

Washington State Board of Nursing

Guide to Applying, Reactivating, Renewing, and Maintaining Your Washington State Nursing License Online

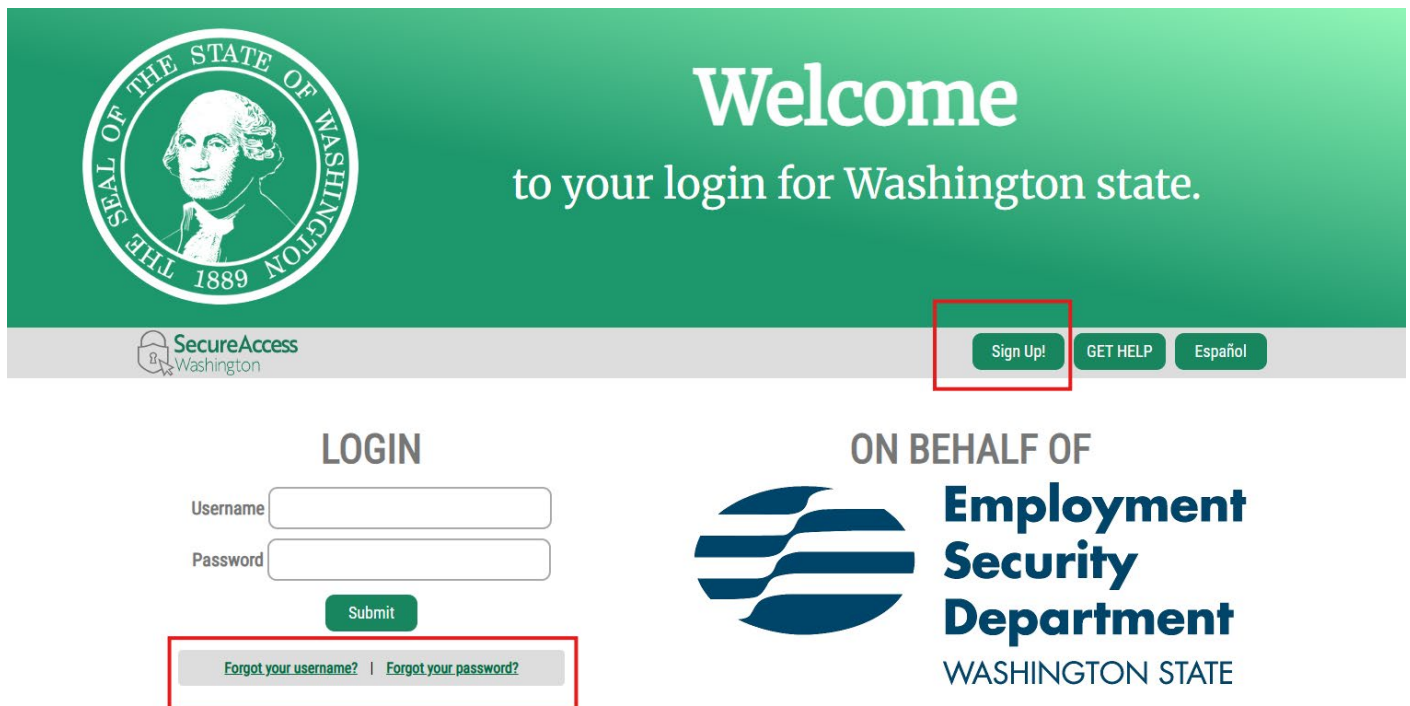
Getting Started

Supported Browsers:


Microsoft Edge and Google Chrome work best with the DOH HELMS Portal. Online services are configured with PCs and PC-based laptops.

Login to SecureAccess Washington (SAW):

- To access the HELMS Portal, please first login/create your SecureAccess Washington (SAW) Account: <https://secureaccess.wa.gov>
- If you do not currently have a SAW account, please create a new account.
- If you have a SAW account and do not remember your username or password, select the option for “forgot username/password” and an email will be sent to you to reset your information. **Do not create a new SAW account if you already hold one.**
- If you are having issues with your SAW account, please contact Consolidated Technology Services at 360-586-1000, 855-928-3241 (24 hours), or servicedesk@cts.wa.gov.



Welcome
to your login for Washington state.

