

Chapter 246-12 WAC
ADMINISTRATIVE PROCEDURES AND REQUIREMENTS FOR CREDENTIALLED HEALTH
CARE PROVIDERS

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WAC

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246-12-250 Definitions. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-250, filed 2/13/98, effective 3/16/98.] Repealed by WSR 21-02-002, filed 12/23/20, effective 1/23/21. Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085.

246-12-260 Who must obtain AIDS education? [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-260, filed 2/13/98, effective 3/16/98.] Repealed by WSR 21-02-002, filed 12/23/20, effective 1/23/21. Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085.

246-12-270 Acceptable AIDS education and training. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-270, filed 2/13/98, effective 3/16/98.] Repealed by WSR 21-02-002, filed 12/23/20, effective 1/23/21. Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085.

246-12-280 What is acceptable documentation? [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-280, filed 2/13/98, effective 3/16/98.] Repealed by WSR 21-02-002, filed 12/23/20, effective 1/23/21. Statutory Authority: RCW 18.19.050, 18.29.130, 18.29.210, 18.34.120, 18.46.060, 18.55.095, 18.84.040, 18.88B.060, 18.89.050, 18.130.050, 18.138.070, 18.155.040, 18.200.050, 18.205.060, 18.215.040, 18.230.040, 18.240.050, 18.250.020, 18.290.020, 18.360.030, 18.360.070, 70.41.030, 70.230.020, 71.12.670, and 18.108.085.

PART 1

GENERAL PROVISIONS

WAC 246-12-001 Purpose and scope. The rules in this chapter are intended to ensure consistent application of administrative procedures and requirements for licensure, certification and registration of health care practitioners credentialed under the Uniform Disciplinary Act (RCW 18.130.040), except those credentialed under chapter 18.73 RCW (emergency medical services). Within the rules there are several references to additional requirements which may be unique to a profession. Examples are the renewal cycle, fees, continuing education or competency requirements. Refer to individual profession's laws and rules for further guidance and information. Health profession laws and rules are available in public libraries and in publications by the department of health.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-001, filed 2/13/98, effective 3/16/98.]

WAC 246-12-010 Definitions. (1) "Business": A business is an adult family home provider owned by a corporation regulated under chapter 18.48 RCW; a pharmaceutical firm regulated under chapter 18.64 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 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 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) "Disciplinary suspension": 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) "Local organization for emergency services or management": Has the same meaning as that found in RCW 38.52.010.

(6) "Mandated suspension": 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.

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

(8) "Regulatory entities": A "regulatory entity" is 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) "Renewal": Every credential requires renewal. The renewal cycle is either one, two, or three years, depending on the profession.

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

(11) "Status": 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 authorized to practice the profession. These practitioners need to renew the credential each renewal cycle. See Part 2 of this chapter.

(b) The department of health places the credential in **"expired"** status if the credential is not renewed on time. While in expired status, the practitioner is not authorized to practice. Practice on an expired status is a violation of law and subject to disciplinary action. See Part 2 of this chapter.

(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 **"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.

(e) 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.

(f) 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 43.70.270(3). WSR 14-10-025, § 246-12-010, filed 4/28/14, effective 5/29/14. Statutory Authority: RCW 18.130.050 and 18.130.360. WSR 07-21-133, § 246-12-010, filed 10/23/07, effective 12/1/07. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-010, filed 2/13/98, effective 3/16/98.]

PART 2 INITIAL AND RENEWAL CREDENTIALING OF PRACTITIONERS

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. WSR 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. WSR 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. WSR 03-19-136, § 246-12-040, filed 9/17/03, effective 10/18/03; WSR 98-05-060, § 246-12-040, filed 2/13/98, effective 3/16/98.]

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 application is mailed to the applicant, unless the notice of decision on 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.

[Statutory Authority: RCW 43.70.040. WSR 13-09-061, § 246-12-050, filed 4/16/13, effective 5/17/13. Statutory Authority: RCW 18.130.064 and 18.130.075. WSR 09-23-082, § 246-12-050, filed 11/16/09, effective 12/17/09.]

