Washington State Department of Health:
Laws Related to Nursing Assistants

Revised January 2013

RCW 18.88A.010
Legislative declaration.

(1) The legislature takes special note of the contributions made by nursing assistants in health care facilities whose tasks are arduous and whose working conditions may be contributing to the high and often critical turnover among the principal cadre of health care workers who provide for the basic needs of patients. The legislature also recognizes the growing shortage of nurses as the proportion of the elderly population grows and as the acuity of patients in hospitals and nursing homes becomes generally more severe.

(2) The legislature finds and declares that:
   (a) Occupational nursing assistants should have a formal system of educational and experiential qualifications leading to career mobility and advancement. The establishment of such a system should bring about a more stabilized workforce in health care facilities, as well as provide a valuable resource for recruitment into licensed nursing practice.
   (b) The quality of patient care in health care facilities is dependent upon the competence of the personnel who staff their facilities. To assure the availability of trained personnel in health care facilities the legislature recognizes the need for training programs for nursing assistants.
   (c) Certified home care aides and medical assistants are a valuable potential source of nursing assistants who will be needed to meet the care needs of the state's growing aging population. To assure continued opportunity for recruitment into licensed nursing practice and career advancement for certified home care aides and medical assistants, nursing assistant training programs should recognize the relevant training and experience obtained by these credentialed professionals. By taking advantage of the authority granted under the federal social security act to certify nursing assistants through a state-approved competency evaluation program as a federally recognized alternative to the state-approved training and competency evaluation program, the legislature intends to increase the potential for recruitment into licensed nursing practice while maintaining a single standard for competency evaluation of certified nursing assistants.
   (d) The registration of nursing assistants and providing for voluntary certification of those who wish to seek higher levels of qualification is in the interest of the public health, safety, and welfare.

RCW 18.88A.020
Definitions. (Effective until July 1, 2013.)

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Alternative training" means a nursing assistant-certified program meeting criteria adopted by the commission under RCW 18.88A.087 to meet the requirements of a state-approved nurse aide competency evaluation program consistent with 42 U.S.C. Sec. 1395i-3(e) and (f) of the federal social security act.

(2) "Approved training program" means a nursing assistant-certified training program approved by the commission to meet the requirements of a state-approved nurse aide training and competency evaluation program consistent with 42 U.S.C. Sec. 1395i-3(e) and (f) of the federal social security act. For community college, vocational-technical institutes, skill centers, and secondary school as defined in chapter 28B.50 RCW, nursing assistant-certified training programs shall be approved by the commission in cooperation with the board for community and technical colleges or the superintendent of public instruction.

(3) "Commission" means the Washington nursing care quality assurance commission.

(4) "Competency evaluation" means the measurement of an individual's knowledge and skills as related to safe, competent performance as a nursing assistant.

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

(6) "Health care facility" means a nursing home, hospital, hospice care facility, home health care agency, hospice agency, or other entity for delivery of health care services as defined by the commission.
"Nursing assistant" means an individual, regardless of title, who, under the direction and supervision of a registered nurse or licensed practical nurse, assists in the delivery of nursing and nursing-related activities to patients in a health care facility. The two levels of nursing assistants are:
(a) "Nursing assistant-certified," an individual certified under this chapter; and
(b) "Nursing assistant-registered," an individual registered under this chapter.

"Secretary" means the secretary of health.

RCW 18.88A.020
Definitions. (Effective July 1, 2013.)
Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.
(1) "Alternative training" means a nursing assistant-certified program meeting criteria adopted by the commission under RCW 18.88A.087 to meet the requirements of a state-approved nurse aide competency evaluation program consistent with 42 U.S.C. Sec. 1395i-3(e) and (f) of the federal social security act.
(2) "Approved training program" means a nursing assistant-certified training program approved by the commission to meet the requirements of a state-approved nurse aide training and competency evaluation program consistent with 42 U.S.C. Sec. 1395i-3(e) and (f) of the federal social security act. For community college, vocational-technical institutes, skill centers, and secondary school as defined in chapter 28B.50 RCW, nursing assistant-certified training programs shall be approved by the commission in cooperation with the board for community and technical colleges or the superintendent of public instruction.
(3) "Commission" means the Washington nursing care quality assurance commission.
(4) "Competency evaluation" means the measurement of an individual’s knowledge and skills as related to safe, competent performance as a nursing assistant.
(5) "Department" means the department of health.
(6) "Health care facility" means a nursing home, hospital, hospice care facility, home health care agency, hospice agency, or other entity for delivery of health care services as defined by the commission.
(7) "Medication assistant" means a nursing assistant-certified with a medication assistant endorsement issued under RCW 18.88A.082 who is authorized, in addition to his or her duties as a nursing assistant-certified, to administer certain medications and perform certain treatments in a nursing home under the supervision of a registered nurse under RCW 18.88A.082.
(8) "Nursing assistant" means an individual, regardless of title, who, under the direction and supervision of a registered nurse or licensed practical nurse, assists in the delivery of nursing and nursing-related activities to patients in a health care facility. The two levels of nursing assistants are:
(a) "Nursing assistant-certified," an individual certified under this chapter; and
(b) "Nursing assistant-registered," an individual registered under this chapter.
(c) "Nursing home" means a nursing home licensed under chapter 18.51 RCW.
(9) "Secretary" means the secretary of health.

RCW 18.88A.030
Scope of practice — Nursing home employment — Voluntary certification — Rules.
(1) (a) A nursing assistant may assist in the care of individuals as delegated by and under the direction and supervision of a licensed (registered) nurse or licensed practical nurse.
(b) A health care facility shall not assign a nursing assistant-registered to provide care until the nursing assistant-registered has demonstrated skills necessary to perform competently all assigned duties and responsibilities.
(c) Nothing in this chapter shall be construed to confer on a nursing assistant the authority to administer medication unless delegated as a specific nursing task pursuant to this chapter or to practice as a licensed (registered) nurse or licensed practical nurse as defined in chapter 18.79 RCW.
(2) (a) A nursing assistant employed in a nursing home must have successfully obtained certification through:
   i. An approved training program and the competency evaluation within four months after the date of employment; or
ii. alternative training and the competency evaluation prior to employment.

(b) Certification is voluntary for nursing assistants working in health care facilities other than nursing homes unless otherwise required by state or federal law or regulation.

(3) The commission may adopt rules to implement the provisions of this chapter.
(2) Establish forms, procedures, and the competency evaluation necessary to administer this chapter;
(3) Hire clerical, administrative, and investigative staff as needed to implement this chapter;
(4) Issue a nursing assistant registration to any applicant who has met the requirements for registration;
(5) After January 1, 1990, issue a nursing assistant certificate to any applicant who has met the training,
    competency evaluation, and conduct requirements for certification under this chapter;
(6) Issue a medication assistant endorsement to any applicant who has met the requirements of RCW 18.88A.082;
(7) Maintain the official record for the department of all applicants and persons with registrations, certificates, and
    medication assistant endorsements under this chapter;
(8) Exercise disciplinary authority as authorized in chapter 18.130 RCW;
(9) Deny registration to any applicant who fails to meet requirement for registration as a nursing assistant;
(10) Deny certification to applicants who do not meet the training, competency evaluation, and conduct
    requirements for certification as a nursing assistant; and
(11) Deny medication assistant endorsement to applicants who do not meet the requirements of RCW 18.88A.082.