 **SecureAccess**
Washington

[Sign Up!](#) [GET HELP](#) [Español](#)


LOGIN

Username

Password

[Submit](#)

[Forgot your username?](#) | [Forgot your password?](#)

ON BEHALF OF
 **Employment
Security
Department**
WASHINGTON STATE

Add the Healthcare Enforcement and Licensing Management System (HELMS) Service

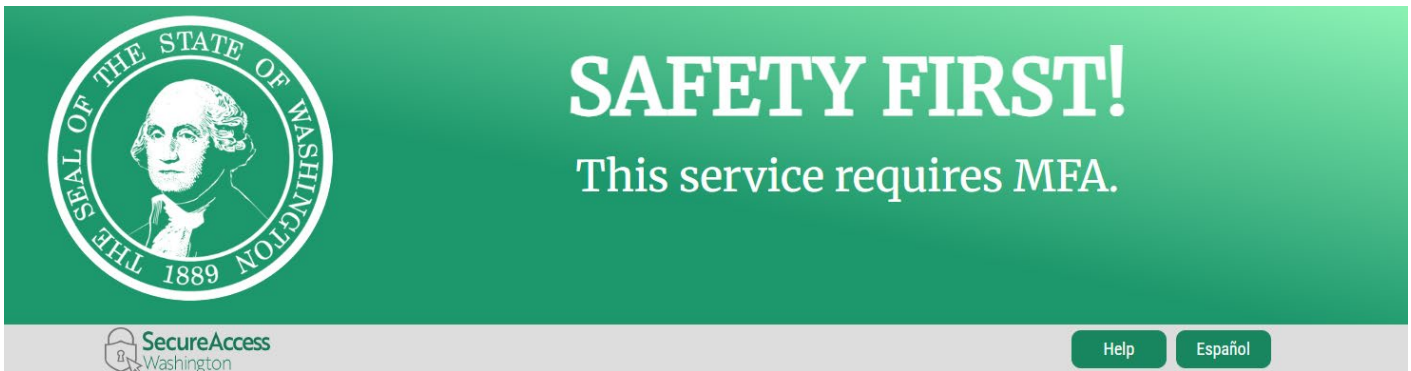
- Once logged into your SAW account, select “Add a New Service”.
- To add the HELMS portal as a service, browse by “I would like to browse a list of services by agency” and select “Department of Health”.
- Click “Apply” on “Health Professional and Facility Licensing (HELMS)”

HEALTH PROFESSIONAL AND FACILITY LICENSING (HELMS)

Apply

User portal for DOH's Health Enforcement and Licensing Management System (HELMS). HELMS supports applications, licensing, payments, and renewals for health professional and facility licensees in the State of Washington.

- Once the HELMS portal service has been added to your SAW account, select “Access Now”.
- For security purposes, you will then be asked to verify your account through Multi-Factor Authentication. Please complete this step to continue.



The banner features the Seal of the State of Washington on the left, which includes a portrait of George Washington and the text "THE SEAL OF THE STATE OF WASHINGTON" and "1889". To the right, the text "SAFETY FIRST!" is displayed in large, bold, white letters, followed by "This service requires MFA." in a smaller white font. At the bottom left is the "SecureAccess Washington" logo, and at the bottom right are two buttons labeled "Help" and "Español".





Multi-Factor Authentication (MFA)

This service requires additional verification beyond username and password to prevent fraud and identity theft. You will need to enter a verification code.