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 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 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.

[Statutory Authority: 2023 c 165. WSR 24-17-109, § 246-12-051, filed 8/19/24, effective 9/19/24. Statutory Authority: RCW 43.70.040, 18.130.040, 1.12.080, and 2011 2nd sp.s. c 5. WSR 12-24-014, § 246-12-051, filed 11/27/12, effective 12/28/12.]

PART 3 INITIAL AND RENEWAL CREDENTIALING OF BUSINESSES

WAC 246-12-060 How to obtain an initial business credential. An initial credential for a business is issued once all eligibility requirements are met. To obtain an initial credential, the business must:

(1) Pay all applicable application and license fees;

(2) Submit an application on forms approved by the secretary;

(3) Submit supporting documentation required by the regulatory entity.

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

WAC 246-12-070 How to renew a business credential. (1) A business expires on a date determined by the regulatory entity.

(2) A credential period may be one or two years. Refer to the profession laws and rules to determine the renewal cycle and expiration date.

(3) To renew a credential the business must:

(a) Pay the renewal fee; and

(b) 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. Businesses 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 within ninety days prior to the expiration date.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-070, filed 2/13/98, effective 3/16/98.]

WAC 246-12-080 When a business credential expires. (1) The business credential expires if the credential is not renewed on or before the expiration date. The business must not open for business or otherwise operate until the credential is renewed.

(2) A business credential is renewed by complying with the following:

(a) Expired for three years or less:

(i) Pay the late renewal penalty fee;

(ii) Pay the current renewal fee for each renewal cycle where the credential was expired; and

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

(b) Expired more than three years:

(i) Comply with the qualifications and procedures for initial credentialing; and

(ii) Pay initial credentialing fee.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-080, filed 2/13/98, effective 3/16/98.]

PART 4 INACTIVE CREDENTIAL FOR NONMILITARY PRACTITIONERS

WAC 246-12-090 How to obtain an inactive credential for nonmilitary practitioners. Except as provided in Part 13 of this chapter for military and military-related status, 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) Except as provided in Part 13 of this chapter for military and military-related status, 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.

(2) To obtain an inactive credential, the practitioner must notify the department of health in writing of the intent to obtain an inactive credential.

(3) The practitioner may obtain an inactive credential at any time the criteria in subsection (1) 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 43.70.270(3). WSR 14-10-025, § 246-12-090, filed 4/28/14, effective 5/29/14. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-090, filed 2/13/98, effective 3/16/98.]

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 for military and military-related status, 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 43.70.270(3). WSR 14-10-025, § 246-12-100, filed 4/28/14, effective 5/29/14. Statutory Authority: RCW 43.70.280. WSR 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 for nonmilitary practitioners. Except as provided in Part 13 of this chapter for military and military-related status, to change an inactive 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 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 43.70.270(3). WSR 14-10-025, § 246-12-110, filed 4/28/14, effective 5/29/14. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-110, filed 2/13/98, effective 3/16/98.]

PART 5
RETIRED ACTIVE CREDENTIAL

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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-120, 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.

(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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-130, 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:

- (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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-140, filed 2/13/98, effective 3/16/98.]

PART 6 CREDENTIAL SUSPENSIONS

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. WSR 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. WSR 98-05-060, § 246-12-165, filed 2/13/98, effective 3/16/98.]

PART 7 CONTINUING EDUCATION

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. WSR 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. WSR 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 educa-

tion 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. WSR 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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-200, filed 2/13/98, effective 3/16/98.]

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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-210, filed 2/13/98, effective 3/16/98.]

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 can not be less than fifty minutes.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-220, filed 2/13/98, effective 3/16/98.]

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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-230, filed 2/13/98, effective 3/16/98.]

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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-240, filed 2/13/98, effective 3/16/98.]

**PART 8
DUPLICATE CREDENTIALS OR WALL CERTIFICATES**

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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-290, filed 2/13/98, effective 3/16/98.]

