



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

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STATE OF WASHINGTON
FILED

DATE: May 14, 2026

TIME: 7:58 AM

WSR 26-11-023

Agency: Department of Health

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes No If Yes, explain:

Purpose: Technical amendments to improve clarity and accuracy in chapter 246-12 WAC, Administrative procedures and requirements for credentialed health care providers.

The Department of Health (department) is adopting amendments to chapter 246-12 WAC, Administrative Procedures and Requirements for Credentialed Health Care Providers. Amendments include updates due to recently enacted state statutes.

In 2019, in response to Engrossed Substitute House Bill (ESHB) 1768 (chapter 444, Laws of 2019), the department adopted amendments to chapter 246-811 WAC, Substance Use Disorder Professionals and Substance Use Disorder Professionals Trainees, updating the term “chemical dependency” to “substance use disorder.” The department is adopting amendments to chapter 246-12 WAC to align with this statutory change by updating the term “substance abuse” to “substance use disorder.”

In 2020, in response to Engrossed Substitute House Bill (ESHB) 1551 (chapter 76, Laws of 2020), the department repealed AIDS education and training requirements for professions and facilities under the secretary of health’s authority. As part of that rule change, WAC 246-12-250 through 246-12-280 relating to AIDS Prevention and Information Education Requirements for all health care providers were repealed. However, those changes did not include updates to individual sections that reference AIDS education and training requirements. The adopted amendments remove references to AIDS education and training to clarify that it is no longer a requirement for licensure.

In 2024, the department launched the first phase of a new licensing system called Health Enforcement and Licensing Management System (HELMS) for all healthcare professionals. HELMS will eventually replace the legacy licensing system. Prior to the launch of HELMS, all courtesy renewal notices were mailed to healthcare providers, as outlined in WAC 246-12-030. However, in contrast to the legacy licensing system, HELMS has the ability to email courtesy renewal notices to credential holders who have an email address on file, thus eliminating the need to mail a hard copy. The adopted amendments will clarify that the department will send courtesy renewal notices by mail or email to the provider’s contact information on file.

Finally, the adopted amendments correct typographical errors, update formatting for uniformity, update gendered terms from “his or her” to “they or their,” correct office names within the department, define the term “department,” and ensure the chapter does not reference RCWs and WACs that have been repealed.

Citation of rules affected by this order:

New: None

Repealed: None

Amended: WAC 246-12-010, 246-12-030, 246-12-040, 246-12-050, 246-12-051, 246-12-100, 246-12-110, 246-12-130, 246-12-140, 246-12-160, 246-12-165, 246-12-300, 246-12-310, 246-12-320, 246-12-350, 246-12-430, 246-12-500, 246-12-520, 246-12-540, 246-12-550, 246-12-560, and 246-12-630

Suspended: None

Statutory authority for adoption: RCW 18.130.040, 18.130.050, 43.70.040 and 43.70.280

Other authority: None

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 26-05-053 on 02/13/26.

Describe any changes other than editing from proposed to adopted version: No changes were made from the proposed to the adopted version. None.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: N/A

Address:

Phone:

Fax:

TTY:

Email:

Web site:

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>11</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted on the agency's own initiative:

New	<u>0</u>	Amended	<u>22</u>	Repealed	<u>0</u>
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>0</u>	Amended	<u>9</u>	Repealed	<u>0</u>
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The number of sections adopted using:

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>22</u>	Repealed	<u>0</u>

Date Adopted: May 14, 2026

Name: Kristin Peterson, JD for Dennis E. Worsham

Title: Chief of Policy for Secretary of Health

Signature:

A handwritten signature in cursive script, appearing to read "Kristin Peterson".

WAC 246-12-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) ~~"Business" ((: A business is an adult family home provider owned by a corporation regulated under chapter 18.48 RCW;))~~ means a dental laboratory regulated under chapter 70.352 RCW, a pharmaceutical firm regulated under chapters 18.64, 18.64A, 69.38, 69.41, 69.43, 69.45, and 69.50 RCW((:)), or a nursing pool regulated under chapter 18.52C RCW((: or a health care assistant regulated under chapter 18.135 RCW)).