RCW 18.88A.060
Commission — Powers. (Effective until July 1, 2013.)
In addition to any other authority provided by law, the commission may:
(1) Determine minimum nursing assistant education requirements and approve training programs;
(2) Prepare, grade, and administer, or determine the nature of, and supervise the grading and administration of, the
    competency evaluation for applicants for nursing assistant certification, using the same competency evaluation
    for all applicants, whether qualifying to take the competency evaluation under an approved training program or
    alternative training;
(3) Establish forms and procedures for evaluation of an applicant's alternative training under criteria adopted
    pursuant to RCW 18.88A.087;
(4) Define and approve any experience requirement for nursing assistant certification;
(5) Adopt rules implementing a continuing competency evaluation program for nursing assistants; and
(6) Adopt rules to enable it to carry into effect the provisions of this chapter.

RCW 18.88A.060
Commission — Powers. (Effective July 1, 2013.)
In addition to any other authority provided by law, the commission may:
(1) Determine minimum nursing assistant education requirements and approve training programs;
(2) Approve education and training programs and examinations for medication assistants as provided in RCW
    18.88A.082;
(3) Define the prescriber-ordered treatments a medication assistant is authorized to perform under RCW
    18.88A.082;
(4) Prepare, grade, and administer, or determine the nature of, and supervise the grading and administration of, the
    competency evaluation for applicants for nursing assistant certification, using the same competency evaluation
    for all applicants, whether qualifying to take the competency evaluation under an approved training program or
    alternative training;
(5) Establish forms and procedures for evaluation of an applicant's alternative training under criteria adopted
    pursuant to RCW 18.88A.087;
(6) Define and approve any experience requirement for nursing assistant certification;
(7) Adopt rules implementing a continuing competency evaluation program for nursing assistants; and
(8) Adopt rules to enable it to carry into effect the provisions of this chapter.

RCW 18.88A.080
Registration requirements.
(1) The secretary shall issue a registration to any applicant who pays any applicable fees and submits, on forms provided by the secretary, the applicant's name, address, and other information as determined by the secretary, provided there are no grounds for denial of registration or issuance of a conditional registration under this chapter or chapter 18.130 RCW.

(2) Applicants must file an application with the commission for registration within three days of employment.

[1994 sp.s. c 9 § 711; 1991 c 16 § 10; (1991 c 3 § 224 repealed by 1991 sp.s. c 11 § 2); 1989 c 300 § 10; 1988 c 267 § 10. Formerly RCW 18.52B.100.]

RCW 18.88A.082
Medication assistant endorsement — Requirements. (Effective July 1, 2013.)

(1) Beginning July 1, 2013, the secretary shall issue a medication assistant endorsement to any nursing assistant-certified who meets the following requirements:
   (a) Ongoing certification as a nursing assistant-certified in good standing under this chapter;
   (b) Completion of a minimum number of hours of documented work experience as a nursing assistant-certified in a long-term care setting as defined in rule by the commission;
   (c) Successful completion of an education and training program approved by the commission by rule, such as the model medication assistant-certified curriculum adopted by the national council of state boards of nursing. The education and training program must include training on the specific tasks listed in subsection (2) of this section as well as training on identifying tasks that a medication assistant may not perform under subsection (4) of this section;
   (d) Passage of an examination approved by the commission by rule, such as the medication aide competency examination available through the national council of state boards of nursing; and
   (e) Continuing competency requirements as defined in rule by the commission.

(2) Subject to subsection (3) of this section, a medication assistant may perform the following additional tasks:
   (a) The administration of medications orally, topically, and through inhalation;
   (b) The performance of simple prescriber-ordered treatments, including blood glucose monitoring, noncomplex clean dressing changes, pulse oximetry reading, and oxygen administration, to be defined by the commission by rule; and
   (c) The documentation of the tasks in this subsection (2) on applicable medication or treatment forms.

(3) A medication assistant may only perform the additional tasks in subsection (2) of this section:
   (a) In a nursing home;
   (b) Under the direct supervision of a designated registered nurse who is on-site and immediately accessible during the medication assistant's shift. The registered nurse shall assess the resident prior to the medication assistant administering medications or treatments and determine whether it is safe to administer the medications or treatments. The judgment and decision to administer medications or treatments is retained by the registered nurse; and
   (c) If, while functioning as a medication assistant, the primary responsibility of the medication assistant is performing the additional tasks. The commission may adopt rules regarding the medication assistant's primary responsibilities and limiting the duties, within the scope of practice of a nursing assistant-certified, that a nursing assistant-certified may perform while functioning as a medication assistant.

(4) A medication assistant may not:
   (a) Accept telephone or verbal orders from a prescriber;
   (b) Calculate medication dosages;
   (c) Inject any medications;
   (d) Perform any sterile task;
   (e) Administer medications through a tube;
   (f) Administer any Schedule I, II, or III controlled substance; or
   (g) Perform any task that requires nursing judgment.

(5) Nothing in this section requires a nursing home to employ a nursing assistant-certified with a medication assistant endorsement.

(6) A medication assistant is responsible and accountable for his or her specific functions.

(7) A medication assistant's employer may limit or restrict the range of functions permitted under this section, but may not expand those functions.
RCW 18.88A.085
Certification of requirements.
(1) After January 1, 1990, the secretary shall issue a nursing assistant certificate to any applicant who demonstrates to the secretary's satisfaction that the following requirements have been met:
   (a) Successful completion of an approved training program or successful completion of alternative training meeting established criteria adopted by the commission under RCW 18.88A.087; and
   (b) Successful completion of the competency evaluation.
(2) In addition, applicants shall be subject to the grounds for denial of certification under chapter 18.130 RCW.

RCW 18.88A.087
Certification — Alternative training — Credentialing reciprocity — Report.
(1) The commission shall adopt criteria for evaluating an applicant's alternative training to determine the applicant's eligibility to take the competency evaluation for nursing assistant certification. At least one option adopted by the commission must allow an applicant to take the competency evaluation if he or she:
   (a) i. Is a certified home care aide pursuant to chapter 18.88B RCW; or
      ii. Is a certified medical assistant pursuant to a certification program accredited by a national medical assistant accreditation organization and approved by the commission; and
   (b) Has successfully completed twenty-four hours of training that the commission determines is necessary to provide training equivalent to approved training on topics not addressed in the training specified for certification as a home care aide or medical assistant, as applicable. In the commission's discretion, a portion of these hours may include clinical training.
(2) (a) By July 1, 2011, the commission, in consultation with the secretary, the department of social and health services, and consumer, employer, and worker representatives, shall adopt rules to implement this section and to provide, beginning January 1, 2012, for a program of credentialing reciprocity to the extent required by this section between home care aide and medical assistant certification. By July 1, 2011, the secretary shall also adopt such rules as may be necessary to implement this section and the credentialing reciprocity program.
   (b) Rules adopted under this section must be consistent with requirements under 42 U.S.C. Sec. 1395i -3(e) and (f) of the federal social security act relating to state-approved competency evaluation programs for certified nurse aides.
(3) Beginning December 1, 2012, the secretary, in consultation with the commission, shall report annually by December 1st to the governor and the appropriate committees of the legislature on the progress made in achieving career advancement for certified home care aides and medical assistants into nursing practice.

