Military Portability Advanced Registered Nurse Practitioner Application

Licensure requirements

There may be additional documents you need to submit with your application. Read through the requirements to see what applies to your situation prior to submitting your application.

Important social security number information

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number, please read, complete, and return this form with your application.

This disclosure is mandatory, based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], and will be used under the State's child support enforcement program to locate individuals for the purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted for a social security number.

Mail your application and supporting documents

Send supporting documents with your application to:

WABON
111 Israel Road SE
PO BOX 47864
Olympia, WA 98504

Contact us

Phone: 360-236-4703
E-mail:
NurseLicensing@doh.wa.gov

Required Documents

1. Military orders with the following; your name, spouses name, and orders expiration date.
2. Marriage License or Legal name change documents.

Uniform Disciplinary Act, RCW 18.130
Administrative Procedure Act, RCW 34.05
Administrative Procedures and Requirements, WAC 246-12
Nursing Laws, RCW 18.79
Nursing Rules, WAC 246-840
50 USC 4025a: Portability of professional licenses of servicemembers and their spouses

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Washington State Department of HEALTH

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Date Stamp Here

Revenue 0258010000

Military Portability Application - ARNP

If we do not receive all required documentation within 30 days your application may be closed as incomplete resulting in you having to reapply again.

Check all that apply:

☐ Clinical Nurse Specialist ☐ Nurse Anesthetist (CRNA) ☐ Nurse Midwife (CNM) ☐ Nurse Practitioner (NP)

Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

○ Male
○ Female
○ Other

Social Security Number (SSN) :
(If you do not have a SSN, see instructions)

Name (First, Middle, Last):

Birth date: | E-mail address:

Address:

City: | State: | Country:

ZIP code: | Phone number: | County:

Note: The mailing and e-mail addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the Nursing Commission.

Have you ever been known under any other name(s)? ☐ Yes ☐ No
If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No
If yes, list name(s):

3. Active License

_____ State

_____ License Number

4. National Certification

☐ Yes, I have a national certification ☐ No, My state does not require a national certification

Currently nationally certified as a nurse practitioner or clinical nurse specialist in the area of

_____ Specialty - _____ National certification number _____ Expiration Date

Washington State Department of HEALTH

5. Prescriptive Authority

Do you currently hold prescriptive authority? Yes ☐ No ☐ _____
State

8. Disciplinary Action Attestation

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

I am subject to the jurisdiction of the state of Washington and the disciplining authority for my profession under RCW 18.130 and that Washington's Uniform Disciplinary Act, chapter 18.130 RCW applies to my practice, including enforcing standards of practice, unprofessional conduct, discipline, and continuing education.

Unless I obtain appropriate licensure in Washington, I must maintain my licenses issued by other states in good standing in order to continue practicing in Washington State.

Applicant's Initials	Date

9. Applicant's Attestation

I, _____ , declare under penalty of perjury under the laws of the state of
(Print applicant name clearly)

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.
- I have actively used the license or certificate during the two years immediately preceding my move to Washington State.

By:_____ Dated _____
(**Original** signature of applicant) (mm/dd/yyyy)