



SKILLED NURSING FACILITIES/NURSING HOMES

OBRA NURSE AIDE REGISTRY

**COMPLETING AND SUBMITTING A
NURSING ASSISTANT REGISTRY INQUIRY FORM
DSHS 16-193 (REV. 9/2025)**



OBRA NURSE AIDE REGISTRY

Open weekdays from 8:00 a.m. to 5:00 p.m.

Closed Saturdays and Sundays

Closed State Holidays*

E-Mail: OBRARegistry@dshs.wa.gov

Message Phone: (360) 725-2597

** Inquiries received after 5:00 p.m. on the business day before a holiday will be processed beginning the business day after the holiday. Normal procedures for effective dates still apply.*



FOLLOWING THESE INSTRUCTIONS YOU WILL BE ABLE TO

- Understand the purpose of the OBRA Nurse Aide Registry
- Accurately complete and submit a Nursing Assistant Registry Inquiry Form for each type of OBRA Inquiry
- Accurately resubmit forms that require further information to process



THE OBRA NURSE AIDE REGISTRY

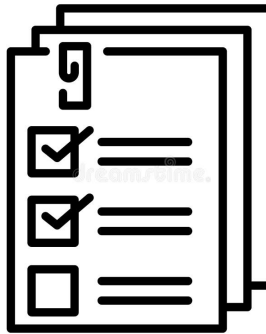
- Established by federal regulation 42 CFR § 483.12 - "Freedom from Abuse, Neglect, and Exploitation."
- Located at the Department of Social and Health Services (DSHS)
- Ensures NACs working in nursing homes do not go longer than 24 months without at least one shift of compensated, NAC nursing-related duties.
- The OBRA Registry focuses on employment history to maintain eligibility to hire.

THE OBRA NURSE AIDE REGISTRY IS **NOT**

- The OBRA Registry is NOT involved in the licensing, credentialing, or testing of NACs.
- The OBRA Registry is NOT part of the Department of Health (DOH).
- Status on the OBRA Registry is NOT influenced by the status of the NAC credential at the DOH, and vice-versa.
- The OBRA Registry does NOT track NARs.



COMPLETING THE NURSING ASSISTANT REGISTRY INQUIRY FORM



EMPLOYER INFORMATION NEEDED TO COMPLETE FORM

IF ANY OF THIS INFORMATION IS INCORRECT OR MISSING, FORM WILL BE RETURNED AS INCOMPLETE

Each field on the form **MUST** be completed:

- *Facility/Agency Submitting Form*
Organization that is the official employer of the NAC.
- *Contact Person*
Person completing form and can answer questions about submission.

(CONTINUED ON NEXT SLIDE)



EMPLOYER INFORMATION NEEDED TO COMPLETE FORM

IF ANY OF THIS INFORMATION IS INCORRECT OR MISSING, FORM WILL BE RETURNED AS INCOMPLETE

(CONTINUED FROM PREVIOUS SLIDE)

- *Direct Phone Number/Extension*
Contact person's phone number (direct number is preferred, please provide extension number)
- *Return E-Mail Address*
Only one e-mail per form. The Registry does not store e-mail addresses, the information provided here is literally copied and pasted for the return response.
- *Address*
The physical address of the facility employing NAC.

EMPLOYEE INFORMATION NEEDED TO COMPLETE FORM

IF ANY OF THIS INFORMATION IS INCORRECT OR MISSING, FORM WILL BE RETURNED AS INCOMPLETE

- *Full Name* (last, first, middle initial)
- *Birthdate*
- *Social Security Number*
- *NAC Credential Number* (not NAR)
- *Action Requested* (New Hire, Renewal, or Termination)
- *Effective Date of Action*
- *Work History* (if needed) - NAC Employer Name(s) and Start/End Dates



THE FACILITY SUBMITS AN INQUIRY FORM FOR

- New Employee
- Employee Renewal
- Employee Termination

INQUIRY FORM FOR NEW EMPLOYEE

What is a new employee?

- An NAC not currently working at your facility
- An NAC who previously worked for your facility and is being re-hired
- An NAR moving into an NAC position





A skilled nursing facility/home **cannot** hire an NAC or place an NAR into an NAC position without verification that the NAC is on the OBRA Registry and is eligible to be hired.

THIS IS A FEDERAL REGULATION

There is NO provisional employment allowed in nursing facilities/homes. This includes attendance at new orientation, any training, etc.



INQUIRY FORM FOR NEW EMPLOYEE

It is against federal regulations for an NAC to be hired/placed in NAC position without an inquiry being submitted and verification being received as active on the OBRA Registry. There is NO provisional employment allowed in nursing facilities/homes. This includes attendance at new orientation, any training, etc.