RCW 18.88A.088
Certification — Military training or experience.
An applicant with military training or experience satisfies the training or experience requirements of this chapter unless the commission determines that the military training or experience is not substantially equivalent to the standards of this state.

RCW 18.88A.090
Competency evaluations.
The commission shall examine each applicant, by a written or oral and a manual component of competency evaluation. The competency evaluation shall be limited to the purpose of determining whether the applicant possesses the minimum skill and knowledge necessary to practice competently.

Any applicant failing to make the required grade in the first competency evaluation may take up to three subsequent competency evaluations as the applicant desires upon prepaying a fee determined by the secretary under RCW 43.70.250 for each subsequent competency evaluation. Upon failing four competency evaluations, the secretary may invalidate the original application and require such remedial education before the person may take future competency evaluations.

The commission may approve a competency evaluation prepared or administered by a private testing agency or association of licensing agencies for use by an applicant in meeting the credentialing requirements.

RCW 18.88A.100
Waiver of examination for initial applications.
The secretary shall waive the competency evaluation and certify a person to practice within the state of Washington if the commission determines that the person meets commonly accepted standards of education and experience for the nursing assistants. This section applies only to those individuals who file an application for waiver by December 31, 1991.

RCW 18.88A.110
Certificates for applicants credentialed in another state.
An applicant holding a credential in another state may be certified by endorsement to practice in this state without the competency evaluation if the secretary determines that the other state’s credentialing standards are substantially equivalent to the standards in this state.

RCW 18.88A.120
Applications for registration and certification — Fee. (Effective until July 1, 2013.)
Applications for registration and certification shall be submitted on forms provided by the secretary. The secretary may require any information and documentation that reasonably relates to the need to determine whether the applicant meets the criteria for registration and certification credentialing provided for in this chapter and chapter 18.130 RCW. Each applicant shall comply with administrative procedures, administrative requirements, and fees determined by the secretary under RCW 43.70.250 and 43.70.280.

RCW 18.88A.130
Renewal of registration or certification. (Effective until July 1, 2013.)
Registrations and certifications shall be renewed according to administrative procedures, administrative requirements, and fees determined by the secretary under RCW 43.70.250 and 43.70.280.

[1996 c 191 § 75; 1994 sp.s. c 9 § 715; 1991 c 16 § 15.]

**RCW 18.88A.130**

Renewal of registration or certification. *(Effective July 1, 2013.)*
Registrations, certifications, and medication assistant endorsements shall be renewed according to administrative procedures, administrative requirements, and fees determined by the secretary under RCW 43.70.250 and 43.70.280.

[2012 c 208 § 8; 1996 c 191 § 75; 1994 sp.s. c 9 § 715; 1991 c 16 § 15.]

**RCW 18.88A.140**

Exemptions.
Nothing in this chapter may be construed to prohibit or restrict:

1. The practice by an individual licensed, certified, or registered under the laws of this state and performing services within their authorized scope of practice;
2. The practice by an individual employed by the government of the United States while engaged in the performance of duties prescribed by the laws of the United States;
3. The practice by a person who is a regular student in an educational program approved by the secretary, and whose performance of services is pursuant to a regular course of instruction or assignments from an instructor and under the general supervision of the instructor;
4. A nursing assistant, while employed as a personal aide as defined in RCW 74.39.007 or a long-term care worker as defined in chapter 74.39A RCW, from accepting direction from an individual who is self-directing his or her care.

[2010 c 169 § 10; 2003 c 140 § 3; 2000 c 171 § 25; 1991 c 16 § 5.]

**RCW 18.88A.150**

Application of uniform disciplinary act. *(Effective until July 1, 2013.)*
The uniform disciplinary act, chapter 18.130 RCW, governs unregistered or uncertified practice, issuance of certificates and registrations, and the discipline of persons registered or with certificates under this chapter. The secretary shall be the disciplinary authority under this chapter.

[1991 c 16 § 7.]

**RCW 18.88A.150**

Application of uniform disciplinary act. *(Effective July 1, 2013.)*
The uniform disciplinary act, chapter 18.130 RCW, governs unregistered, uncertified, or unendorsed practice, issuance of certificates, registrations, and medication assistant endorsements, and the discipline of persons registered or with certificates under this chapter. The secretary shall be the disciplinary authority under this chapter.

[2012 c 208 § 9; 1991 c 16 § 7.]

**RCW 18.88A.200**

Delegation of nursing care tasks — Legislative finding.
The legislature recognizes that nurses have been successfully delegating nursing care tasks to family members and auxiliary staff for many years. The opportunity for a nurse to delegate to nursing assistants qualifying under RCW 18.88A.210 may enhance the viability and quality of health care services in community-based care settings and in-home care settings to allow individuals to live as independently as possible with maximum safeguards.

[2003 c 140 § 4; 1995 1st sp.s. c 18 § 45.]

**RCW 18.88A.210**

Delegation — Basic and specialized nurse delegation training requirements.
A nursing assistant meeting the requirements of this section who provides care to individuals in community-based care settings or in-home care settings, as defined in RCW 18.79.260(3), may accept delegation of nursing care tasks by a registered nurse as provided in RCW 18.79.260(3).

For the purposes of this section, "nursing assistant" means a nursing assistant-registered or a nursing assistant-certified. Nothing in this section may be construed to affect the authority of nurses to delegate nursing tasks to other persons, including licensed practical nurses, as authorized by law.

Before commencing any specific nursing care tasks authorized under this chapter, the nursing assistant must (i) provide to the delegating nurse a certificate of completion issued by the department of social and health services indicating the completion of basic core nurse delegation training, (ii) be regulated by the department of health pursuant to this chapter, subject to the uniform disciplinary act under chapter 18.130 RCW, and (iii) meet any additional training requirements identified by the nursing care quality assurance commission. Exceptions to these training requirements must adhere to RCW 18.79.260(3)(e) (vi).

In addition to meeting the requirements of (a) of this subsection, before commencing the care of individuals with diabetes that involves administration of insulin by injection, the nursing assistant must provide to the delegating nurse a certificate of completion issued by the department of social and health services indicating completion of specialized diabetes nurse delegation training. The training must include, but is not limited to, instruction regarding diabetes, insulin, sliding scale insulin orders, and proper injection procedures.

