



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

Email your completed inquiry form to: [obraregistry@dshs.wa.gov](mailto:obraregistry@dshs.wa.gov)

All forms must be type written to be processed.

DSHS web address:

<https://www.dshs.wa.gov/altsa/residential-care-services/nursing-assistant-program-0>

## Nursing Assistant Registry Inquiry

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

FACILITY NAME	CONTACT PERSON	TELEPHONE NUMBER	RETURN EMAIL ADDRESS
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Starting October 1<sup>st</sup>, 2016, we will no longer process faxed or incomplete forms. Please allow 24 – 48 hours for processing (excluding weekends and holidays).

ADDRESS	CITY	STATE	ZIP CODE
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For credential information, visit the Department of Health online at [www.DOH.wa.gov](http://www.DOH.wa.gov) or call DOH at 360-236-4700.

To remain active on the OBRA Registry in Washington, nursing assistants who work in a nursing facility must never have a time period that exceeds 24 consecutive months when he or she does not work for compensation as a nursing assistant. Please write "New Employee" for all pre-hire checks. Please make sure that the first date employed and last date employed are filled in with month / day / year.

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE, INITIAL)	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	NAC OR NAR CREDENTIAL NUMBER	PREVIOUS EMPLOYMENT AS AN NAC ONLY	FIRST DATE EMPLOYED AS AN NA (MM/DD/YY)	LAST DATE EMPLOYED AS AN NA (MM/DD/YY)
1.	/ /	- -			/ /	/ /
2.	/ /	- -			/ /	/ /
3.	/ /	- -			/ /	/ /
4.	/ /	- -			/ /	/ /
5.	/ /	- -			/ /	/ /
6.	/ /	- -			/ /	/ /
7.	/ /	- -			/ /	/ /
8.	/ /	- -			/ /	/ /
9.	/ /	- -			/ /	/ /
10.	/ /	- -			/ /	/ /