- Indicate the action "New Hire"
- Form MUST be submitted at least three business days BEFORE hiring.
- Form MUST have a future start date (cannot be backdated)
- An employee cannot begin working for a facility until the date verified by the OBRA Registry.



WORK HISTORY

A work history is a list of previously held employment performing compensated NAC nursing-related duties.

Include a work history for at least the past 24 months:

- For a previous facility, include: name of facility, and the start and end dates of employment.
- For a private client, include: start and end dates of employment, a detailed list of specific nursing-related duties performed, and type of compensation was received. Do not provide name of client (use Client A, Client B, etc.)

(CONTINUED ON NEXT SLIDE)



WORK HISTORY

(CONTINUED FROM PREVIOUS SLIDE)

NAC nursing/nursing-related skills include assisting patient(s) in hospital, adult family homes, private care, etc. with:

- Personal hygiene (bathing, dressing, grooming, oral care)
- Mobility (transfer and ambulation)
- Contenance management
- Feeding assistance (physically assisting w/mechanics of eating)
- Taking and recording vital signs

PLEASE NOTE: Housekeeping, paperwork, emotional support, and transportation do NOT qualify as nursing-related skills.

**EXAMPLE:
NEW EMPLOYEE
INCLUDING
NAR TO NAC**



OBRA Nurse Aide Registry
Home and Community Living Administration
PO BOX 45600
OLYMPIA, WA 98504-5600
360 725 2597 (Message)

Nursing Assistant Registry Inquiry

Federal law requires NACs working in skilled nursing facilities/homes to work at least one paid shift of NAC nursing-related services at least once every 24 months to remain active on the OBRA Registry. New hires must be submitted at least three business days in advance and verification received before offering or hiring a potential NAC; OBRA renewals are made every 24 months; and terminations after the last date employed. E-mail completed form to OBRARegistry@dshs.wa.gov.

All fields/columns must be typed and be completed.

FACILITY / AGENCY SUBMITTING FORM		CONTACT PERSON	DIRECT PHONE NUMBER / EXTENSION	RETURN EMAIL ADDRESS
ABC Nursing Home		Lee Green	000-0000 ext. 0000	LeeGreen@ABC.com
ADDRESS		CITY	STATE	ZIP CODE
123 Any Street		Anytown	WA	00000

SUBMITTING THIS FORM INDICATES EMPLOYER HAS VERIFIED ALL WORK HISTORY.

	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE, INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	NAC CREDENTIAL NUMBER	INDICATE NEW HIRE, RENEWAL, TERMINATION (AND 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.	BROWN, TAYLOR N	01/01/1991	123-45-6789	NC71000000	New Hire	05/02/2026	05/02/2026
2.		01/01	--		River Valley Hospital	02/02/2022	03/03/2025
3.		01/01	--		Misty Heights	04/04/2017	05/05/2021
4.	RAMEZ, ROCO	02/02/2002	987-65-4321	NC70000000	New Hire	05/25/2026	05/25/2026
5.	SMITH, PAT	03/03/1983	900-10-0050	NC62000000	NAR to NAC	5/02/2026	5/02/2026
6.		01/01	--			01/01	01/01
7.		01/01	--			01/01	01/01
8.		01/01	--			01/01	01/01
9.		01/01	--			01/01	01/01
10.		01/01	--			01/01	01/01

AT LEAST 3 BUSINESS DAYS BEFORE HIRING OR PLACING AS NAC

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





INQUIRY FORM FOR EMPLOYEE RENEWAL

What is a renewal?

- An NAC employed by your facility for at least the past 24 months and whose OBRA Registry expiration date is approaching.
- OBRA Registry renewals are done every 24 months.
- Based on the original NAC hire date (not the NAR date and not the NAC credential date).



INQUIRY FORM FOR EMPLOYEE RENEWAL

- Indicate the action “Renewal” on the inquiry form.
- Provide the original start date as an NAC at your facility.
 - This date is NOT the NAR date.
 - This date is NOT the NAC credential date.



OBRA Nurse Aide Registry
 Home and Community Living Administration
 PO BOX 45600
 OLYMPIA, WA 98504-5600
 360 725 2597 (Message)

Nursing Assistant Registry Inquiry

Federal law requires NACs working in skilled nursing facilities/homes to work at least one paid shift of NAC nursing-related services at least once every 24 months to remain active on the OBRA Registry. New hires must be submitted at least three business days in advance and verification received before offering or hiring a potential NAC; OBRA renewals are made every 24 months; and terminations after the last date employed. E-mail completed form to OBRARegistry@dshs.wa.gov.

**EXAMPLE:
RENEWALS**

All fields/columns must be typed and be completed.