The nursing assistant shall be accountable for their own individual actions in the delegation process. Nursing assistants following written delegation instructions from registered nurses performed in the course of their accurately written, delegated duties shall be immune from liability.

Nursing assistants shall not be subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues. No community-based care setting as defined in RCW 18.79.260(3)(e), or in-home services agency as defined in RCW 70.127.010, may discriminate or retaliate in any manner against a person because the person made a complaint or cooperated in the investigation of a complaint.

If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

Standards of practice and competencies for nursing assistants.
Competencies and standards of practice are statements of skills and knowledge, and are written as descriptions of observable, measurable behaviors. All competencies are performed under the direction and supervision of a licensed registered nurse or licensed practical nurse as required by RCW 18.88A.030. The following competencies are considered standards of practice for both nursing assistant-certified and nursing assistant-registered:

1. Basic technical skills. A nursing assistant demonstrates basic technical skills which facilitate an optimal level of functioning for client or resident, recognizing individual, cultural, and religious diversity. A nursing assistant:
   (a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently.
   (b) Takes and records vital signs.
   (c) Measures and records height and weight.
(d) Measures and records fluid and food intake and output.
(e) Recognizes normal body functions, deviations from normal body functions and the importance of reporting deviations in a timely manner to a supervising nurse.
(f) Recognizes, responds to and reports client's or resident's emotional, social, cultural and mental health needs.
(g) Recognizes, responds to and reports problems in client's or resident's environment to ensure safety and comfort of client.
(h) Participates in care planning and nursing reporting process.

(2) **Personal care skills.** A nursing assistant demonstrates basic personal care skills. A nursing assistant:
   
   (a) Assists client or resident with bathing, oral care, and skin care.
   (b) Assists client or resident with grooming and dressing.
   (c) Provides toileting assistance to client or resident.
   (d) Assists client or resident with eating and hydration.
   (e) Uses proper oral feeding techniques.

(3) **Mental health and social service needs.** A nursing assistant demonstrates the ability to identify psychosocial needs of all clients or residents based upon awareness of the developmental and age specific processes. A nursing assistant:
   
   (a) Addresses individual behavioral needs of the client or resident.
   (b) Knows the developmental tasks associated with the developmental and age specific processes.
   (c) Allows the client or resident to make personal choices, but provides and reinforces behaviors consistent with the client's or resident's dignity.
   (d) Is sensitive and supportive and responds to the emotional needs of the clients or residents and their sources of emotional support.

(4) **Care of cognitively impaired residents.** A nursing assistant demonstrates basic care of cognitively impaired clients or residents. A nursing assistant:
   
   (a) Uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's, dementia, delirium, developmental disabilities, mental illnesses and other conditions.
   (b) Communicates with cognitively impaired clients or residents in a manner appropriate to their needs.
   (c) Demonstrates sensitivity to the behavior of cognitively impaired clients or residents.
   (d) Appropriately responds to the behavior of cognitively impaired clients or residents.

(5) **Basic restorative services.** The nursing assistant incorporates principles and skills in providing restorative care. A nursing assistant:
   
   (a) Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing.
   (b) Demonstrates knowledge and skill in the maintenance of range of motion.
   (c) Demonstrates proper techniques for turning and positioning a client or resident in a bed and chair.
   (d) Demonstrates proper techniques for transferring and ambulating client or resident.
   (e) Demonstrates knowledge about methods for meeting the elimination needs of clients or residents.
   (f) Demonstrates knowledge and skill for the use and care of prosthetic devices by client or resident.
   (g) Uses basic restorative services by training the client or resident in self care according to the client's or resident's capabilities.

(6) **Client or resident rights and promotion of independence.** A nursing assistant demonstrates behavior which maintains and respects client or resident rights and promotes independence, regardless of race, religion, lifestyle, sexual preference, disease process, or ability to pay. A nursing assistant:
   
   (a) Recognizes that client or resident has the right to participate in decisions about his or her care.
   (b) Recognizes and respects clients' or residents' need for privacy and confidentiality.
   (c) Promotes and respects the client or resident right to make personal choices to accommodate their needs.
   (d) Reports client or resident concerns.
   (e) Provides assistance to client or resident in getting to and participating in activities.
(f) Respects the property of client or resident and employer and does not take equipment, material, property or medications for his, her or other's use or benefit. A nursing assistant may not solicit, accept or borrow money, material or property from client or resident for his, her or other's use or benefit.

(g) Promotes client or resident right to be free from abuse, mistreatment, and neglect.

(h) Intervenes appropriately on the client's or resident's behalf when abuse, mistreatment or neglect is observed.

(i) Complies with mandatory reporting requirements by reporting to the department of health and the department of social and health services instances of neglect, abuse, exploitation or abandonment.

(j) Participates in the plan of care with regard to the use of restraints in accordance with current professional standards.

(7) Communication and interpersonal skills. A nursing assistant uses communication and interpersonal skills effectively to function as a member of the nursing team. A nursing assistant:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how his or her own behavior influences client's or resident's behavior and uses resources for obtaining assistance in understanding the client's or resident's behavior.

(d) Adjusts his or her own behavior to accommodate client's or resident's physical or mental limitations.

(e) Uses terminology accepted in the health care setting to record and report observations and pertinent information.

(f) Appropriately records and reports observations, actions, and information accurately and in a timely manner.

(g) Is able to explain policies and procedures before and during care of the client or resident.

(8) Infection control. A nursing assistant uses standard and transmission based precautions to prevent the spread of microorganisms. A nursing assistant:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and standard and transmission based precautions.

(b) Explains how disease causing microorganisms are spread.

(c) Is knowledgeable regarding transmission of bloodborne pathogens.

(d) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(9) Safety and emergency procedures. A nursing assistant demonstrates the ability to identify and implement safety and emergency procedures. A nursing assistant:

(a) Provides an environment with adequate ventilation, warmth, light, and quiet.

(b) Promotes a clean, orderly, and safe environment including equipment for a client or resident.

(c) Identifies and utilizes measures for accident prevention.

(d) Demonstrates principles of good body mechanics for self and client or resident, using the safest and most efficient methods to lift and move clients, residents, or heavy items.

(e) Demonstrates proper use of protective devices in care of clients or residents.

(f) Demonstrates knowledge and follows fire and disaster procedures.

(g) Identifies and demonstrates principles of health and sanitation in food service.

(h) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(10) Rules and regulations knowledge. A nursing assistant demonstrates knowledge of and can explain the practical implications of the laws and regulations which affect nursing assistant practice including but not limited to:

(a) Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation.

(b) Scope of practice.

(c) Workers right to know.

(d) The Uniform Disciplinary Act.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). 08-06-100, § 246-841-400, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-400, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-400, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88A.080(1) and 18.88A.030(5). 90-20-018 (Order 091), § 308-173-210, filed 9/21/90, effective 10/22/90.]
WAC 246-841-405
Nursing assistant delegation.