(2) ~~"Credential" ((: A credential is))~~ means a license, certification, or registration issued to a person to practice a regulated health care profession. Whether the credential is a license, certification or registration is determined by the law regulating the profession.

(3) ~~"Declaration" ((: A declaration is))~~ means a statement signed by the practitioner on a form provided by the department ((of health)) for verifying continuing education((, AIDS training,)) or other requirements. When required, declarations must be completed and signed to be effective verification to the department.

(4) "Department" means the department of health.

(5) ~~"Disciplinary suspension" ((:))~~ means the regulatory entity places the credential in disciplinary suspension status when there is a finding of unprofessional conduct. Refer to the Uniform Disciplinary Act (RCW 18.130.160).

~~((5))~~ (6) ~~"Local organization for emergency services or management" ((: Has the same meaning as that found))~~ means the same as in RCW 38.52.010.

~~((6))~~ (7) ~~"Mandated suspension" ((:))~~ means the department ((of health)) places the credential in mandated suspension status when a law requires suspension of a credential under certain circumstances. This suspension is nondiscretionary for the department ((of health)). Examples of mandated suspension are default on a student loan and failure to pay child support. The practitioner may not practice while on mandated suspension. The credential must be returned to active status before the practitioner may practice((. See Part 6 of this chapter)) as provided in WAC 246-12-160 and 246-12-165.

~~((7))~~ (8) ~~"Practitioner" ((: A practitioner is))~~ means an individual health care provider listed under the Uniform Disciplinary Act((,)) in RCW 18.130.040.

~~((8))~~ (9) ~~"Regulatory ((entities": A "regulatory entity" is))~~ entity" means a board, commission, or the secretary of the department of health designated as the authority to regulate one or more professions or occupations in this state. Practitioner health care practice acts and the Uniform Disciplinary Act (UDA) designate whether it is a board, commission, or the secretary of the department of health which has the authority to adopt rules, discipline health care providers, and determine requirements for initial licensure and continuing education requirements.

The regulatory entity determines whether disciplinary action should be taken on a credential for unprofessional conduct. These actions may include revocation, suspension, practice limitations or conditions upon the practitioner.

~~((9))~~ (10) "Renewal" (: Every credential requires renewal. The renewal cycle is either one, two, or three years, depending on the profession) means renewal of the practitioner's credential. To determine the renewal cycle, refer to the individual laws and rules pertaining to the credential.

~~((10))~~ (11) "Secretary" (: The secretary is) means the secretary of the department of health or (his or her) their designee.

~~((11))~~ (12) "Status" (:) means all credentials are subject to the Uniform Disciplinary Act (UDA) regardless of status. A credential status may be in any one of the following:

(a) ~~((Most credentials are in))~~ "Active" status ((. These practitioners are)) means the practitioner is authorized to practice the profession ((. These practitioners need to renew)) and renews the credential each renewal cycle ((. See Part 2 of this chapter)) according to WAC 246-12-020 through 246-12-051.

(b) ~~((The department of health places the credential in))~~ "Expired" status ((if)) means the practitioner did not renew the credential ((is not renewed on time)) on or before the expiration date. While in expired status, the practitioner is not authorized to practice. ((Practice)) Practicing on an expired status is a violation of law and subject to disciplinary action. ((See Part 2 of this chapter)) To return to active status the practitioner complies with WAC 246-12-020 through 246-12-051.

(c) "Inactive" status means the practitioner is not practicing the profession. A practitioner may place the credential in (())inactive(()) status if authorized by the regulatory entity. ((This means the practitioner is not practicing the profession. See Part 4 of this chapter)) as provided in WAC 246-12-090 through 246-12-110.

(d) "Inactive military-related" status means a practitioner is a spouse or registered domestic partner of a member of the United States Armed Forces or the United States Public Health Service Commissioned Corps and the service member is deployed or stationed in a location outside of Washington state. A practitioner may place the credential in (())inactive military-related(()) status ((if he or she is a spouse or registered domestic partner of a member of the United States Armed Forces or the United States Public Health Service Commissioned Corps and the service member is deployed or stationed in a location outside of Washington state)) as provided in WAC 246-12-500 through 246-12-560.