FACILITY / AGENCY SUBMITTING FORM		CONTACT PERSON	DIRECT PHONE NUMBER / EXTENSION	RETURN EMAIL ADDRESS
ABC Nursing Home		Lee Green	000-000-0000 ext 000	LeeGreen@ABC.com
ADDRESS		CITY	STATE	ZIP CODE
13 Anystreet		Anytown	WA	00000

SUBMITTING THIS FORM INDICATES EMPLOYER HAS VERIFIED ALL WORK HISTORY.

	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE, INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	NAC CREDENTIAL NUMBER	INDICATE NEW HIRE, RENEWAL, TERMINATION (AND 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.	BROWN, TAYLOR	01/01/1991	123-45-7890	NC00000000	Renewal	10/13/2013	/ /
2.	RAMEZ, ROCIO	02/02/2002	987-65-4321	NC00000000	Renewal	01/05/2020	/ /
3.	SMITH, LES	03/03/1983	000-00-0000	NC00000000	Renewal	06/11/2018	/ /
4.		/ /	- -				
5.		/ /	- -				
6.		/ /	- -				
7.		/ /	- -				
8.		/ /	- -				
9.		/ /	- -			/ /	/ /
10.		/ /	- -			/ /	/ /

START DATE IS ORIGINAL FIRST DATE OF HIRE AS AN NAC FOR YOUR FACILITY (NOT NAR DATE AND NOT CREDENTIAL DATE)



INQUIRY FORM FOR TERMINATION OF EMPLOYMENT

What is termination of employment?

- A current NAC ending employment with your facility, whether voluntarily or enforced.

INQUIRY FORM FOR TERMINATION OF EMPLOYMENT

- Provide the original date of hire as an NAC at your facility. (Not the NAR date. Not the NAC credential date.)
- Provide last official date employed at your facility.
- Submit AFTER last official date employed at your facility.





**EXAMPLE:
TERMINATIONS**

OBRA Nurse Aide Registry
Home and Community Living Administration
PO BOX 45600
OLYMPIA, WA 98504-5600
360 725 2597 (Message)

Nursing Assistant Registry Inquiry

Federal law requires NACs working in skilled nursing facilities/homes to work at least one paid shift of NAC nursing-related services at least once every 24 months to remain active on the OBRA Registry. New hires must be submitted at least three business days in advance and verification received before offering or hiring a potential NAC; OBRA renewals are made every 24 months; and terminations after the last date employed. E-mail completed form to OBRARegistry@dshs.wa.gov.

All fields/columns must be typed and be completed.

FACILITY / AGENCY SUBMITTING FORM		CONTACT PERSON	DIRECT PHONE NUMBER / EXTENSION	RETURN EMAIL ADDRESS
ABC Nursing Home		Lee Green	000-000-0000 ext 000	LeeGreen@ABC.com
ADDRESS		CITY		STATE
13 Anystreet		Anytown		WA
				ZIP CODE
				00000

SUBMITTING THIS FORM INDICATES EMPLOYER HAS VERIFIED ALL WORK HISTORY.

	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE, INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	NAC CREDENTIAL NUMBER	INDICATE NEW HIRE, RENEWAL, TERMINATION (AND 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.	BROWN, TAYLOR	01/01/1991	123-45-7890	NC00000000	Termination	10/13/2013	05/21/2026
2.	RAMEZ, ROCIO	02/02/2002	987-65-4321	NC00000000	Termination	01/05/2020	03/02/2026
3.	SMITH LES	03/03/1983	000-00-0000	NC00000000	Termination	06/11/2018	10/21/2026
4.		//	--			//	//
5.		//	--				
6.		//	--				
7.		//	--				
8.		//	--				
9.		//	--			//	
10.		//	--			//	

ORIGINAL FIRST DATE OF HIRE AS AN NAC FOR YOUR FACILITY

OFFICIAL END DATE AS AN NAC FOR YOUR FACILITY (SUBMIT AFTER LAST DATE WORKED)

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



COMBINING NAMES/ACTIONS ON FORMS

- There is room for up to ten names/lines of information per page.
- Use as many lines as needed per person.
- You can include more than one person and one type of action on each form.
- In one day, do not submit multiple forms with only a few names on each. They will be returned with a request to combine them.
- Combining names helps with processing time and recordkeeping.



COMMON REASONS INQUIRY FORMS ARE RETURNED AS NOT VERIFIED



INQUIRIES WILL BE RETURNED AS UNPROCESSED FOR THE FOLLOWING REASONS:

- Form is incomplete or is handwritten
- NAC name does not match database (different/misspelled)
- Social security number does not match database
- Person has expired from the Registry
- Work history is needed
- Work history is not compensated NAC nursing-related duties
- Effective date of action is not provided
- Start date for New Hire is not a future date at least three business days before hiring

(CONTINUED ON NEXT SLIDE)

INQUIRIES WILL BE RETURNED AS UNPROCESSED FOR THE FOLLOWING REASONS:

(CONTINUED FROM PREVIOUS SLIDE)