Provision for delegation of certain tasks.

(1) Nursing assistants perform tasks delegated by a registered nurse for patients in community-based care settings or in-home care settings each as defined in RCW 18.79.260 (3)(e).

(2) Before performing any delegated task:
   (a) Nursing assistants—registered must show the certificate of completion of both the basic caregiver training and core delegation training from the department of social and health services to the registered nurse delegator.
   (b) Nursing assistants—certified must show the certificate of completion of the core delegation training from the department of social and health services to the registered nurse delegator.
   (c) All nursing assistants must comply with all applicable requirements of the nursing care quality assurance commission in WAC 246-840-910 through 246-840-970.
   (d) All nursing assistants, registered and certified, who may be completing insulin injections must give a certificate of completion of diabetic training from the department of social and health services to the registered nurse delegator.
   (e) All nursing assistants must meet any additional training requirements identified by the nursing care quality assurance commission. Any exceptions to additional training requirements must comply with RCW 18.79.260 (3)(e)(v).

(3) Delegated nursing care tasks described in this section are:
   (a) Only for the specific patient receiving delegation;
   (b) Only with the patient’s consent; and
   (c) In compliance with all applicable requirements in WAC 246-840-910 through 246-840-970.

(4) A nursing assistant may consent or refuse to consent to perform a delegated nursing care task. The nursing assistant is responsible for their own actions with the decision to consent or refuse to consent and the performance of the delegated nursing care task.

(5) Nursing assistants shall not accept delegation of, or perform, the following nursing care tasks:
   (a) Administration of medication by injection, with the exception of insulin injections;
   (b) Sterile procedures;
   (c) Central line maintenance;
   (d) Acts that require nursing judgment.


WAC 246-841-410
Purpose of the review and approval of nursing assistant-certified training programs.

The nursing care quality assurance commission (commission) approve nursing assistant-certified training programs. The commission reviews and approves training programs to:

(1) Assure preparation for safe practice as a nursing assistant-certified by requiring nursing assistant-certified programs meet minimum standards.
(2) Provide guidance for development of new nursing assistant-certified training programs.
(3) Facilitate career mobility of nursing assistants-certified into nursing educational programs in other levels of nursing.
(4) Identify training standards and achieved competencies of nursing assistants-certified in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(B). 08-06-100, § 246-841-410, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-410, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-410, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88A.060. 90-20-018 (Order 091), § 308-173-220, filed 9/21/90, effective 10/22/90.]

WAC 246-841-420
Requirements for approval of nursing assistant-certified training programs.
To qualify as a nursing assistant-certified training program, an institution or facility must:

(1) Submit a completed application packet provided by the department of health. The packet will include forms and instructions to submit the following:
   (a) Program objectives.
   (b) Curriculum content outline.
   (c) Qualifications of program director and additional instructional staff.
   (d) Contractual agreements related to providing this training. For any program that uses another facility to provide clinical training, this includes an affiliation agreement between the training program and the facility. The affiliation agreement must describe how the program will provide clinical experience in the facility. The agreement must specify the rights and responsibilities of both parties, students and clients or residents.
   (e) Sample lesson plan for one unit.
   (f) Skills checklist.
   (g) Description of classroom facilities.
   (h) Declaration of compliance with administrative guidelines signed by the program director.
   (i) Verification that the program director has completed a course on adult instruction as required by WAC 246-841-470(3) or has one year of experience in the past three years teaching adults. Acceptable experience does not include in-service education or patient teaching. A program director working exclusively in a postsecondary educational setting is exempt from this requirement.
   (j) Verification that the nursing assistant-certified training program or school is approved to operate in the state of Washington by:
      i. The state board for community and technical colleges;
      ii. The superintendent of public instruction; or
      iii. The workforce training and education coordinating board.

(2) Agree to on-site survey of the training program, as requested by the commission. This on-site will be coordinated with other on-site review requirements when possible.

(3) Participate in the renewal process every two years. Failure to renew results in automatic withdrawal of approval of the program.

(4) Comply with any changes in training standards and guidelines in order to maintain approved status.

(5) Notify the commission and any other approving agency of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(6) Notify the commission and any other approving agency of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). 08-06-100, § 246-841-420, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-420, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-230, filed 9/21/90, effective 10/22/90.]

WAC 246-841-430
Denial or withdrawal of approval for nursing assistant-certified training programs.

(1) When the commission determines that a nursing assistant-certified training program fails to meet the standards for training as contained in this chapter, the commission may:
   (a) Deny approval to a new program; or
   (b) Withdraw approval from existing programs.

(2) The commission may conduct a review or site visit to investigate:
   (a) Complaints relating to violations of this chapter.
   (b) Failure to notify the commission of any changes in the overall curriculum plan or major content changes prior to implementation.
   (c) Failure to notify the commission of changes in program director or instructor.
   (d) Providing false or misleading information to students or the public concerning the nursing assistant-certified training program.
   (e) Failure to secure or retain a qualified program director resulting in substandard supervision and teaching of students.
(f) Failure to maintain an average passing rate of eighty percent on the state-approved examination. If a program:

i. Fails to maintain an average passing rate of eighty percent of first time test takers for two consecutive years, the commission will require the program to assess the problem and submit a plan of correction.

ii. Fails to maintain an average passing rate of eighty percent of first time test takers for three consecutive years, the program must complete an assessment of possible problem areas within six months and the commission may conduct an evaluation visit. The commission may offer technical assistance.

iii. Fails to maintain an average passing rate of eighty percent of first time test takers for four out of five consecutive years, the commission may place the program on conditional approval and require an evaluation visit.

(3) Commission approval is automatically terminated if the program does not renew.

[WAC 246-841-440]

How does a nursing assistant training program whose approval has been withdrawn become reinstated?

(1) The commission may consider reinstatement of a nursing assistant-certified training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training as contained in this chapter.

(2) A program that is automatically terminated for failure to participate in the renewal process may be immediately reinstated upon meeting all conditions for a new application approval.

[WAC 246-841-450]

Appeal rights of a nursing assistant-certified training program when the commission has denied or withdrawn approval. A nursing assistant-certified training program that has been denied or had approval withdrawn shall have the right to a hearing to appeal the commission's decision according to the provisions of chapter 18.88A RCW and chapter 34.05 RCW, the Administrative Procedure Act, Parts IV and V.

[WAC 246-841-460]

Closure of an approved nursing assistant-certified training program. When an approved nursing assistant-certified training program closes, it shall notify the commission in writing, stating the reason and the date of intended closing.

[WAC 246-841-470]

Program directors and instructors in approved nursing assistant-certified training programs.

(1) The program director must hold a current license in good standing as a registered nurse (RN) in the state of Washington.

(2) The commission may deny or withdraw a program director's approval if there is or has been any action taken against the director's health care license or any license held by the director which allows him or her to work with vulnerable populations.
The program director must complete a training course on adult instruction or have demonstrated that he or she has one year experience teaching adults.