**PART 9
PRACTITIONER NAME AND ADDRESS CHANGES**

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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-300, filed 2/13/98, effective 3/16/98.]

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.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-310, filed 2/13/98, effective 3/16/98.]

WAC 246-12-320 Other information. Refer to WAC 246-01-100 and 246-11-060 for more information on maintaining a current address with the department.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-320, filed 2/13/98, effective 3/16/98.]

**PART 10
FEES, PAYMENTS AND REFUNDS**

WAC 246-12-330 General information. The costs of health care professional credentialing programs must be fully supported by members of that profession. The amount of all fees are established by the sec-

retary and set by rule. Fees can be found in rules pertaining to each profession.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-330, filed 2/13/98, effective 3/16/98.]

WAC 246-12-340 Refund of fees. Fees submitted with applications for initial credentialing, examinations, renewal, and other fees associated with the licensing and regulation of the profession are nonrefundable.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-340, filed 2/13/98, effective 3/16/98.]

WAC 246-12-350 Making payments. (1) Make checks or money orders payable to the department of health.

(2) Practitioners should include their credential number on the check, draft or money order.

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

(4) Send check, draft or money order to:

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

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-350, filed 2/13/98, effective 3/16/98.]

WAC 246-12-360 Other information. Refer to RCW 43.70.250, 43.70.320 and WAC 246-08-560 for more information relating to fees and refunds.

[Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-12-360, filed 2/13/98, effective 3/16/98.]

PART 11 RETIRED VOLUNTEER MEDICAL WORKERS

WAC 246-12-400 Who qualifies for an initial retired volunteer medical worker license? (1) To be eligible for a retired volunteer medical worker license, a person must:

(a) Have held a license issued by a disciplining authority under RCW 18.130.040 that was in active status within the ten years prior to an initial application for a retired volunteer medical worker license;

(b) Have no restrictions on their ability to obtain an active license; and

(c) Be currently registered as a volunteer emergency worker with a local organization for emergency services or management.

(2) A person is not eligible for a retired volunteer medical worker license if they hold any current license issued by a disciplining authority under RCW 18.130.040.

[Statutory Authority: RCW 18.130.050 and 18.130.360. WSR 07-21-133, § 246-12-400, filed 10/23/07, effective 12/1/07.]

WAC 246-12-410 How to obtain an initial retired volunteer medical worker license. (1) To obtain an initial retired volunteer medical worker license, a person must:

- (a) Meet the requirements in WAC 246-12-400;
- (b) Submit an application on forms approved by the secretary; and
- (c) Submit proof of current registration as a volunteer emergency worker with a local organization for emergency services or management.

(2) There is no application fee.

(3) The retired volunteer medical worker's initial license expires on the person's third birthday after issuance and may be renewed as provided in WAC 246-12-430.

[Statutory Authority: RCW 18.130.050 and 18.130.360. WSR 07-21-133, § 246-12-410, filed 10/23/07, effective 12/1/07.]

WAC 246-12-420 When can you practice and what can you do? (1) A retired volunteer medical worker can practice only when:

(a) There is a declared emergency, disaster, or authorized training event that has been given a mission number by the department of emergency management; and

(b) The local organization for emergency services or management, or designee, has activated the retired volunteer medical worker.

(2) A retired volunteer medical worker can only:

(a) Work the duties assigned;

(b) Work up to, but not exceed the scope of practice under their prior active license; and

(c) Work under an assigned supervisor.

(3) A health care facility is not obligated to use any retired volunteer medical worker.

[Statutory Authority: RCW 18.130.050 and 18.130.360. WSR 07-21-133, § 246-12-420, 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:

(a) Submit a written declaration stating you 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 license must be renewed every three years.

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

[Statutory Authority: RCW 18.130.050 and 18.130.360. WSR 07-21-133, § 246-12-430, filed 10/23/07, effective 12/1/07.]

WAC 246-12-440 Continuing competency. (1) A retired volunteer medical worker must complete the following requirements every three years to renew their license:

- (a) Basic first-aid course;
- (b) Bloodborne pathogens course; and
- (c) CPR course.

