



***HEALTH
PROFESSIONS
DISCIPLINE AND
REGULATORY
ACTIVITIES***

2011-13

***Uniform
Disciplinary Act
Biennial Report***



***Health Systems
Quality Assurance
Division***

December 2013

The background features silhouettes of various healthcare professionals, including a nurse, a doctor, and a pharmacist, set against a blue gradient. A large, stylized 'H' logo is overlaid on the page. The text 'HEALTH PROFESSIONS DISCIPLINE AND REGULATORY ACTIVITIES' is written in white, bold, serif font on a blue rectangular background in the top right corner.

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Introductory Summary

Health Systems Quality Assurance Division

The Health Systems Quality Assurance Division (HSQA) of the Department of Health regulates nearly 400,000 health care providers in 83 professions¹. This includes three new professions authorized by the legislature in the 2012 session: dental anesthesia assistants, medical assistants, and reflexologists. It also includes one new profession authorized by initiative, home care aides, which took effect on January 7, 2012.

The department directly regulates 46 health professions and 37 of those professions are regulated by 17 boards and commissions². The agency works closely with most of them to credential health professionals, investigate complaints, and take disciplinary action. One board, the Board of Massage, has licensing, but not disciplinary authority.^{3,4}

**Table 1: Secretary and Board/Commission Authority
2011-13 Biennium**

Regulatory Authority	Licensure	Discipline
Secretary of Health	46	48
Boards/Commissions	37	35
Total	83	83

The department supports the work of the health profession boards and commissions developing rules and standards of practice that regulate the professions and also helps them with monitoring health care providers' compliance with sanctions.

This report describes regulatory activities for all professions subject to the Uniform Disciplinary Act, including emergency medical services professions. The four emergency services professions are emergency medical technician, first responder, intermediate life support technician, and paramedic.⁵

¹ This count of health care professions includes dietitians and nutritionists as a single profession.

² Under 2013 House Bill 1518, the Medical Quality Assurance Commission and Nursing Care Quality Assurance Commission were granted greater authority for most of their credentialing, investigation and discipline functions. The department continues providing some administrative support to these commissions. HB 1518 also authorized the Chiropractic Quality Assurance Commission to undertake a five-year pilot with similar provisions.

³ During the 2011-13 biennium, the Board of Denturists, like the Board of Massage, had split authority with the department. The 2013 Washington Legislature granted full authority to the Board of Denturists, which took effect on July 28, 2013. Disciplinary statistics for this report are listed with other secretary-regulated professions.

⁴ One of the new professions added in 2012, reflexologists, falls under Secretary authority. However, the profession was created under Board of Massage statute, Chapter 18.108 RCW.

⁵ Intravenous therapy technicians were removed in the last biennium.

The Washington Emergency Medical Services and Trauma Care Steering Committee advises the department about EMS and trauma care needs in the state. The committee reviews the regional medical services and trauma care plans and recommends changes. They also review proposed rules and recommend modifications in rules for EMS and trauma care.⁶

2011-13 Biennium: Disciplinary Activity and Trends

Complaints and Discipline

Most disciplinary activity starts with a complaint from the public, practitioners, facilities, or insurance companies. The department may also open complaints based on media accounts or information from law enforcement and other sources. During the last biennium, 19,665 complaints were filed against health care professionals and 3,479 remained open from fiscal year 2011, representing about 6 percent of the 397,620 health care providers in Washington. Of these complaints, 2,604, or 13 percent, resulted in disciplinary sanctions. In total, less than 1 percent of all regulated health professionals were disciplined during the biennium.

Case Disposition

Complaints are resolved when closed without disciplinary action, or after informal or formal disciplinary action is taken. Investigative files and disciplinary documents are public records. Since July 1998, all actions against health care provider credentials are available on the Internet⁷. Tables 11, 12, and 13 detail the closure types before and after adjudication. These are broken down by profession and type of disciplining authority (board, commission, or secretary).