(a) Acceptable experience does not include in-service education or patient teaching.

(b) The training course on adult instruction must provide instruction in:
   i. Understanding the adult learner.
   ii. Techniques for teaching adults.
   iii. Classroom methods for teaching adults.
   iv. Audio visual techniques for teaching adults.

(c) A program director working exclusively in a postsecondary educational setting is exempt from this requirement.

(d) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(4) The program director must meet the requirements for additional staff under subsection (7)(b) of this section if the program director will also be acting as an instructor.

(5) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-841-490. The program director is responsible for all classroom and clinical training content and instruction.

(b) Assure compliance with and assume responsibility for meeting the requirements of WAC 246-841-490 through 246-841-510.

(c) Assure that all student clinical experience is directly supervised. Direct supervision means that an approved program director or instructor is observing students performing tasks.

(d) Assure that the clinical instructor has no concurrent duties during the time he or she is instructing students.

(e) Create and maintain an environment conducive to teaching and learning.

(f) Select and supervise all other instructors involved in the course, including clinical instructors and guest lecturers.

(g) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(h) Assure evaluation of knowledge and skills of students before verifying completion of the course.

(i) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(6) The program director may select instructional staff to assist in the teaching of the course.

(a) Instructional staff must teach in their area of expertise.

(b) Instructional staff must have a minimum of one year experience within the past three years in caring for the elderly or chronically ill of any age or both.

(c) All instructional staff must hold a current Washington state license to practice as a registered or licensed practical nurse. The commission may deny or withdraw an instructor's approval if there is or has been any action taken against a health care license or any license held by the applicant which allows him or her to work with vulnerable populations.

(d) Instructional staff may assist the program director in development of curricula, teaching modalities, and evaluation. The instructor will be under the supervision of the program director at all times.

(e) A guest lecturer, or individual with expertise in a specific course unit may be used in the classroom setting for teaching without commission approval, following the program director's review of the currency of content. The guest lecturer, where applicable, must hold a license, certificate or registration in good standing in their field of expertise.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). 08-06-100, § 246-841-470, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-470, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-470, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-260, filed 9/21/90, effective 10/22/90.]

WAC 246-841-490
Core curriculum in approved nursing assistant-certified training programs.
(1) The curriculum must be competency based. It must be composed of learning objectives and activities that will lead to knowledge and skills required for the graduate to demonstrate mastery of the core competencies as provided in WAC 246-841-400.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives. The time designated may vary with characteristics of the learners and teaching or learning variables. There must be a minimum of eighty-five hours total, with a minimum of thirty-five hours of classroom training and a minimum of fifty hours of clinical training.
   (a) Of the thirty-five hours of classroom training, a minimum of seven hours must be in AIDS education as required by chapter 246-12 WAC, Part 8.
   (b) Of the fifty hours of clinical training, at least forty clinical hours must be in the practice setting.
   (c) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:
   (a) Behavioral objectives, which are statements of specific observable actions and behaviors that the learner is to perform or exhibit.
   (b) An outline of information the learner will need to know in order to meet the objectives.
   (c) Learning activities such as lecture, discussion, readings, film, or clinical practice designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a competency area is closely correlated with classroom teaching to integrate knowledge with manual skills.
   (a) Students must wear name tags clearly identifying them as students when interacting with patients, clients or residents, and families.
   (b) An identified instructor(s) will supervise clinical teaching or learning at all times. At no time will the ratio of students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum must include evaluation processes to assess mastery of competencies. Students cannot perform any clinical skill on clients or residents until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). 08-06-100, § 246-841-490, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-490, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-490, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-270, filed 9/21/90, effective 10/22/90.]

WAC 246-841-500
Physical resources required for approved nursing assistant-certified training programs.
   (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.
   (2) Adequate classroom resources, such as white board or other writing device, audio visual materials, and written materials must be available.
   (3) Appropriate equipment must be provided for teaching and practicing clinical skills and procedures before implementing the skills with clients or residents.

[Statutory Authority: RCW 18.88A.060(1) and 18.88A.030(5). 08-06-100, § 246-841-500, filed 3/5/08, effective 4/5/08. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-500, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-275, filed 9/21/90, effective 10/22/90.]

WAC 246-841-510
Administrative procedures for approved nursing assistant-certified training programs.
   (1) The program must establish and maintain a file for each student enrolled. The file must include:
      (a) Dates attended.
      (b) Test results.
      (c) A skills evaluation checklist with dates of skills testing and signature of instructor.
      (d) Documentation of successful completion of the course, or documentation of the course outcome.
   (2) Each student file must be maintained by the program for a period of five years, and copies of documents made available to students who request them.
Verification of successful completion of the course of training will be provided to the commission on forms provided by the commission.

For those programs based in a health care facility: Verification of program completion and the application for state testing will not be withheld from a student who has successfully met the requirements of the program. Successful completion will be determined by the training program director separately from other employer issues.

WAC 246-841-520
Expired license.

(1) If the certificate has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the certificate has expired for over three years the practitioner must:
   (a) Demonstrate competence to the standards established by the nursing care quality assurance commission;
   (b) Meet the requirements of chapter 246-12 WAC, Part 2.

WAC 246-841-530
Alternative program — Purpose.
The commission intends to establish criteria for an alternative program for home care aide-certified and medical assistant-certified that will provide continued opportunity for recruitment and career advancement in nursing, recognize relevant training, and maintain a single standard for competency.

The alternative program is intended to provide twenty-four hours of additional training, including clinical training, on topics not addressed in the specified training for certification as a home care aide or medical assistant, that will meet the requirements necessary to take the nursing assistant-certified competency evaluation.

Successful completion of an approved alternative program may allow the home care aide-certified and medical assistant-certified to meet requirements to complete a competency evaluation. Successful completion of the competency evaluation may allow an applicant who is a home care aide-certified or medical assistant-certified to become a nursing assistant-certified. The nursing assistant-certified credential may then qualify an individual for entry into a nursing program.

WAC 246-841-535
Alternative program — Definitions.
The definitions in this section apply throughout WAC 246-841-530 through 246-841-585.

(1) **Home care aide-certified** means any person certified under chapter 18.88 A RCW.

(2) **Medical assistant-certified** means a person certified by a medical assistant program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the American Association of Medical Assistants and the American Medical Association.

(3) **Nursing assistant-certified** means any person certified under chapter 18.88A RCW.

WAC 246-841-545
Home care aide-certified alternative program requirements.
The commission may approve alternative programs for individuals credentialed as home care aides-certified to successfully complete in order to qualify to take the nursing assistant-certified competency evaluation.