(e) "Military" status means a practitioner is a member of the United States Armed Forces, the United States Public Health Service Commissioned Corps, or the Merchant Marine of the United States. A practitioner may place the credential in (())military(()) status ((if he or she is a member of the United States Armed Forces, the United States Public Health Service Commissioned Corps, or the Merchant Marine of the United States)) as provided in WAC 246-12-500 through 246-12-560.

(f) "Retired active" status means the practitioner can practice only intermittently or in emergencies. A practitioner may place the credential in (())retired active(()) status if authorized by the regulatory entity ((. This means the practitioner can practice only intermittently or in emergencies. See Part 5 of this chapter)) as provided in WAC 246-12-120 through 246-12-140.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-030 How to renew a credential. (1) The expiration date for all credentials is the practitioner's birthday, except for faculty or postgraduate education credentials authorized by law.

(2) ~~((A credential period may be one or two years.))~~ Every credential requires renewal. To determine the renewal cycle, refer to the individual laws and rules pertaining to ~~((your profession))~~ the credential.

(3) To renew a credential, the practitioner ~~((must))~~ shall:

(a) Pay the renewal fee;

(b) Pay the substance ~~((abuse))~~ use disorder monitoring surcharge, if required by the profession; and

(c) Provide written declarations or documentation, if required for the profession.

(4) Prior to the credential expiration date, courtesy renewal notices are ~~((mailed to the address))~~ sent by mail or email to the contact information on file. Practitioners should ~~((return the renewal notice when renewing their credential))~~ renew their credential online or return the renewal notice when renewing by mail. Failure to receive a courtesy renewal notice does not relieve or exempt the credential renewal requirement.

(5) Renewal fees are accepted by the department no sooner than ~~((ninety))~~ 90 days prior to the expiration date.

AMENDATORY SECTION (Amending WSR 03-19-136, filed 9/17/03, effective 10/18/03)

WAC 246-12-040 How to return to active status when a credential has expired. (1) The credential status is expired if the practitioner does not renew on or before the expiration date. The practitioner must not practice until the credential is returned to active status.

(2) Any renewal that is postmarked or presented to the department after midnight on the expiration date is late, and subject to a late renewal penalty fee. The late penalty fee will be waived if:

(a) The credential expires on a day the department is closed for business; and

(b) Payment is received at the department ~~((of health))~~, health ~~((professions))~~ systems quality assurance main office on the next business day.

(3) To return a credential ~~((is returned))~~ to active status ~~((by complying))~~ the practitioner must comply with the following:

(a) Expired for one renewal cycle or less:

(i) Pay the late renewal penalty fee;

(ii) Pay the current renewal fee;

(iii) Pay the current substance ~~((abuse))~~ use disorder monitoring surcharge, if required by the profession;

(iv) Provide written declarations or documentation, if required for the profession; and

(v) Comply with current continuing education or continuing competency requirements if required by the profession.

(b) Expired for more than one renewal cycle but less than three years:

- (i) Complete an abbreviated application form;
- (ii) Pay the late renewal penalty fee;
- (iii) Pay the current renewal fee;
- (iv) Pay the current substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession;
- (v) Pay the expired credential reissuance fee;
- (vi) Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession;
- (vii) Provide a written declaration that ((~~he or she~~)) the practitioner has not voluntarily given up any credential or privilege or has not been restricted in the practice of the profession in lieu of or to avoid formal action;
- (viii) Provide a written declaration that continuing education and competency requirements for the two most recent years have been met, if required for the profession to maintain an active credential; and
- (ix) Provide other written declarations or documentation, if required for the profession.

