



AGING AND LONG TERM SUPPORT ADMINISTRATION  
NURSING ASSISTANT REGISTRY  
PO BOX 45600  
OLYMPIA WA 98504-5600  
(360) 725-2597

## Nursing Assistant Registry Inquiry

Federal law requires that all NACs working in skilled nursing facilities / homes cannot go longer than 24 months without at least one shift of NAC nursing / nursing-related duties. To confirm an NAC is eligible to be hired in a skilled nursing facility/home, submit this completed form by e-mail to [OBRARegistry@dshs.wa.gov](mailto:OBRARegistry@dshs.wa.gov). All forms must be typewritten. All fields must be completed. Allow two business days for processing (excluding weekends and holidays).

**All fields / columns must be completed. Please include previous work history and dates.**

FACILITY / AGENCY SUBMITTING FORM		CONTACT PERSON		DIRECT PHONE NUMBER / EXTENSION		RETURN EMAIL ADDRESS	
ADDRESS				CITY		STATE ZIP CODE	
<p><b>NACs are not eligible to be hired or work in skilled nursing facilities / homes until the date verified as eligible by the OBRA registry.</b></p> <p>Submitting this form indicates the employer has confirmed all work history.</p> <p>For credential verification visit <a href="https://fortress.wa.gov/doh/providercredentialsearch">https://fortress.wa.gov/doh/providercredentialsearch</a> or call the Department of Health at (360) 236-4113.</p>							
	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE, INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	NAC CREDENTIAL NUMBER	INDICATE NEW HIRE, RENEWAL, OR TERMINATION (INCLUDE NAC WORK HISTORY AS NEEDED)	START DATE / FIRST DATE EMPLOYED AS NAC (MM/DD/YYYY)	LAST DATE EMPLOYED AS NAC (MM/DD/YYYY)
1.		/ /	- -			/ /	/ /
2.		/ /	- -			/ /	/ /
3.		/ /	- -			/ /	/ /
4.		/ /	- -			/ /	/ /
5.		/ /	- -			/ /	/ /
6.		/ /	- -			/ /	/ /
7.		/ /	- -			/ /	/ /
8.		/ /	- -			/ /	/ /
9.		/ /	- -			/ /	/ /
10.		/ /	- -			/ /	/ /

Link to form: <https://www.dshs.wa.gov/altsa/residential-care-services/nurse-aide-registry>