(1) An alternative program shall:
(a) Meet the requirements of WAC 246-841-420.
(b) Have a competency based curriculum composed of learning objectives and activities. The curriculum content shall include:
   i. Measuring vital signs, height and weight, fluid and food input and output.
   ii. Developmental tasks associated with developmental and age specific processes.
   iii. Use and care of prosthetic devices.
   iv. Provision of adequate ventilation, warmth, light, and quiet for the client.
   v. Principles of good body mechanics for self and clients to lift and move clients or heavy items.
   vi. Achieving competence in reading, writing, speaking and understanding English at the level necessary to:
       1. Use terminology accepted in health care settings.
       2. Accurately record and report observations, actions and information in a timely manner.
   vii. The scope of practice of nursing assistant-certified.
   viii. The workers right to know law.
   ix. The Uniform Disciplinary Act, including RCW 18.130.180.
(c) Have a program director:
   x. Who is currently licensed as a registered nurse (RN) in good standing in the state of Washington and has a minimum of three years of experience as an RN with at least one year of experience in direct patient care; and
   xi. Who has successfully completed a training course on adult instruction or can demonstrate that he or she has one year experience teaching adults, unless the program director works exclusively in a secondary educational setting.
      1. The training course on adult instruction must provide instruction in understanding the adult learner, techniques for teaching adults, classroom methods for teaching adults and audio-visual techniques for teaching adults.
      2. Acceptable experience does not include in-service education or patient teaching.
   xii. Who has a minimum of one year experience within the past three years in caring for the elderly or chronically ill of any age or both if also acting as an instructor.
(2) The program director may select instructional staff to assist in the teaching of the course. Instructional staff must meet the following requirements:
   (a) Hold a current Washington state license to practice as a registered or licensed practical nurse in good standing; and
   (b) Have a minimum of one year experience within the past three years in caring for the elderly or chronically ill of any age.
(3) Instructional staff may assist the program director in development of curricula, teaching modalities, and evaluation. The instructor must be under the supervision of the program director at all times.
(4) A guest lecturer or individual with expertise in a specific course unit may be used in the classroom setting for teaching without commission approval, following the program director’s review of the currency of content. The guest lecturer, where applicable, must hold a license, certificate or registration in good standing in their field of expertise.

[Statutory Authority: RCW 18.88A.087 and 18.88A.060. 11-16-042, § 246-841-545, filed 7/27/11, effective 8/27/11.]

**WAC 246-841-610**

AIDS prevention and information education requirements.
Applicants must complete seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-841-610, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.88A.050, 18.130.050, 18.130.080 and 70.24.270, 92-02-018 (Order 224), § 246-841-610, filed 12/23/91, effective 1/25/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-841-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270, 88-22-077 (Order PM 780), § 308-173-100, filed 11/2/88.]

**WAC 246-841-720**

Mandatory reporting.
(1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:
   - The name, address, and telephone number of the person making the report.
   - The name and address and telephone numbers of the nursing assistant being reported.
   - The case number of any patient whose treatment is a subject of the report.
   - A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.
   - If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.
   - Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person’s right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

(5) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any nursing assistant under chapter 18.130 RCW is terminated or such person’s services are restricted based on a determination that the nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or that the nursing assistant may be mentally or physically impaired as defined in RCW 18.130.170.

(6) The administrator, executive officer, or their designee of any nursing home shall report to the department of health when any person practices, or offers to practice as a nursing assistant in the state of Washington when the person is not registered or certified in the state; or when a person uses any title, abbreviation, card, or device to indicate the person is registered or certified when the person is not.

(7) The department of health requests the assistance of responsible personnel of any state or federal program operating in the state of Washington, under which a nursing assistant is employed, to report to the department whenever such a nursing assistant is not registered or certified pursuant to this act or when such a nursing assistant has committed an act or acts which may constitute unprofessional conduct as defined in RCW 18.130.180 or may be mentally or physically impaired as defined in RCW 18.130.170.

WAC 246-841-990 (Effective Until July 1, 2013.)
Nursing assistant — Fees and renewal cycle.

(1) Certificates and registrations must be renewed every year on the practitioner’s birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged for registrations:

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<tr>
<th>Title of Fee</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Application - Registration</td>
<td>$48.00</td>
</tr>
<tr>
<td>Renewal of registration</td>
<td>53.00</td>
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<tr>
<td>Duplicate registration</td>
<td>10.00</td>
</tr>
<tr>
<td>Registration late penalty</td>
<td>53.00</td>
</tr>
</tbody>
</table>
Expired registration reissuance 52.00

(3) The following nonrefundable fees will be charged for certifications:

<table>
<thead>
<tr>
<th>Title of Fee</th>
<th>Fee</th>
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<tr>
<td>Application for certification</td>
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<td>Certification late penalty</td>
<td>53.00</td>
</tr>
<tr>
<td>Expired certification reissuance</td>
<td>52.00</td>
</tr>
</tbody>
</table>

(4) The following nonrefundable fees will be charged for medication assistant endorsement credentials:

<table>
<thead>
<tr>
<th>Title of Fee</th>
<th>Fee</th>
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<tr>
<td>Application for certification</td>
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<td>53.00</td>
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<tr>
<td>Expired certification reissuance</td>
<td>52.00</td>
</tr>
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</table>
Application for endorsement $25.00
Endorsement renewal 10.00
(c) 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.

(d) 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.

[Statutory Authority: RCW 18.130.050 and 18.130.360, 07-21-133, § 246-12-010, filed 10/23/07, effective 12/1/07. Statutory Authority: RCW 43.70.280, 98-05-060, § 246-12-010, filed 2/13/98, effective 3/16/98.]

WAC 246-12-020
How to obtain an initial credential.
(1) An initial credential for a practitioner is issued once all eligibility requirements are met.
(2) To obtain an initial credential, the practitioner must:
   (a) Pay applicable application, examination and licensing fees;
   (b) Submit an application on forms approved by the secretary;
   (c) Submit supporting documentation required by the regulatory entity.
(3) The initial credential will expire on the practitioner's birthday, except for faculty or postgraduate education credentials authorized by law. Initial credentials issued within ninety days of the practitioner's birthday do not expire until the practitioner's next birthday.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-12-020, 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. To determine the renewal cycle, refer to the individual laws and rules pertaining to your profession.
(3) To renew a credential, the practitioner must:
   (a) Pay the renewal fee;
   (b) Pay the substance abuse 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 on file. Practitioners should return the renewal notice when renewing their credential. 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 days prior to the expiration date.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-12-030, filed 2/13/98, effective 3/16/98.]

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 quality assurance main office on the next business day.
(3) A credential is returned to active status by complying 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 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 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 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:
   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 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 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;
   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.

[Statutory Authority: RCW 43.70.280. 03-19-136, § 246-12-040, filed 9/17/03, effective 10/18/03; 98-05-060, § 246-12-040, filed 2/13/98, effective 3/16/98.]

WAC 246-12-090
How to obtain an inactive credential.
A practitioner may obtain an inactive credential if authorized by the regulatory entity. Refer to the profession rules to determine if this status is available.

(1) To obtain an inactive credential the practitioner must submit a letter notifying the department of health of the intent to obtain an inactive credential.