(c) Expired for ((~~over~~)) three years or more:

- (i) Complete an abbreviated application form;
- (ii) Pay the late renewal penalty fee;
- (iii) Pay the current renewal fee;
- (iv) Pay the current substance ((~~abuse~~)) use disorder monitoring surcharge, if required by the profession;
- (v) Pay the expired credential reissuance fee;
- (vi) Satisfy other competency requirements of the regulatory entity, if required;
- (vii) Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession;
- (viii) Provide a written declaration that ((~~he or she~~)) the practitioner has not voluntarily given up any credential or privilege or has not been restricted in the practice of the profession in lieu of or to avoid formal action;
- (ix) Provide a written declaration that continuing education or competency requirements for the two most recent years have been met, if required for the profession to maintain an active credential; and
- (x) Provide other written declarations or documentation, if required for the profession(~~;~~ ~~and~~
- ~~(xi) If not previously provided, provide proof of AIDS education as required for the profession and in Part 8 of this chapter).~~

AMENDATORY SECTION (Amending WSR 13-09-061, filed 4/16/13, effective 5/17/13)

WAC 246-12-050 How to obtain a temporary practice permit—National background check. Fingerprint-based national background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary practice permit while the national background check is completed. This

section applies to any profession listed in RCW 18.130.040 (2) (a) that does not currently issue a temporary practice permit under the profession's specific statute or rule, unless the profession prohibits temporary practice permits by statute or rule.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active license in another state that has substantially equivalent licensing standards for the same profession to those in Washington;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington.

(2) A temporary practice permit grants the individual the full scope of practice for the profession.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on the application is ((mailed)) sent by mail or email to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license;

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required;

(c) Provide verification of having an active unrestricted license in the same profession from another state that has substantially equivalent licensing standards for the profession in Washington; and

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

AMENDATORY SECTION (Amending WSR 24-17-109, filed 8/19/24, effective 9/19/24)

WAC 246-12-051 How to obtain a temporary practice permit—Military spouse. A military spouse or state registered domestic partner of a military person may receive a temporary practice permit while completing any specific additional requirements that are not related to training or practice standards for the profession. This section applies to any profession listed in RCW 18.130.040 (2) (a).

(1) A temporary practice permit may be issued to an applicant who is a military spouse or state registered domestic partner of a military person and:

(a) Is moving to Washington as a result of the military person's transfer to Washington;

(b) Holds an unrestricted, active license in another state that has substantially equivalent licensing standards for the same profession to those in Washington; and

(c) Is not subject to any pending investigation, charges, or disciplinary action by the regulatory body of the other state or states.

(2) A temporary practice permit grants the individual the full scope of practice for the profession.

(3) A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on the application is (~~mailed~~) sent by mail or email to the applicant, unless the notice of decision on the application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), fingerprint card if required, and documentation for the license;

(b) Meet all requirements and qualifications for the license that are specific to the training, education, and practice standards for the profession;

(c) Provide verification of having an active unrestricted license in the same profession from another state that has substantially equivalent licensing standards for the profession in Washington;

(d) Submit a copy of the military person's orders and a copy of:

(i) The military-issued identification card showing the military person's information and the applicant's relationship to the military person;

(ii) A marriage license; or

(iii) A state registered domestic partnership; and

(e) Submit a written request for a temporary practice permit.

(5) For the purposes of this section:

(a) "Military spouse" means (~~the husband, wife, or~~) any person married to or a registered domestic partner of a military person.

(b) "Military person" means a person serving in the United States armed forces, the United States public health service commissioned corps, or the merchant marine of the United States.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-100 How to renew an inactive credential for nonmilitary practitioners. (1) The expiration for all credentials is the practitioner's birthday. Except as provided in (~~Part 13 of this chapter~~) WAC 246-12-500 through 246-12-560 for military and military-related status, to renew an inactive credential, the practitioner (~~must~~) shall:

(a) Pay the inactive credential renewal fee; and

(b) Pay the substance (~~abuse~~) use disorder monitoring surcharge, if required by the profession.

(2) To determine the renewal cycle, refer to the individual laws and rules pertaining to (~~your~~) the profession.

(3) Inactive credential renewal fees are accepted by the department no sooner than ~~((ninety))~~ 90 days prior to the expiration date.

