency must return it to the department by email or mail at the address below.

Agency or Facility Physical Address (street): List the agency or facility physical address (street).

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. For additional information see [WAC 246-12-300](#).

- Other Licenses, Certifications, or Registrations:** Select yes or no if you currently or have ever held a license, certification, or registration in another state.

A [Credential Verification form](#) must be sent to each state you have ever held a license, certification, or registration with. Contact each state board prior to submitting this form to expedite this process, some entities may charge a verification fee. The licensing authority must send the completed form by email or mail to the address below.

- Personal Data Questions:**

All applicants must answer the personal data questions. If you answer “yes” to any of the personal data questions you **must** apply with a [paper application](#).

- Title Description:**

Give a brief description of your orientation, discipline, theory, or technique in the title description section.

- Military Information:**

- Have you received military training for this profession? If yes, please select “military trained”. Military refers to members of the United States Armed Forces, including the United States Public Health Services Commissioned Corps.
- Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the [Military Resources form](#).
- For more information and to see if you qualify, please visit the [Military Resources page](#). Email or mail the completed form and additional documents to the address listed below.

- National Provider Identifier Number:**

The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

- AIDS Education and Training Attestation:**
Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in [WAC 246-12-270](#).
- Applicant's Attestation:**
Read the applicant's attestation, if you agree with statement in its entirety, select "yes" to continue with the application.

To avoid delays in the processing of your application, please complete and submit any applicable forms.

- [Employment Verification Form](#)
- [Out-of-State Credential Verification Form](#)
- [Military Resources Form](#)
- [Agency Affiliated Counselor Supplemental Employer Contact Form](#)
This form can be submitted by email or mail to the address below to help expedite the processing of your application.

Please note: The initial credential will expire on your birthday unless the credential is issued within 90 days of your next birthday. See [WAC 246-12-020\(3\)](#).

Please contact our customer service center for assistance at:

360-236-4700
hsqa.csc@doh.wa.gov

Forms and additional documentation may be mailed or emailed to:

Department of Health
PO Box 47877
Olympia WA 98504-7877
hsqacredentialingintake@doh.wa.gov