(2) A retired volunteer medical worker must submit a signed declaration to verify they meet the continuing competency education requirements.

(3) Local organizations for emergency services or management that register retired volunteer medical workers may require additional training, such as incident command system (ICS) or national incident management system (NIMS).

[Statutory Authority: RCW 18.130.050 and 18.130.360. WSR 07-21-133, § 246-12-440, filed 10/23/07, effective 12/1/07.]

WAC 246-12-450 How to return to active status. A licensed retired volunteer medical worker may return to active status as provided in WAC 246-12-040.

[Statutory Authority: RCW 18.130.050 and 18.130.360. WSR 07-21-133, § 246-12-450, filed 10/23/07, effective 12/1/07.]

PART 12 MILITARY AND MILITARY-RELATED STATUS

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 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 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.

[Statutory Authority: RCW 43.70.270(3). WSR 14-10-025, § 246-12-500, filed 4/28/14, effective 5/29/14.]

WAC 246-12-510 How to obtain a military status credential. (1)

To obtain a military status credential the practitioner must submit a written request notifying the department of the intent to obtain a military status credential.

(2) A practitioner may obtain a military status credential if he or she:

(a) Holds an active Washington state credential that is valid and in force and effect; and

(b) Submits to the department an official copy of service orders verifying that he or she is a member of the armed forces or other services described in WAC 246-12-500(1).

(3) The practitioner may obtain a military status credential at any time the criteria in subsection (2) of this section are met. There is no fee due for military status. Portions of the current renewal fee will not be prorated or refunded.

(4) A military status credential remains in full force and effect so long as service continues and allows practice throughout the state of Washington unless sooner suspended or revoked by the regulatory entity.

[Statutory Authority: RCW 43.70.270(3). WSR 14-10-025, § 246-12-510, 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 credential, but should maintain the credential in military status. To maintain a military status credential, the practitioner should submit to the department an official copy of service orders verifying that he or she is 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 courtesy maintenance notices to the practitioner's address on file using credential renewal cycles.

(4) A practitioner should 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 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.

[Statutory Authority: RCW 43.70.270(3). WSR 14-10-025, § 246-12-520, filed 4/28/14, effective 5/29/14.]

WAC 246-12-530 How to return to active status from military status. (1) To change the status of a credential from military status to active status, the practitioner must submit to the department:

(a) Written notification of the change in his or her service status;

(b) An official copy of the practitioner's discharge papers (DD214);

(c) The appropriate current active renewal fee;

(d) The current substance abuse monitoring surcharge, if required by the profession as part of the renewal fee.

(2) The practitioner must request the military status credential be changed from military status to active status within six months of honorable discharge by meeting the requirements of subsection (1) of this section.

(3) A practitioner who does not comply with subsection (2) of this section will be subject to late fees as required by WAC 246-12-040.

(4) Continuing education requirements will apply after the first post-discharge renewal.

[Statutory Authority: RCW 43.70.270(3). WSR 14-10-025, § 246-12-530, 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 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:

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

[Statutory Authority: RCW 43.70.270(3). WSR 14-10-025, § 246-12-540, 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 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 married to or in a registered domestic partnership with that person.

(2) To maintain an inactive military-related status credential, the practitioner should submit to the department an official copy of service orders verifying that his or her spouse or registered domestic

partner continues to be deployed or stationed in a location outside of Washington state.

(3) The department will mail 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 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.

[Statutory Authority: RCW 43.70.270(3). WSR 14-10-025, § 246-12-550, filed 4/28/14, effective 5/29/14.]

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 his or her credential to active status at any time.

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

(a) Pay the appropriate current active renewal fee;

(b) Pay the current substance abuse 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 his or her spouse or registered domestic partner is discharged, he or she must submit an official copy of the discharge papers (DD214) showing that his or her spouse or registered domestic partner was honorably discharged 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 honorable 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.

[Statutory Authority: RCW 43.70.270(3). WSR 14-10-025, § 246-12-560, filed 4/28/14, effective 5/29/14.]