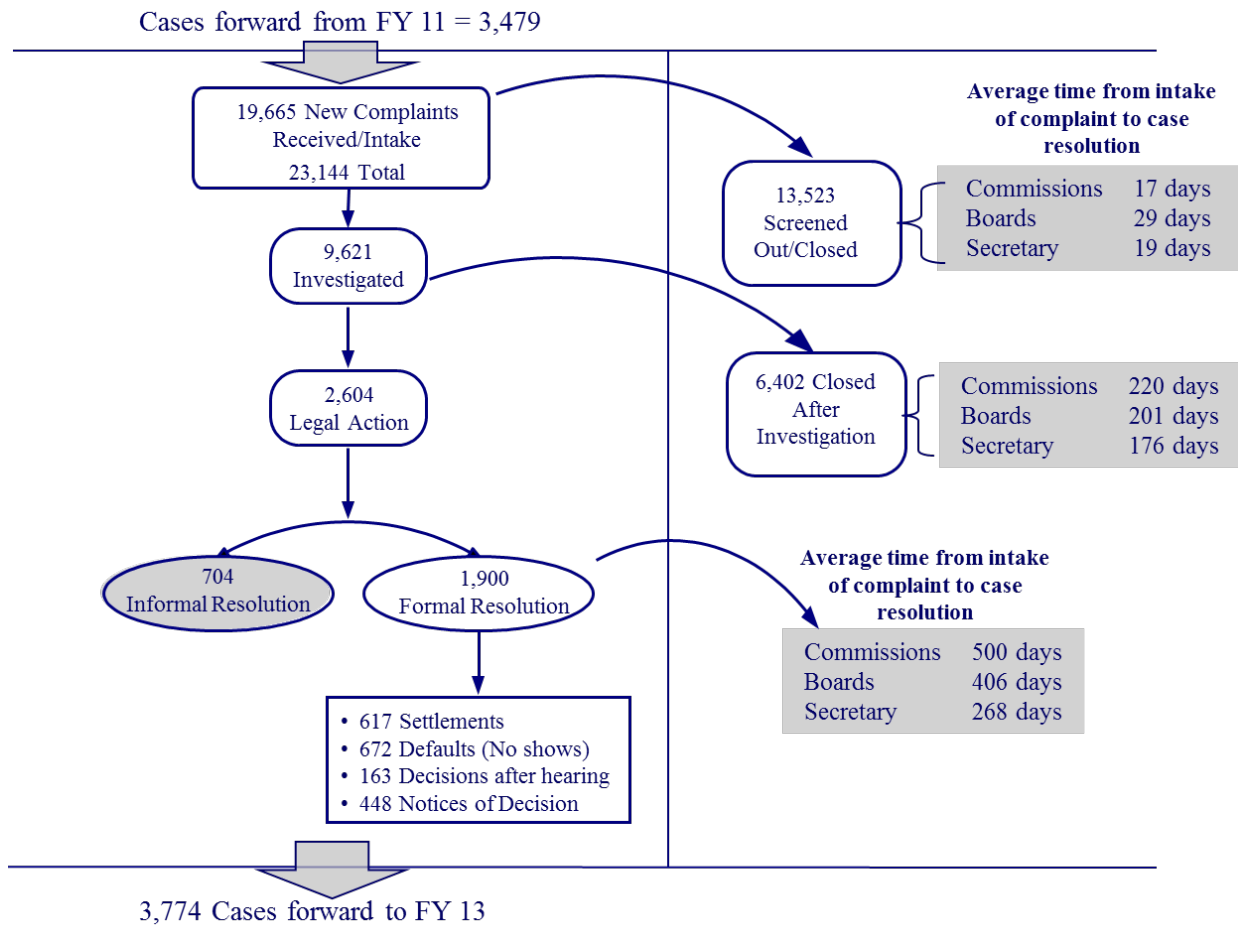
Disciplinary actions totaled 2,604 in 2011-2013. About 27 percent of the disciplinary actions were resolved with informal dispositions. Formal resolutions included 24 percent with agreed orders, 26 percent with default orders, and 6 percent with final orders after hearings. The remaining actions involved notices of decision on applications.

The following flow chart maps the disciplinary process with average length of time from complaint intake through resolution.

⁶ The secretary of health appoints members to the committee as of July 1, 2011. Until then, the governor-appointed members.

⁷ Credential records are available through the department's "Provider Credential Search". The URL is: <https://fortress.wa.gov/doh/providercredentialsearch/>.

