



HELMS Portal Users User Guide for Partners

March 25, 2024



LOGGING IN

The SecureAccess Washington (SAW) website will be used to access the HELMS public portal. To access the HELMS public interface, follow the steps outlined below:

1. Open the SecureAccess Washington (SAW) website at <https://secureaccess.wa.gov/myAccess/saw/select.do>
2. Enter your **Username** and **Password** and click the **Submit** button on the Sign In page.

Welcome
to your login for Washington state.

SecureAccess Washington

Sign Up! GET HELP Español

LOGIN

Username

Password

[Forgot your username?](#) | [Forgot your password?](#)

Bad actors are spoofing SecureAccess Washington (SAW)

To avoid becoming a victim, be skeptical of all links on the internet even if they look official. When going to a government agency website, make sure it has a .gov address. The only correct SAW address is <https://secureaccess.wa.gov>.

Washingtonians who use the SecureAccess Washington (SAW) portal to access state services should be on the lookout for spoofed internet ads that purport to be government links to SAW.

WaTech's state Office of Cybersecurity (OCS) has observed fake sponsored ads on search engines with links such as SecureAccess - Washington and as SecureAccess Washington - login.

If users click on the ad, it takes them to a page what looks like a legitimate government website asking for their username and password. If those credentials are provided, bad actors can then use that information to attempt access to user accounts at state agencies.

You will be directed to the SecureAccess Washington (SAW) landing page.



3. Click the **Access Now** button on the **Online Application Portal** provided by the **Department of Health** tile.

4. If you have an account and have previously logged in, you will be directed to the Profile page.



5. If you are a first-time user, 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.

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 Anoop	Middle Name	*Last Name Test
Social Security #	*Date of Birth 1/1/1998	Credential Number

☒ I do not have a Social Security Number

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:

- Exact Match
 - Partial Match
 - No Match
- a. **Exact Match:** If the system finds the information you entered, you will be directed to the **My Profile** page.

My Profile

Personal Information

Please review the information below and click "Edit" if updates are needed, otherwise click "Exit" to move to the Application section.

First Name Pablo	Middle Name	Last Name Escobar
Date of Birth 12/01/1949	Social Security Number XXX-XX-1518	Gender Male

Address

Street 1919 Post Aly	City Seattle	Country United States
State or Province Washington	Zip Code 98101-1014	County King



- b. **Partial 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.

HELMS Healthcare Enforcement and Licensing Management System

Help Jimmy Benlim

Locate your Account

* Indicates a Required Field

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.

*Please select the address below that is your current or previous address.

☐ 7 S Main St, Greenville, SC ☐ 769 E Bayshore Rd, Nashville, TN ☒ 1919 Post Aly, Seattle, WA ☐ None of these addresses are my current or previous address.

Submit

HELMS

Contact us
[Contact Information](#)
[Hours & Location](#)

Facebook LinkedIn YouTube Instagram Twitter YouTube

Subscribe for Updates
Get email alerts based on your topic preferences like news releases, job openings, emergency updates and more!
[Sign up for Updates From DOH](#) >>

- If you select the correct address, you will be directed to your profile page.

My Profile

Personal Information

Please review the information below and click "Edit" if updates are needed, otherwise click "Exit" to move to the Application section.

First Name: Pablo Middle Name: Last Name: Escobar

Date of Birth: 12/01/1949 Social Security Number: XXX-XX-1518 Gender: Male

Address

Street: 1919 Post Aly City: Seattle Country: United States

State or Province: Washington Zip Code: 98101-1014 County: King

Contact Information

Phone Number: (865) 985-1266 Cell Number: (653) 868-9098 Email Address: escobar@gmail.com

☐ Mailing Address if different than above:

Exit 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.

HELMS Healthcare Enforcement and Licensing Management System

Help anoop test

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

HELMS

Contact us
[Contact Information](#)
[Hours & Location](#)

[Facebook](#) [LinkedIn](#) [YouTube](#)
[Instagram](#) [Twitter](#) [YouTube](#)

Subscribe for Updates

Get email alerts based on your topic preferences like news releases, job

- 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

6. To create your new account, you will be directed to the **My Profile** page. Click the **Edit** button to fill in the information.