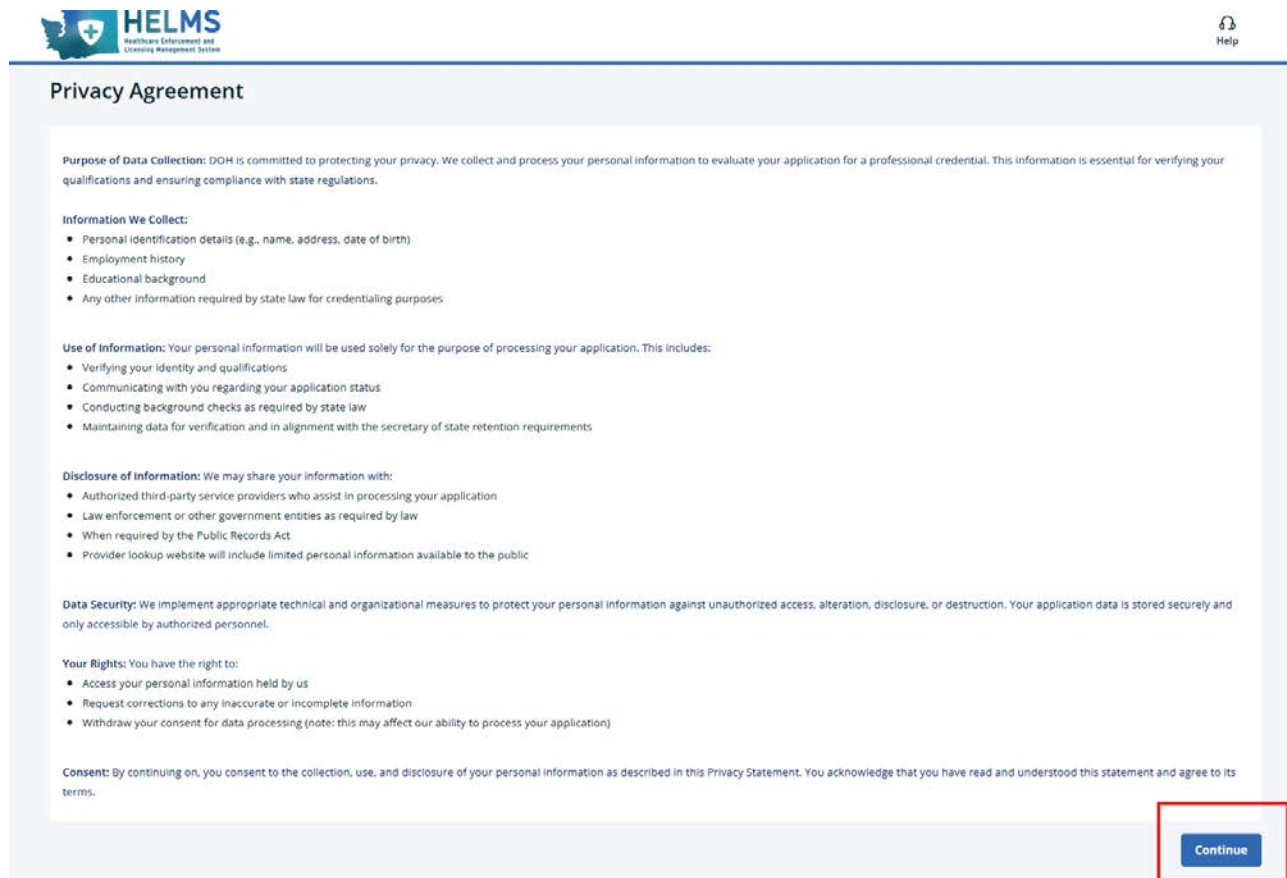
Choose Method

How would you like to receive your verification code?

	Receive the code in an email and enter it on the next screen.
	Receive the code in a text message and enter it on the next screen.

Accessing the HELMS Portal

- If this is your first time accessing your HELMS Portal, you will be asked to complete a Privacy Agreement with the Department of Health. Please read the information on screen and select “continue”.



HELMS
Healthcare Enforcement and
Licensing Management System

Help

Privacy Agreement

Purpose of Data Collection: DOH is committed to protecting your privacy. We collect and process your personal information to evaluate your application for a professional credential. This information is essential for verifying your qualifications and ensuring compliance with state regulations.

Information We Collect:

- Personal identification details (e.g., name, address, date of birth)
- Employment history
- Educational background
- Any other information required by state law for credentialing purposes

Use of Information: Your personal information will be used solely for the purpose of processing your application. This includes:

- Verifying your identity and qualifications
- Communicating with you regarding your application status
- Conducting background checks as required by state law
- Maintaining data for verification and in alignment with the secretary of state retention requirements

Disclosure of Information: We may share your information with:

- Authorized third-party service providers who assist in processing your application
- Law enforcement or other government entities as required by law
- When required by the Public Records Act
- Provider lookup website will include limited personal information available to the public

Data Security: We implement appropriate technical and organizational measures to protect your personal information against unauthorized access, alteration, disclosure, or destruction. Your application data is stored securely and only accessible by authorized personnel.

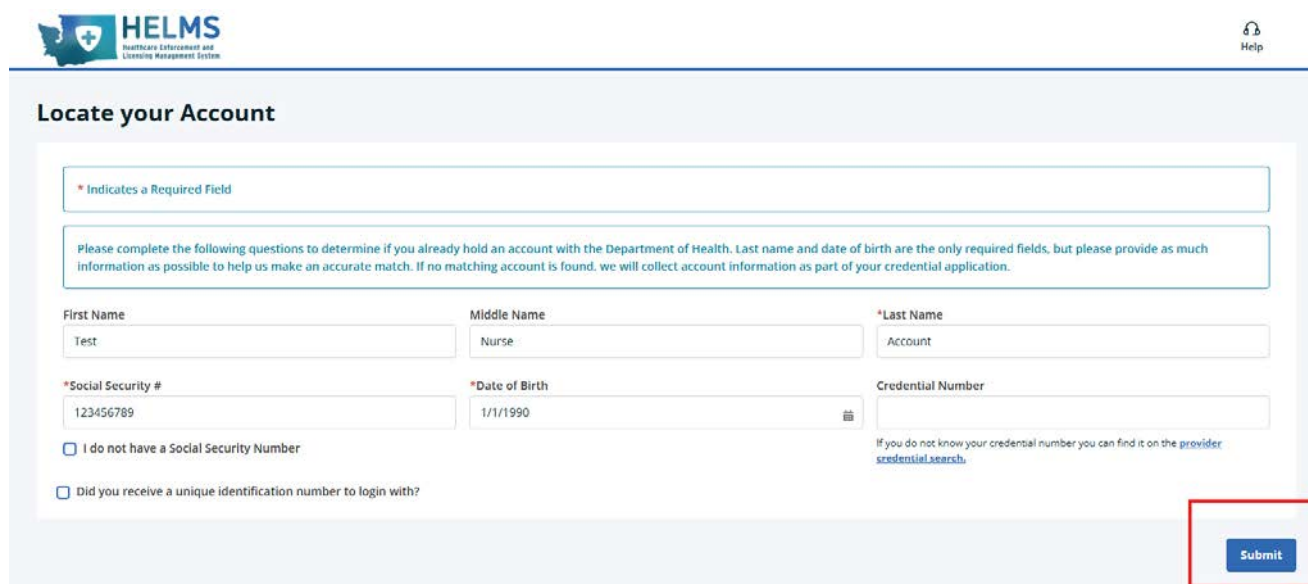
Your Rights: You have the right to:

