

*Washington State Department of Health  
Credentialing Requirements*

**Medical Assistant - Registered  
(Chapter 18.360 RCW, 246-827 WAC)**

**Type of Credential:**

Registration

**Contact:**

Customer Service Center - 360-236-4700

Credentialing Requirements	Verification Documents Obtained
<p><b>Endorsement Requirements:</b> A medical assistant-registration may be issued if you have a current endorsement</p>	
<ul style="list-style-type: none"> <li>• Have a current attestation of your attestation form to perform specific medical tasks signed by a healthcare practitioner or representative of a clinic or group practice filed with the department. You may only perform the medical tasks listed in your current attestation for endorsement.</li> </ul>	<p><a href="#"><u>Attestation Form</u></a></p>
<ul style="list-style-type: none"> <li>• Your endorsement is valid as long as you are continuously employed as a medical assistant-registered by the same health care practitioner, clinic, or group practice and you renew your registration.</li> </ul>	
<ul style="list-style-type: none"> <li>• Your registration based on an endorsement by a healthcare practitioner, clinic, or group practice is not transferable to another healthcare practitioner, clinic, or group practice.</li> </ul>	
<p><b>License Requirements:</b></p> <ul style="list-style-type: none"> <li>• Completion of high school education or its equivalent.</li> <li>• The ability to read, write, and converse in the English language.</li> </ul>	<p>You must sign and date the application packet as proof of completion.</p>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• Seven hours of AIDS education and training as required under WAC 246-827.</li> </ul>	<p>Sign and date this section of the application as proof of completion.</p>
<p><b>State licensure verification</b></p>	<p>Applicant lists all states where credentials are or were held, including where applicant has applied but a credential was not granted. A verification form must be completed and submitted by the jurisdiction where the applicant is or was credentialed. Applicant sends form to jurisdiction for completion. The jurisdiction sends completed form directly to the department.</p>

<p><b>Statement about:</b></p> <ul style="list-style-type: none"><li>• physical and mental health status</li><li>• lack of impairment due to chemical dependency/substance abuse</li><li>• history of loss of license, certification or registration</li><li>• felony convictions</li><li>• loss or limitations of privileges</li><li>• disciplinary actions</li><li>• professional liability claims history</li></ul>	<p>Applicant must answer personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If pending, applicant must indicate status.</p>
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