My Profile

Personal Information

Please review the information below and click "Edit" if updates are needed, otherwise click "Exit" to move to the Application section.

First Name	Middle Name	Last Name
anoop		test
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
		akshita.jain+8276753673@mtxb2b.com

☐ Mailing Address if different than above:

Exit Edit



7. Enter all the required information in the **Personal Information** section.

8. 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 and then click the **Submit** button.



- Click the **Save** button after entering all the required information.

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

Personal Information

Please review the information below and click "Edit" if updates are needed, otherwise click "Exit" to move to the Application section.

*First Name	Middle Name	*Last Name
anoop		test
*Date of Birth	Social Security Number	*Gender
01/01/1989		Male

Address

*Street	*City	*Country
#540 Street Road	New York	United States
*State or Province	*Zip Code	County
New York	10001	

Validate Address

Contact Information

Phone Number	Cell Number	*Email Address
(776) 233-3444		akshita.jain+8276753673@mtxb2b.com

☐ Mailing Address if different than above:

Exit Cancel Save

- The entered information will be saved. Scroll to the bottom, then Click the **Exit** button.

Please review the information below and click "Edit" if updates are needed, otherwise click "Exit" to move to the Application section.

First Name	Middle Name	Last Name
anoop		test
Date of Birth	Social Security Number	Gender
01/01/1989		Male

Note: If you need to update your Name, Date of Birth, or Security Number, Please contact the Department of Health. you may contact us at (360) 236-4700 or send an email to customer service at hsga.csc@doh.wa.gov. Office hours are M-F 8am to 5pm PST.

Address

Street	City	Country
#540 Street Road	New York	United States
State or Province	Zip Code	County
New York	10001	

Contact Information

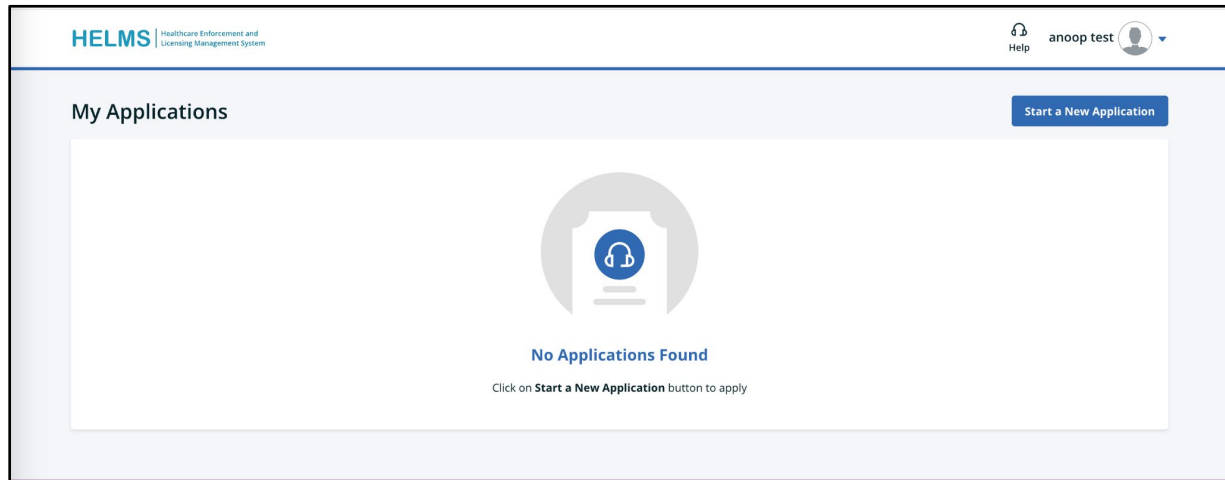
Phone Number	Cell Number	Email Address
(776) 233-3444		akshita.jain+8276753673@mtxb2b.com

☐ Mailing Address if different than above:

Exit Edit



The account is created, and you will be directed to the **My Applications** page.