(4) Prior to the inactive credential expiration date, courtesy renewal notices are ~~((mailed to the address))~~ sent by mail or email to the contact information on file. Practitioners should ~~((return the renewal notice when renewing their credential))~~ renew their credential online or return the renewal notice when renewing by mail. Failure to receive a courtesy renewal notice does not relieve or exempt the inactive credential renewal requirement.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-110 How to return to active status from inactive status for nonmilitary practitioners. Except as provided in ~~((Part 13 of this chapter))~~ WAC 246-12-500 through 246-12-560 for military and military-related status, to change an inactive credential to an active credential status the practitioner ~~((must))~~ shall:

- (1) Notify the department in writing of the change;
- (2) Pay the appropriate current active renewal fee;
- (3) Pay the current substance ~~((abuse))~~ use disorder monitoring surcharge, if required by the profession;
- (4) Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession;
- (5) Provide a written declaration that ~~((he or she has))~~ they have not voluntarily given up any credential or privilege or ~~((has))~~ have not been restricted in the practice of the profession in lieu of or to avoid formal action;
- (6) Provide a written declaration that continuing education and competency requirements for the two most recent years have been met, if required for the profession;
- (7) Provide other written declarations or documentation, if required for the profession; and
- (8) Satisfy other competency requirements of the regulatory entity ~~((; if required; and~~
- ~~(9) If not previously provided, provide proof of AIDS education as required for the profession and in Part 8 of this chapter)).~~

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-130 How to renew a retired active credential. (1) The expiration for all credentials is the practitioner's birthday. To determine the renewal cycle, refer to the individual laws and rules pertaining to ~~((your profession))~~ the credential.

- (2) To renew a retired active credential, the practitioner ~~((must))~~ shall:
 - (a) Pay the retired active credential renewal fee;
 - (b) Pay the substance ~~((abuse))~~ use disorder monitoring surcharge, if required by the profession;

(c) Provide a written declaration stating that (~~he or she~~) they practiced only intermittently or in an emergency during the previous renewal cycle;

(d) Provide a written declaration stating that continuing education or competency requirements have been met, if required for the profession; and

(e) Provide other written declarations or documentation, if required for the profession.

(3) Retired active credential renewal fees are accepted by the department no sooner than (~~ninety~~) 90 days prior to the expiration date.

(4) Prior to the retired active credential expiration date, courtesy renewal notices are (~~mailed to the address~~) sent by mail or email to the contact information on file. Practitioners should (~~return the renewal notice when renewing their credential~~) renew their credential online or return the renewal notice when renewing by mail. Failure to receive a courtesy renewal notice does not relieve or exempt the retired active credential renewal requirement.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-140 How to return to active status from retired active status. To change a retired active credential to an active credential status the practitioner (~~must~~) shall:

(1) Notify the department in writing of the change;

(2) Pay the appropriate current active renewal fee;

(3) Pay the current substance (~~abuse~~) use disorder monitoring surcharge, if required by the profession.

(4) Provide a written declaration that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the practitioner's practice of the profession;

(5) Provide a written declaration that (~~he or she has~~) they have not voluntarily given up any credential or privilege or (~~has~~) have not been restricted in the practice of the profession in lieu of or to avoid formal action;

(6) Provide a written declaration that continuing education and competency requirements have been met, if required for the profession;

(7) Provide other written declarations or documentation, if required for the profession; and

(8) Satisfy other competency requirements of the regulatory entity, if required(~~;~~ and

~~(9) If not previously provided, provide proof of AIDS education as required for the profession and in Part 8 of this chapter).~~

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-160 How to return to active status following a mandated suspension. (1) The department (~~of health~~) places the credential in mandated suspension status when a law requires suspension of a

credential under certain circumstances. This suspension is not discretionary for the department (~~of health~~). Examples of mandated suspension are default on a student loan and failure to pay child support. The practitioner may not practice while on mandated suspension. The credential must be returned to active status before the practitioner may practice.

(2) A credential is returned to active status (~~by complying with the following~~) when the practitioner has:

(a) (~~Meet~~) Met all the requirements outlined in the order mandating the suspension;

(b) (~~Pay~~) Paid the current renewal fee, if due;

(c) (~~Pay~~) Paid the substance (~~abuse~~) use disorder monitoring surcharge if required by the profession;

(d) (~~Pay~~) Paid a "return from mandated suspension fee" of (~~two hundred forty-five~~) \$245 dollars. Standard renewal fees are not required during the period of the suspension;

(e) (~~Provide~~) Provided written declaration that all continuing education and competency requirements for the entire suspension period have been met, if required by the profession;

(f) (~~Provide~~) Provided other written declarations or documentation, if required for the profession; and

(g) If the mandated suspension was for more than three years (~~the practitioner must~~) has also (~~comply~~) complied with any specific requirements identified in rule by that profession's regulatory entity.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-165 How to return to active status following a disciplinary suspension. (1) The regulatory entity may place a credential on disciplinary suspension when there is a finding of unprofessional conduct. The practitioner may not practice while on suspension unless the suspension is stayed. The credential must be returned to active status before the practitioner may practice.