**Figure 1: HSQA Disciplinary Process Flow
2011-13 Biennium**



Common Violations of the Law

The Uniform Disciplinary Act (UDA) regulates health care providers. The disciplining authorities decide whether the health care professional has committed unprofessional conduct whether he or she can continue to practice with reasonable skill and safety and under what conditions, if any. If practitioners commit crimes not already known to law enforcement, the department may notify the appropriate jurisdiction. UDA violations fell into these five frequently reported categories:

**Table 2: Most Common Disciplinary Violations
2011-13 Biennium**

Type	Percent of Complaints*
Violation of any state or federal statute or administrative rule ⁸	33%
Incompetence, negligence, or malpractice ⁹	23%
Conviction of a gross misdemeanor or felony relating	21%

⁸ RCW 18.130.180(7)

⁹ RCW 18.130.180(4)

to the practice of a health care profession ¹⁰	
Personal drug or alcohol abuse ¹¹	20%
Suspension, revocation, or restriction in another jurisdiction ¹²	14%

* Percentage totals exceed 100 percent due to complaints recorded with multiple violations

Table 15: Sanctions Imposed by Profession contains more information about the frequency of violations and the sanctions imposed, by type and by profession.

Average Legal and Investigative Caseloads

RCW 18.130.310 requires that this report will “summarize the distribution of the number of cases assigned to each attorney and investigator for each profession.” The law further requires that identities of staff attorneys and investigators be kept anonymous. Appendix D: Distribution of Staff Attorney Workload and Appendix E: Distribution of Investigator Workload detail, by health profession identify the average number of cases assigned and worked by the division’s staff attorneys and investigators for the 2011-2013 biennium.

Unlicensed Practice

When health care that can only be provided by a licensed professional is provided by an unlicensed person, it is called “unlicensed practice.” The secretary is responsible for investigating allegations of unlicensed practice. The Office of Investigation and Inspection manages these complaints. If unlicensed practice is found, the department can issue a cease-and-desist order.

A cease-and-desist order requires the person stop the unlicensed activity and may impose a fine. Continued unlicensed practice may result in court enforcement of the cease-and-desist order or criminal prosecution. Due to limited resources, the department focuses on those cases alleging the highest potential risk to the public.

There were 275 unlicensed practice complaints during the 2011-2013 biennium, a decrease of 35 percent from the 2009-2011 biennium. The complete breakdown is summarized below.

**Table 3: Unlicensed Practice Disciplinary Activity
2011-13 Biennium**

Total Complaints	275
Closed No Action Taken Before Investigation	61
Closed No Action Taken After Investigation	49
Cease-and-Desist Order Issued	3
Total Closed	113

Table 14: Unlicensed Practice Closures and Resolutions offers a more detailed listing of unlicensed practice by type of profession.

¹⁰ RCW 18.130.180(17)

¹¹ RCW 18.130.180(6) and (23)

¹² RCW 18.130.180(5)

Criminal Background Checks

RCW 18.130.064 allows the department to conduct a criminal history background check on all new applicants and current license holders. The purpose of the statute is to ensure patient safety by identifying those who may not be qualified to practice.

The department opened 537 investigations during the 2011-13 biennium on applicants based on criminal conviction information. Of these applicants, only 44 percent disclosed the conviction on the application. Table 18 contains additional details about each profession.

Table 4: HSQA Background Check Activity

Total Applicants	109,823
Applicants with criminal history ¹³	5,013
Cases opened on applicants with criminal history	537
Applicants who disclosed (% of cases)	237 (44%)
Applicants not disclosing (% of cases)	300 (56%)

As part of this background check process, all new applicants are checked against two national disciplinary data banks: Healthcare Integrity Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB)¹⁴. These resources include information about actions in other states, including some criminal convictions, to help determine the need for further review.

Since 2009 the department has required federal fingerprint checks for certain applicants and licensees. These checks are processed through the FBI's Criminal Justice Information Services (CJIS) division. The department focuses on applicants coming from outside of Washington or certain applicants with a criminal history in Washington. During the 2011-2013 biennium, the department fingerprint checks resulted in 5,013 reports.

¹³ A total of 5,013 reports were received, but these reports may contain information unrelated to the application, such as prior applications for concealed weapons permits.

¹⁴ Effective May 6, 2013 NPDB and HIPDB merged. The databanks were merged to eliminate duplication of reporting and querying and to streamline databank operations. All data in the HIPDB was transferred to NPDB. Reporting requirements remain the same.

Notices of Decision

Historically, discipline included complaints opened because of an issue found on a license application. Legislation in 2008 changed the process for responding to application issues. For purposes of comparing disciplinary action statistics across biennia, the department has continued to include application cases in our complaint figures.