(2) A practitioner may apply for an inactive credential if he or she meets the following criteria:
   (a) Holds an active Washington state credential;
   (b) Is in good standing; and
   (c) Will not practice in Washington.

(3) The practitioner may obtain an inactive credential at any time the criteria in subsection (2) of this section are met. The fee for the initial inactive credential will be due when the active credential expires. Portions of the current renewal fee will not be prorated or refunded for the remaining active renewal cycle.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-090, filed 2/13/98, effective 3/16/98.]
**WAC 246-12-100**

How to renew an inactive credential.

1. The expiration for all credentials is the practitioner's birthday. To renew an inactive credential, the practitioner must:
   - a) Pay the inactive credential renewal fee; and
   - b) Pay the substance abuse monitoring surcharge, if required by the profession.

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

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

4. Prior to the inactive credential expiration date, courtesy renewal notices are mailed to the address on file. Practitioners should return the renewal notice when renewing their credential. Failure to receive a courtesy renewal notice does not relieve or exempt the inactive credential renewal requirement.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-12-100, filed 2/13/98, effective 3/16/98.]

**WAC 246-12-110**

How to return to active status from inactive status.

To change an inactive credential to an active status, the practitioner must:

1. Notify the department in writing of the change;

2. Pay the appropriate current active renewal fee;

3. Pay the current substance abuse 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 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;

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;

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.

[Statutory Authority: RCW 43.70.280, 98-05-060, § 246-12-110, filed 2/13/98, effective 3/16/98.]

**WAC 246-12-120**

How to obtain a retired active credential.

A practitioner may obtain a retired active status credential if authorized by the regulatory entity. Refer to the profession rules to determine if this status is available.

1. To obtain a retired active credential, the practitioner must submit a letter notifying the department of health of the intent to practice only on an intermittent or emergency basis.

2. A practitioner may apply for a retired active credential (refer to RCW 18.130.250) if he or she meets the following criteria:
   - a) Holds an active Washington state credential;
   - b) Is in good standing; and either
   - c) Will practice no more than ninety days each year in Washington state; or
   - d) Will practice only in emergency circumstances such as earthquakes, floods, times of declared war or other states of emergency.

3. The practitioner may obtain a retired active credential at any time the criteria in subsection (2) of this section are met. The fee for the initial retired active credential will be due when the active credential expires. Portions of the current renewal fee will not be prorated or refunded for the remaining active renewal cycle.

4. The profession may define specific practice settings in which services may be provided. Refer to the laws and rules of the profession to determine if specific practice settings are identified.
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.

(2) To renew a retired active credential, the practitioner must:
   (a) Pay the retired active credential renewal fee;
   (b) Pay the substance abuse monitoring surcharge, if required by the profession;
   (c) Provide a written declaration stating that he or she 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 days prior to the expiration date.

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

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:

(1) Notify the department in writing of the change;
(2) Pay the appropriate current active renewal fee;
(3) Pay the current substance abuse 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 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;
(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;
(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.

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:
   (a) Meet all the requirements outlined in the order mandating the suspension;
   (b) Pay the current renewal fee, if due;
   (c) Pay the substance abuse monitoring surcharge if required by the profession;
   (d) Pay a "return from mandated suspension fee" of two hundred forty-five dollars. Standard renewal fees are not required during the period of the suspension;
(e) Provide written declaration that all continuing education and competency requirements for the entire suspension period have been met, if required by the profession;

(f) Provide 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 also comply with any specific requirements identified in rule by that profession's regulatory entity.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-160, 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:

   (a) Meet all the requirements outlined in the disciplinary order;
   (b) Pay 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 the substance abuse monitoring surcharge if required by the profession;
   (d) Provide 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 other written declarations or documentation, if required for the profession.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-165, filed 2/13/98, effective 3/16/98.]

WAC 246-12-170
When is continuing education required?
Continuing education is required for renewal of a credential only if authorized in law. The regulatory entity defines the continuing education requirements. Practitioners should refer to the laws and rules relating to their profession to determine if continuing education is required.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-170, filed 2/13/98, effective 3/16/98.]

WAC 246-12-180
How to prove compliance.
If continuing education is required for renewal, the practitioner must verify compliance by submitting a signed declaration of compliance.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-180, filed 2/13/98, effective 3/16/98.]

WAC 246-12-190
Auditing for compliance.
Up to twenty-five percent of the practitioners are randomly audited for continuing education compliance after the credential is renewed. It is the practitioner’s responsibility to submit documentation of completed continuing education activities at the time of the audit. Failure to comply with the audit documentation request or failure to supply acceptable documentation within sixty days may result in disciplinary action.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-12-190, filed 2/13/98, effective 3/16/98.]

WAC 246-12-200
What is acceptable audit documentation?
Practitioners must:

   (1) Prove compliance which may include course or program certificates of training or transcripts. Refer to the rules of your profession for more specific guidance.
   (2) Keep records for four years documenting attendance description of learning.
WAC 246-12-210
When is a practitioner exempt from continuing education?
A practitioner may be excused from or granted an extension of continuing education requirements due to illness or other extenuating circumstances. The profession's regulatory entity determines when the requirements may be waived or may grant an extension.

WAC 246-12-220
How credit hours for continuing education courses are determined.
A credit hour is defined as time actually spent in a course or other activities as determined by the regulatory entity as fulfilling continuing education requirements. A credit hour for time actually spent in a course cannot be less than fifty minutes.

WAC 246-12-230
Carrying over of continuing education credits.
Continuing education hours in excess of the required hours earned in a reporting period cannot be carried forward to the next reporting cycle.

WAC 246-12-240
Taking the same course more than once during a reporting cycle.
The same course taken more than once during a reporting cycle will only be counted once.

WAC 246-12-250
Definitions.
(1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.
(2) "Office on AIDS" means that section with the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

WAC 246-12-260
Who must obtain AIDS education?
All practitioners must demonstrate completion of four or seven clock hours of AIDS education prior to initially obtaining a health care credential. Refer to the specific profession rules to determine the number of hours of AIDS education and training that are required.

WAC 246-12-270
Acceptable AIDS education and training.
(1) The regulatory entity will accept education and training that is consistent with the model curriculum available from the office on AIDS.
(2) AIDS education and training must include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.
WAC 246-12-280
What is acceptable documentation?
Practitioners must:

1. Provide a written declaration that the minimum education and training has been completed;
2. Keep records for two years documenting training and description of learning; and
3. Be prepared to validate, through submission of these records, that training has taken place.

WAC 246-12-290
How to obtain a duplicate credential or wall certificate.
Practitioners may obtain a duplicate credential or wall certificate by providing a written request and paying a fee established by the secretary.

WAC 246-12-300
Name changes.
It is the responsibility of each practitioner to maintain his or her correct name on file with the department. Requests for name changes 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.

WAC 246-12-310
Address changes.
It is the responsibility of each practitioner to maintain his or her 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 for mailing of all official matters to the practitioner.