- Access your personal information held by us
- Request corrections to any inaccurate or incomplete information
- Withdraw your consent for data processing (note: this may affect our ability to process your application)

Consent: By continuing on, you consent to the collection, use, and disclosure of your personal information as described in this Privacy Statement. You acknowledge that you have read and understood this statement and agree to its terms.

Continue

- You will then be asked to “Locate your Account”. This is to determine if you already have an existing account created with the Department of Health associated with a past application, expired or active credential, or a current pending application.



HELMS
Healthcare Enforcement and
Licensing Management System

Help

Locate your Account

* Indicates a Required Field

Please complete the following questions to determine if you already hold an account with the Department of Health. Last name and date of birth are the only required fields, but please provide as much information as possible to help us make an accurate match. If no matching account is found, we will collect account information as part of your credential application.

First Name	Middle Name	*Last Name
<input type="text" value="Test"/>	<input type="text" value="Nurse"/>	<input type="text" value="Account"/>
*Social Security #	*Date of Birth	Credential Number
<input type="text" value="123456789"/>	<input type="text" value="1/1/1990"/>	<input type="text"/>

☐ I do not have a Social Security Number

☐ Did you receive a unique identification number to login with?

If you do not know your credential number you can find it on the [provider credential search](#).

Submit

- If you have never applied for or been issued a credential with the Department of Health, this search will warrant no results and prompt you to answer the question below, “Do you currently hold, or have you ever held, a healthcare license or credential in Washington state?”

HELMS
Healthcare Enforcement and Licensing Management System

Help

Locate your Account

* Indicates a Required Field

We weren't able to find you in our system. It's important that we match your new application with any existing information we have on file.

* Do you currently hold, or have you ever held, a healthcare license or credential in Washington State?

☐ Yes ☒ No

If you click Yes, you will be allowed to search again for your information in our system. If you have questions about this, you may contact us at (360) 236-4700 or send an [email](#) to Customer Service. Office Hours are M-F 8am to 5pm PST.

If you click No, a new account will be created for you.

Submit

- Once HELMS identifies if you are a new HELMS account or your account already exists, you will be asked to enter or update your profile information. Please be sure to enter your social security number here if you have one.

HELMS
Healthcare Enforcement and Licensing Management System

Help Cart My Communications

Test Nurse

Profession Credentialing Surveys

My Profile

* Indicates a required field

You must specify details for all required fields in order to move forward.

Personal Information

*First Name Middle Name *Last Name

Test Nurse

*Date of Birth Social Security Number *Gender

Address

*Street *City *Country

United States

*State or Province *Zip Code *County

Contact Information

Phone Number Cell Number *Email Address

amber.zawislak@doh.wa.gov

☐ Mailing Address if different than above:

Exit Save

- Once your HELMS profile has been created or updated, you may then select the “Professional Credentialing” tab in the top left corner of the page to access your HELMS Portal. This portal will reflect any credentials you already hold with the Washington State Department of Health (if applicable) and any pending applications.
- To begin a new application, select “Start Application” in the top right corner and follow the prompts within the online application. You will be charged a 2.5% convenience fee through the HELMS portal for online payment submissions.

Within the HELMS Portal, you may complete the following functions from your account:

- Apply, renew, or reactivate a license.
- Submit a multistate license upgrade or revert to single state.
- Update your personal information (email, mailing address, legal name, SSN, etc.)
- Access payment history and receipt of payments.
- Submit requests for status change (inactive, military, retired active, and active).
- Submit a paid request for a duplicate copy of your credential or verification of licensure.