(2) A credential is returned to active status (~~by complying with the following~~) when the practitioner has:

(a) (~~Meet~~) Met all the requirements outlined in the disciplinary order;

(b) (~~Pay~~) Paid the current renewal fee, if due. Standard renewal fees are not required during the period of the suspension unless the suspension is stayed;

(c) (~~Pay~~) Paid the substance (~~abuse~~) use disorder monitoring surcharge if required by the profession;

(d) (~~Provide~~) Provided written declaration that all continuing education and competency requirements for the entire suspension period have been met, if required by the profession; and

(e) (~~Provide~~) Provided other written declarations or documentation, if required for the profession.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-300 Name changes. It is the responsibility of each practitioner to maintain ~~((his or her))~~ their correct name on file with the department. ~~((Requests))~~ The practitioner shall submit in writing to the department a request for a name change~~((s must be submitted in writing))~~ along with acceptable documentation. Acceptable documentation includes a copy of a marriage certificate, divorce decree or court order of legal name change.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-310 Address changes. (1) It is the responsibility of each practitioner to maintain ~~((his or her))~~ a current address on file with the department. ~~((Requests for address changes may be made either by telephone or in writing. The mailing address on file with the department will be used))~~ The department will use the current address on record for mailing ~~((of all))~~ official ~~((matters))~~ documents to the practitioner.

(2) A practitioner may also provide an email address that the department may use as another means of contact. It is the responsibility of the practitioner to maintain a current email address once they have provided one.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-320 ~~((Other information))~~ Current address. ~~((Refer to))~~ The department adopts the current address rules in WAC ~~((246-01-100 and))~~ 246-11-060 for ~~((more information on))~~ maintaining a current address with the department.

AMENDATORY SECTION (Amending WSR 98-05-060, filed 2/13/98, effective 3/16/98)

WAC 246-12-350 Making payments. (1) The department accepts credit cards, debit cards, checks including electronic checks (automated clearing house (ACH)), cash, Washington state agency vouchers, and money orders. Make checks ~~((or))~~ , money orders, or Washington state agency vouchers payable to the department of health.

(2) Practitioners ~~((should))~~ shall include their credential number on the ~~((check, draft or money order))~~ form of payment.

(3) Applicants ~~((should))~~ shall include the profession for which they are applying on the ~~((check, draft or money order))~~ form of payment.

(4) (~~Send check, draft or money order~~) An individual shall remit payment to the department by:

(a) Mailing payments. To send payment by mail, an individual shall address the envelope to:

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

(b) In-person payments. To pay in person, an individual shall proceed to the designated payment location at the department of health building where all forms of payments listed in subsection (1) of this section are accepted.

(c) Online payment. Select services may be available to be paid online through the department's website. When online payment is available, the department may accept credit card, debit card, and ACH.

AMENDATORY SECTION (Amending WSR 07-21-133, filed 10/23/07, effective 12/1/07)

WAC 246-12-430 How to renew your retired volunteer medical worker license. (1) To renew a retired volunteer medical worker license, (~~you must~~) the licensee shall:

(a) Submit a written declaration stating (~~you~~) they have met the continuing competency requirements defined in WAC 246-12-440; and

(b) Submit proof of current registration as a volunteer with a local organization for emergency services or management.

(2) There is no renewal fee.

(3) A retired volunteer medical worker licensee shall renew their license (~~must be renewed~~) every three years.