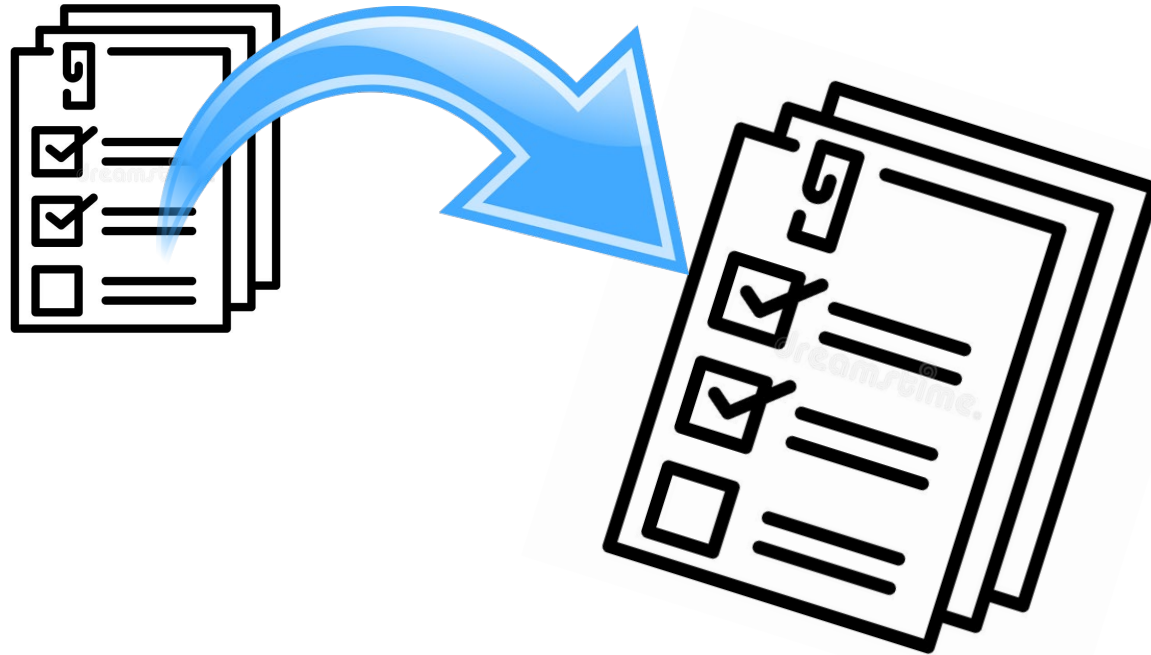
- Inquiry is not for NAC position (the Registry does NOT track NARs)
- NAC is not on the OBRA Registry
- Person was originally hired without an inquiry being submitted for a pre-hire check
- Multiple forms with only a few names on each are submitted within a short time period



THINGS TO REMEMBER

- NACs MUST be verified as active on the OBRA Registry BEFORE they can be hired by your facility. THERE IS NO PROVISIONAL HIRING ALLOWED.
- Inquiries are processed in the order received (no exceptions)
- Inquiries are responded to within two working days (contact the Registry if you do not receive a response in that time)
- Contact name should be the person able to answer any questions about the inquiry. The contact phone number should be as direct a number as possible.

RESUBMITTING INQUIRY FORM RETURNED AS UNVERIFIED



HOW TO READ THE RESPONSE TO YOUR INQUIRY

AN NAC CANNOT WORK IN YOUR FACILITY UNTIL VERIFIED AS ACTIVE

- When you receive an inquiry response, check that the Registry Status field says "Active."
 - If it is "Active" then your inquiry has been verified and the NAC is eligible to work.
 - If it is not "Active" (may read "Not on Registry" or "Expired"), please read the NOTE section for that person. This note will explain why the person cannot be verified and what action(s) to take to resolve the issue(s).
 - If it is "Ineligible" the person cannot be hired and can never work in a nursing facility/home.



(CONTINUED ON NEXT SLIDE)

HOW TO READ THE RESPONSE TO YOUR INQUIRY

(CONTINUED FROM PREVIOUS SLIDE)

- Follow the instructions in the NOTE section exactly by correcting or adding each piece of information requested and resubmitting an updated inquiry form along with any requested documentation.
- The original action requested remains on the inquiry form. (All information regarding a person's inquiry should be together on one form.)
- Any documentation requested in the response must be included with the resubmitted inquiry form.
- The facility is responsible for obtaining and providing the employee's information. Please do not instruct an employee or potential employee to contact the Registry.

A NAC CANNOT WORK IN YOUR FACILITY UNTIL VERIFIED AS ACTIVE



**IF YOU HAVE ANY QUESTIONS,
PLEASE DON'T HESITATE TO CONTACT US**

Message Line: (360) 725-2597

E-Mail: OBRARegistry@dshs.wa.gov

Thank You!