PART 13 MINIMUM STANDARDS FOR SUICIDE PREVENTION TRAINING FOR HEALTH CARE PROFESSIONALS

WAC 246-12-601 Purpose. The purpose of WAC 246-12-610 through 246-12-650 is to set minimum standards for suicide prevention trainings for health care professionals to be included on a model list of department of health-approved trainings. Both trainers and health care professions may set standards for trainings that exceed these stand-

ards. Training specific to a profession must comply with that profession's rules for continuing education.

[Statutory Authority: RCW 43.70.442. WSR 16-14-048, § 246-12-601, filed 6/29/16, effective 6/30/16.]

WAC 246-12-610 Definitions. The definitions in this section apply throughout WAC 246-12-601 through 246-12-650 unless the context clearly requires otherwise.

(1) "Department" means the Washington state department of health.

(2) "Health professional" means an individual licensed or holding a retired active license in one of the health professions listed in RCW 43.70.442 as required to take training in suicide assessment, including screening and referral, suicide treatment, and suicide management.

(3) "Model list" means the list of trainings that meet minimum standards established by the department of health pursuant to RCW 43.70.442.

(4) "Referral" means facilitating a client or patient's linkage to other resources.

(5) "Screening" means asking questions to identify a person at risk of suicide and to determine the need for further risk assessment or referral. Screening may be the first step of suicide risk assessment.

(6) "Secretary" means the secretary of the department of health or the secretary's designee.

(7) "Suicide assessment" or "suicide risk assessment" means a structured process to gather accurate information from a client or patient to determine risk of suicide.

(8) "Suicide treatment and management" means engagement and collaboration between a health professional or team and client or patient to resolve suicide risk by addressing the factors contributing to risk, and ongoing monitoring and adjustment of treatment and safety plans.

(9) "Training in suicide assessment, treatment, and management" means empirically supported training approved by the appropriate disciplining authority that contains the following elements: Suicide assessment, including screening and referral, suicide treatment, and suicide management.

[Statutory Authority: RCW 43.70.442. WSR 16-14-048, § 246-12-610, filed 6/29/16, effective 6/30/16.]

WAC 246-12-620 Training delivery. Minimum standards for training delivery:

(1) Training must be provided using a modality and number of sessions in accordance with each health profession's rules for continuing education and suicide prevention training.

(2) Trainings must include opportunities for skill practice through group activities or self-guided exercises.

(3) Trainings must meet the standards for content identified in WAC 246-12-630 and 246-12-640.

(4) Trainers must meet the qualifications identified in WAC 246-12-640.

[Statutory Authority: RCW 43.70.442. WSR 16-14-048, § 246-12-620, filed 6/29/16, effective 6/30/16.]

WAC 246-12-630 Training content. Minimum standards for training content:

(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 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;

(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 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 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 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 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 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 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.

[Statutory Authority: RCW 43.70.442. WSR 16-14-048, § 246-12-630, filed 6/29/16, effective 6/30/16.]

WAC 246-12-640 Training quality. Minimum standards for training quality:

(1) For the purpose of continuing improvement, trainees shall be offered an evaluation assessing training quality and participant learning. Completed evaluations will be returned to the trainer or publisher of the training.

(2) Trainers and training developers must have demonstrated knowledge and experience related to suicide prevention and:

(a) An active license to practice as a health care professional; or

(b) A bachelor's degree or higher in public health, social science, education or a related field from an accredited college or university; or

(c) At least three years of experience delivering training in suicide prevention.

(3) Data referenced in the training must be current within four years, and research referenced in the training must be based on current empirical research and known best practices.

[Statutory Authority: RCW 43.70.442. WSR 16-14-048, § 246-12-640, filed 6/29/16, effective 6/30/16.]

WAC 246-12-650 Training approval processes. (1) The secretary will approve suicide prevention training programs that meet the requirements outlined in this chapter.

(2) The secretary shall determine a process to evaluate and approve trainings.

(3) Approved trainings will be published on the model list beginning January 1, 2017.