(4) Prior to the expiration date, courtesy renewal notices are (~~mailed to the address~~) sent by mail or email to the contact information on file. (~~Practitioners should return the renewal notice when renewing their license~~) The licensee shall renew their license online or return the renewal notice when renewing by mail. Failure to receive a courtesy renewal notice does not relieve or exempt the retired volunteer medical worker license renewal requirement.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-500 Who can obtain a military status or military-related status credential. (1) A practitioner who is a member of the United States Armed Forces, the United States Public Health Service Commissioned Corps, or the Merchant Marine of the United States may obtain a military status credential if (~~his or her~~) their credential is valid and in force and effect.

(2) A practitioner who is the spouse or registered domestic partner of member of the United States Armed Forces or the United States Public Health Service Commissioned Corps who is deployed or stationed in a location outside of Washington state may request that (~~his or~~

~~her~~) their credential be placed in inactive military-related status if the credential is valid and in force and effect.

(3) A credential is valid and in force and effect if it is active and in good standing. "In good standing" means the credential is not currently subject to any sanction, terms, conditions or restrictions required by formal or informal discipline or an agreement to practice with conditions under chapter 18.130 RCW, the Uniform Disciplinary Act.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-520 How to maintain a military status credential.

(1) The expiration date for all credentials is the practitioner's birthday, except for faculty, postgraduate education, associate, or trainee credentials authorized by law.

(2) As long as a practitioner's military service continues, the practitioner is not required to renew (~~his or her~~) their credential, but should maintain the credential in military status. To maintain a military status credential, the practitioner (~~should~~) shall submit to the department an official copy of service orders verifying that (~~he or she is~~) they are an active duty member of the United States Armed Forces, the United States Public Health Services Commissioned Corps, or the Merchant Marine of the United States.

(3) The department will mail or email courtesy maintenance notices to the practitioner's address on file using credential renewal cycles.

(4) A practitioner (~~should~~) shall return the courtesy maintenance notice to the department with an official copy of their service orders.

(5) Military status credential maintenance requests are accepted by the department no sooner than (~~ninety~~) 90 days prior to the date the credential would expire if not in military status.

(6) Continuing education is not required while the credential is in military status.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-540 How to obtain an inactive military-related status credential. A person is military related if (~~he or she is~~) they are the spouse or registered domestic partner of a service member in the United States Armed Forces or United States Public Health Services Commissioned Corps.

(1) To obtain an inactive military-related status credential the practitioner (~~must~~) shall:

(a) Submit a written request that the department place (~~his or her~~) their credential in inactive military-related status;

(b) Hold an active Washington state credential that is valid and in force and effect;

(c) Submit to the department an official copy of service orders verifying that (~~his or her~~) their spouse or registered domestic partner is a member of the service described in WAC 246-12-500(2) and has been deployed or stationed in a location outside of Washington state;

(d) Submit a copy of (~~his or her~~) their marriage certificate or certificate of registered domestic partnership.

(2) There is no fee due for placing a credential in inactive military-related status. Portions of the current renewal fee will not be prorated or refunded.

(3) The practitioner may not practice in the state of Washington when (~~his or her~~) their credential is in inactive military-related status.

AMENDATORY SECTION (Amending WSR 14-10-025, filed 4/28/14, effective 5/29/14)

WAC 246-12-550 How to maintain an inactive military-related status credential. The expiration date for all credentials is the practitioner's birthday, except for faculty, postgraduate education, associate, or trainee credentials authorized by law.

(1) The practitioner may maintain a credential in inactive military-related status for as long as (~~his or her~~) their spouse or registered domestic partner continues to be stationed or deployed in a location outside of the state of Washington and (~~he or she remains~~) they remain married to or in a registered domestic partnership with that person.

(2) To maintain an inactive military-related status credential, the practitioner (~~should~~) shall submit to the department an official copy of service orders verifying that (~~his or her~~) their spouse or registered domestic partner continues to be deployed or stationed in a location outside of Washington state.

(3) The department will mail or email courtesy maintenance notices to the practitioner's address on file using credential renewal cycles.

(4) Inactive military-related status credential maintenance requests are accepted by the department no sooner than (~~ninety~~) 90 days prior to the date the credential would expire if not in inactive military-related status.

(5) Continuing education is not required while the credential is in an inactive military-related status.