Common issues with applications include discipline in another state where the applicant is already licensed or problems arising from a background check. Prior to 2008, the disciplinary process would have been to conduct a full investigation, issue a statement of charges, then issue a final or agreed order. Currently, the department would issue a notice of decision indicating that the pending application is denied or granted with conditions.

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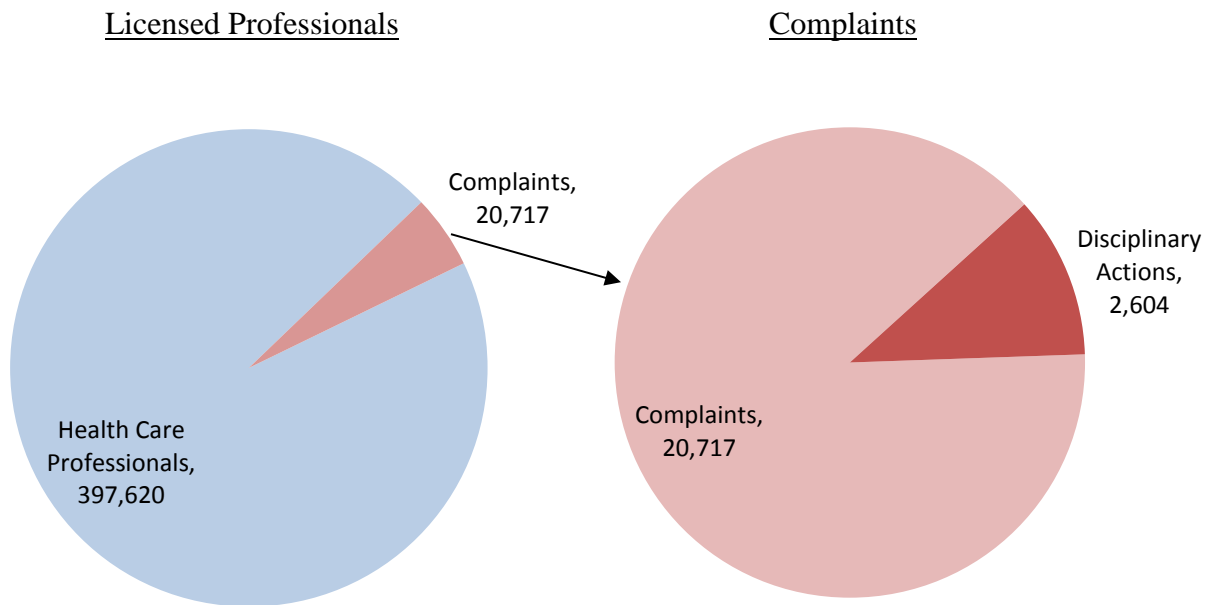
Complaint Investigation, Closure, and Case Resolution

The Uniform Disciplinary Act (UDA), chapter 18.130 RCW, provides standardized processes for discipline of practitioners. It serves as the statutory framework for the regulation of health care providers in Washington. This section of the report contains quantitative data on investigations, case closures, and case resolutions involving health care providers during the 2011-2013 biennium.

Investigation

The vast majority of health care providers never have a complaint filed against them. About five percent of health care providers had a complaint against them in the 2011-13 biennium. Of the 20,717 complaints processed during the biennium, about 13 percent, or 2,604, resulted in discipline. When considering all health care providers (397,620), less than one percent were disciplined.

**Figure 2: Complaints and Discipline to Total Health Care Providers
2011-13 Biennium**



During the biennium, HSQA received a total of 19,665 complaints against credentialed health care providers and people alleged to be practicing illegally without a license. Included in this total are instances where individual providers received multiple complaints. These new complaints are in addition to 3,479 open complaints carried over from the previous fiscal year. These 20,717 complaints led to over 9,500 investigations.

