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|  | | 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 | |
| **NACs are not eligible to be hired or work in skilled nursing facilities / homes until the date verified as eligible by the OBRA registry.**  Submitting this form indicates the employer has confirmed all work history.  For credential verification visit <https://fortress.wa.gov/doh/providercredentialsearch> or call the Department of Health at (360) 236-4113. | | | | | | | | | | | | | |
| 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. |  | | **/  /** | -- | |  | |  | | | **/  /** | | **/  /** |
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| Link to form: <https://www.dshs.wa.gov/altsa/residential-care-services/nurse-aide-registry> | | | | | | | | | | | | | |