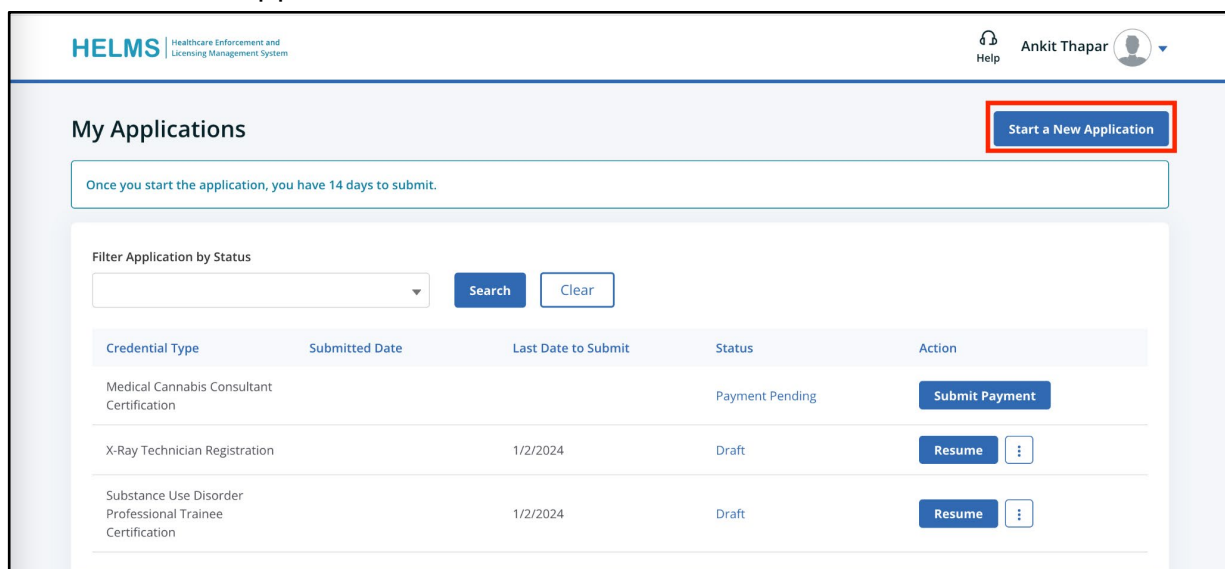


SUBMITTING APPLICATION

Login to the HELMS Public portal and follow the procedure outlined below to fill out and submit an online application.

SUBMITTING A NEW APPLICATION

1. Click the **Start a New Application** button on the **My Applications** page to initiate a new online application.





2. You will be directed to the Select License page.
3. 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 **License** checkbox and then click the **Next** button to initiate the process.

HELMS Healthcare Enforcement and Licensing Management System

Help Ankit Thapar

Select License

☒ Search By Name ☐ Search From List

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Search Here

A

☐ Acupuncturist or Acupuncture and Eastern Medicine Practitioner License

☐ Advanced Emergency Medical Technician Certification

☒ Advanced Registered Nurse Practitioner - CNM

☐ Advanced Registered Nurse Practitioner - CNS

☐ Advanced Registered Nurse Practitioner - CRNA

☐ Advanced Registered Nurse Practitioner - NP

☐ Agency Affiliated Counselor Co-Occurring Disorder Specialist Enhancement

☐ Animal Massage Certification for Large Animals

☐ Animal Massage Certification for Small Animals

☐ Athletic Trainer License

☐ Audiologist Interim Permit

☐ Audiologist License

Exit Next

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** checkbox and click the **Next** button.

ADDITIONAL QUESTIONS

Contact us here:

- [Health Systems Quality Assurance customer service](#)
 - Call 360-236-4700
 - Email HSQA.CSC@doh.wa.gov
- [Chiropractor, chiropractic X-ray related credentials](#)
 - Call 360-236-2822
 - Email CQAC@doh.wa.gov
- [Physician and physician assistant related credentials](#)
 - Call 360-236-2706
 - Email Medical.complaints@wmc.wa.gov
- [ARNP, RN, LPN, nursing tech, nursing education programs](#)
 - Call 360-236-4703
 - Email Nursing@doh.wa.gov

Or check out our [website](#) for more information.