**Table 5: Investigation Activity by Profession
2011-13 Biennium**

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Investigations	Unlicensed Practice Investigations	Total Investigations
Advanced Emergency Medical Technician	-	8	8	3	-	3
Advanced Registered Nurse Practitioner	67	335	402	130	-	130
Animal Massage	-	-	-	-	-	-
Athletic Trainer	3	10	13	6	5	11
Cardiovascular Invasive Specialist	-	1	1	-	-	-
Chemical Dependency Professional	99	311	410	203	10	213
Chemical Dependency Professional Trainee	36	261	297	70	1	71
Chiropractic X-Ray Technician	-	1	1	-	-	-
Chiropractor	132	272	404	215	5	220
Counselor, Agency Affiliated	45	269	314	153	9	162
Counselor, Certified	16	98	114	63	24	87
Counselor, Certified Adviser	-	-	-	-	-	-
Dental Anesthesia Assistant	-	-	-	-	-	-
Dental Assistant	33	155	188	84	18	102
Dental Hygienist	22	67	89	34	-	34
Dentist	345	1,065	1,410	587	9	596
Denturist	22	44	66	35	6	41
Dietitian/Nutritionist	1	10	11	2	4	6
Dispensing Optician	5	15	20	10	7	17
Dispensing Optician Apprentice	5	11	16	6	2	8
East Asian Medicine Practitioner	11	36	47	22	1	23
Emergency Medical Responder	1	9	10	1	-	1
Emergency Medical Technician	27	124	151	66	4	70
Expanded Function Dental Auxiliary	-	6	6	3	-	3
Genetic Counselor	-	-	-	-	-	-
Health Care Assistant	55	309	364	105	12	117
Hearing/Speech	24	31	55	27	16	43
Home Care Aide	-	92	92	8	3	11
Humane Society	-	6	6	2	-	2
Hypnotherapist	5	16	21	13	2	15
Licensed Practical Nurse	179	814	993	305	2	307
Marriage and Family Therapist	18	52	70	31	3	34
Marriage and Family Therapist Associate	4	14	18	9	1	10
Massage Practitioner	107	698	805	393	243	636
Medical Assistant	-	-	-	-	-	-
Mental Health Counselor	48	235	283	139	15	154
Mental Health Counselor Associate	8	43	51	24	-	24
Midwife	6	44	50	20	13	33

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Investigations	Unlicensed Practice Investigations	Total Investigations
Naturopathic Physician	14	104	118	75	11	86
Nursing Assistant	407	6,427	6,834	1,681	193	1,874
Nursing Home Administrator	39	133	172	70	3	73
Nursing Pool Operator	-	5	5	2	-	2
Nursing Technician	-	1	1	1	-	1
Occupational Therapist	17	28	45	23	-	23
Occupational Therapy Assistant	6	22	28	9	1	10
Ocularist	-	1	1	1	-	1
Optometrist	11	66	77	26	4	30
Orthotics/Prosthetics	-	-	-	-	-	-
Osteopathic Physician	66	175	241	92	-	92
Osteopathic Physician Assistant	2	5	7	2	-	2
Paramedic	11	48	59	31	-	31
Pharmacies and Other Pharmaceutical Firms	23	275	298	127	19	146
Pharmacist	60	438	498	242	15	257
Pharmacist Intern	3	14	17	10	-	10
Pharmacy Assistant	23	95	118	44	2	46
Pharmacy Technician	42	105	147	67	1	68
Physical Therapist	32	82	114	37	3	40
Physical Therapist Assistant	6	47	53	17	2	19
Physician	567	2,751	3,318	1,811	56	1,867
Physician Assistant	37	189	226	132	1	133
Podiatric Physician	29	45	74	31	-	31
Psychologist	40	161	201	79	13	92
Radiological Technologist	7	35	42	21	2	23
Radiologist Assistant	-	-	-	-	-	-
Recreational Therapist	-	2	2	1	1	2
Reflexologist	-	-	-	-	-	-
Registered Nurse	524	2,347	2,871	1,045	19	1,064
Respiratory Care Practitioner	29	33	62	31	-	31
Retired Volunteer Medical Worker	-	-	-	-	-	-
Sex Offender Treatment Provider	12	39	51	21	-	21
Social Worker Advanced	2	10	12	4	2	6
Social Worker Associate Advanced	-	7	7	1	-	1
Social Worker Associate Independent Clinical	-	-	-	14	-	14
Social Worker Independent Clinical	25	152	177	68	8	76
Speech Language Pathology Assistant	-	-	-	-	-	-
Surgical Technologist	12	41	53	21	2	23
Veterinarian	82	242	324	153	26	179
Veterinary Medication Clerk	-	6	6	5	-	5
Veterinary Technician	12	40	52	29	12	41

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Investigations	Unlicensed Practice Investigations	Total Investigations
X-Ray Technician	15	32	47	15	2	17
Totals	3,479	19,665	23,144	8,808	813	9,621

Percentage of Investigations Completed

The following tables compare investigations completed to the number of complaints received. The column titled 'Percentage of B/C (Secretary) Investigations to Complaints' shows investigations completed as a percentage of complaints received by the same profession. For example, 33 percent (130) of the 399 total complaints received for Advanced Registered Nurse Practitioners were investigated.