AMENDATORY SECTION (Amending WSR 25-08-093, filed 4/2/25, effective 5/3/25)

WAC 246-12-560 How to return to active status from inactive military-related status. (1) A practitioner in inactive military-related status can return their credential to active status at any time.

(2) To (~~change a credential from an inactive military-related status~~) return to active status the practitioner must:

(a) Pay the appropriate current active renewal fee;

(b) Pay the current substance ((abuse)) use disorder monitoring surcharge, if required by the profession as part of renewal;

(c) Submit documentation of the service member's current service or discharge status.

(3) If the practitioner requests a change to active status after their spouse or registered domestic partner is discharged, they ((must)) shall submit an official copy of the discharge papers (DD214) showing that their spouse or registered domestic partner has received a qualifying discharge within the previous six months.

(4) The credential must be changed from inactive military-related status to active status within six months of the military personnel's qualifying discharge by meeting the requirements of subsections (2) and (3) of this section.

(5) A practitioner who does not comply with subsection (3) of this section will be subject to late fees as required by WAC 246-12-040.

(6) After returning a credential to active status, applicable continuing education requirements will apply during the following renewal.

AMENDATORY SECTION (Amending WSR 16-14-048, filed 6/29/16, effective 6/30/16)

WAC 246-12-630 Training content. Minimum standards for suicide prevention training content for health care professionals:

(1) Training content must be based on current empirical research and known best practices.

(2) Training must reflect sensitivity and relevance to the cultures and backgrounds of the relevant client or patient populations.

(3) Content for six-hour trainings must include the following. These are minimum time requirements for each of these content areas. Additional time or content must be added to total at least six hours.

(a) A minimum of ((ninety)) 90 minutes on suicide assessment. Content must include:

(i) How to structure an interview to gather information from a client or patient on suicide risk and protective factors and warning signs, including substance ((abuse)) use disorder;

(ii) How to use the information referenced in (a)(i) of this subsection to understand the risk of suicide;

(iii) Appropriate actions and referrals for various levels of risk; and

(iv) How to appropriately document suicide risk assessment.

(b) A minimum of ((sixty)) 60 minutes on treatment and management of suicide risk. Content must include:

(i) Available evidence-based treatments for patients and clients at risk of suicide, including counseling and medical interventions such as psychiatric medication and substance ((abuse)) use disorder care;

(ii) Strategies for safety planning and monitoring use of the safety plan;

(iii) Engagement of supportive third parties in maintaining patient or client safety;

(iv) Reducing access to lethal means for clients or patients in crisis; and

(v) Continuity of care through care transitions such as discharge and referral.

(c) A minimum of (~~thirty~~) 30 minutes on veteran populations.

(i) Content must include population-specific data, risk and protective factors, and intervention strategies.

(ii) Training providers shall use the module developed by the department of veterans affairs or a resource with comparable content.

(d) A minimum of (~~thirty~~) 30 minutes on risk of imminent harm through self-injurious behaviors or lethal means.

(i) Content on self-injurious behaviors must include how to recognize nonsuicidal self-injury and other self-injurious behaviors and assess the intent of self-injury through suicide risk assessment.

(ii) Content on lethal means must include:

(A) Objects, substances and actions commonly used in suicide attempts and impulsivity and lethality of means;

(B) Communication strategies for talking with patients and their support people about lethal means; and

(C) How screening for and restricting access to lethal means effectively prevents suicide.

(4) Content for three-hour trainings must include the following. These are minimum time requirements for each of these topics. Additional time or content must be added to total three hours.

(a) A minimum of (~~seventy~~) 70 minutes on screening for suicide risk. Content must include:

(i) When and how to screen a client or patient for acute and chronic suicide risk and protective factors against suicide;

(ii) Appropriate screening tools, tailored for specific ages and populations if applicable; and

(iii) Strategies for screening and appropriate use of information gained through screening.

(b) A minimum of (~~thirty~~) 30 minutes on referral. Content shall include:

(i) How to identify and select an appropriate resource;

(ii) Best practices for connecting a client or patient to a referral; and

(iii) Continuity of care when making referrals.

(c) Three-hour trainings for pharmacists must include content related to the assessment of issues related to imminent harm by lethal means.