(4) If the secretary notifies a training program of the secretary's intent to deny approval and inclusion on the model list, the training program, through its authorized representative, may request an adjudicative proceeding pursuant to the appeal process in chapter 246-10 WAC. A request for an adjudicative proceeding must be in writ-

ing, state the basis for contesting the adverse action, include a copy of the adverse notice and be served on and received by the department within twenty-eight days of the date the department mailed the adverse notice. The authorized representative of the training program may submit a new application for the secretary's consideration.

(5) If the secretary notifies an approved training program of the secretary's intent to revoke approval, the training program, through its authorized representative, may request an adjudicative proceeding pursuant to the appeal process in chapter 246-10 WAC. A request for an adjudicative proceeding must be in writing, state the basis for contesting the adverse action, include a copy of the adverse notice and be served on and received by the department within twenty-eight days of the applicant's or license holder's receipt of the adverse notice. If a request for adjudicative proceeding is not received by the department within twenty-eight days of the date the department mailed the adverse notice, the secretary's decision is final. The authorized representative of the training program must provide proof that the deficiencies which resulted in withdrawal of the secretary's approval have been corrected before requesting reapproval.

[Statutory Authority: RCW 43.70.442. WSR 16-14-048, § 246-12-650, filed 6/29/16, effective 6/30/16.]

PART 15

MINIMUM STANDARDS FOR HEALTH EQUITY CONTINUING EDUCATION TRAININGS FOR HEALTH CARE PROFESSIONALS

WAC 246-12-800 Purpose. WAC 246-12-810 through 246-12-830 contain model rules establishing minimum standards for health equity continuing education trainings for health care professionals credentialed under RCW 18.130.040 with a continuing education requirement. The rule-making authority for each health profession credentialed under RCW 18.130.040 with a continuing education requirement may set standards that exceed the minimum standards in this chapter.

[Statutory Authority: RCW 18.130.040 and 43.70.613. WSR 22-23-167, § 246-12-800, filed 11/23/22, effective 12/24/22.]

WAC 246-12-810 Definitions. The definitions in this section and RCW 43.70.613 apply throughout WAC 246-12-800 through 246-12-830 unless the context clearly requires otherwise.

(1) "Department" means the Washington state department of health.

(2) "Health care professional" means an individual credentialed or holding a retired active credential in one of the health professions listed in RCW 18.130.040 with a continuing education requirement.

(3) "Health equity" means all people have the same opportunities and equal access in order to attain their full health potential regardless of the color of their skin, ancestry, ethnicity, level of education, gender identity, sexual orientation, age, religion, socioeconomic status, the job they have, the neighborhood they live in, or their ability status.

[Statutory Authority: RCW 18.130.040 and 43.70.613. WSR 22-23-167, § 246-12-810, filed 11/23/22, effective 12/24/22.]

WAC 246-12-820 Health equity continuing education training minimum hours. Health care professionals must complete a minimum of two hours in health equity continuing education training every four years, unless the relevant rule-making authority specifies a higher number of hours in rule.

[Statutory Authority: RCW 18.130.040 and 43.70.613. WSR 22-23-167, § 246-12-820, filed 11/23/22, effective 12/24/22.]

WAC 246-12-830 Health equity continuing education training content. An education program providing health equity continuing education training must:

(1) Include implicit bias training to identify strategies to reduce bias during assessment and diagnosis and may include, but is not limited to, at least one of the topics included in RCW 43.70.613 (3)(c).

(2) Have trainers with demonstrated knowledge and experience related to health equity. Research referenced in the training must be based on current empirical research and known best practices.

(3) Have courses that assess the health care professional's ability to apply health equity concepts into practice in accordance with profession specific rules, which may include, but are not limited to:

(a) An assessment at the end of an in-person or virtual continuing education training to determine knowledge gained during that training; or

(b) A document provided at the end of an in-person or virtual continuing education training that attests attendance at the training.

[Statutory Authority: RCW 18.130.040 and 43.70.613. WSR 22-23-167, § 246-12-830, filed 11/23/22, effective 12/24/22.]