The column titled 'Percentage of B/C (Secretary) Investigations' compares the total number of investigations completed for a profession to the total number of investigations completed for all professions with like disciplinary authority. For example, completed physician investigations made up 32 percent (1,867) of the 5,717 board and commission investigations completed. In the secretary profession investigations completed, nursing assistant investigations represented 48 percent (1,874) of the 3,904 completed secretary profession investigations.

Table 6: Board and Commission Professions - Percentage of Investigations Completed 2011-13 Biennium

Profession	Carry Over from FY11	Complaints Received	Total	Licensed Invest.	Unlicensed Invest.	Total Investigations Completed	% of B/C Investigations to Complaints	% of B/C Investigations Completed
Advanced Registered Nurse Practitioner	67	335	402	130	-	130	32%	2%
Chiropractic X-Ray Technician	-	1	1	-	-	-	0%	0%
Chiropractor	132	272	404	215	5	220	54%	4%
Dental Assistant	33	155	188	84	18	102	54%	2%
Dental Anesthesia Assistant	-	-	-	-	-	-	0%	0%
Dentist	345	1,065	1,410	587	9	596	42%	10%
Expanded Function Dental Auxiliary	-	6	6	3	-	3	50%	0%
Hearing/Speech	24	31	55	27	16	43	78%	1%
Humane Society	-	6	6	2	-	2	33%	0%
Licensed Practical Nurse	179	814	993	305	2	307	31%	5%
Naturopathic Physician	14	104	118	75	11	86	73%	2%
Nursing Home Administrator	39	133	172	70	3	73	42%	1%
Occupational Therapist	17	28	45	23	-	23	51%	0%
Occupational Therapy Assistant	6	22	28	9	1	10	36%	0%
Optometrist	11	66	77	26	4	30	39%	1%
Osteopathic Physician	66	175	241	92	-	92	38%	2%
Osteopathic Physician Assistant	2	5	7	2	-	2	29%	0%

Profession	Carry Over from FY11	Complaints Received	Total	Licensed Invest.	Unlicensed Invest.	Total Investigations Completed	% of B/C Investigations to Complaints	% of B/C Investigations Completed
Pharmacies and Other Pharmaceutical Firms	23	275	298	127	19	146	49%	3%
Pharmacist	60	438	498	242	15	257	52%	4%
Pharmacist Intern	3	14	17	10	-	10	59%	0%
Pharmacy Assistant	23	95	118	44	2	46	39%	1%
Pharmacy Technician	42	105	147	67	1	68	46%	1%
Physical Therapist	32	82	114	37	3	40	35%	1%
Physical Therapist Assistant	6	47	53	17	2	19	36%	0%
Physician	567	2,751	3,318	1,811	56	1,867	56%	33%
Physician Assistant	37	189	226	132	1	133	59%	2%
Podiatric Physician	29	45	74	31	-	31	42%	1%
Psychologist	40	161	201	79	13	92	46%	2%
Registered Nurse	524	2,347	2,871	1,045	19	1,064	37%	19%
Veterinarian	82	242	324	153	26	179	55%	3%
Veterinary Medication Clerk	-	6	6	5	-	5	83%	0%
Veterinary Technician	12	40	52	29	12	41	79%	1%
Totals	2,415	10,055	12,470	5,479	238	5,717		100%

Table 7: Secretary Professions - Percentage of Investigations Completed 2011-13 Biennium

Profession	Carry Over from FY11	Complaints Received	Total	Licensed Invest.	Unlicensed Invest.	Total Investigations Completed	% of Secretary Invest to Complaints	% of Secretary Investigations Completed
Advanced Emergency Medical Technician	-	8	8	3	-	3	0%	0%
Animal Massage	-	-	-	-	-	-	0%	0%
Athletic Trainer	3	10	13	6	5	11	85%	0%
Cardiovascular Invasive Specialist	-	1	1	-	-	-	0%	0%
Chemical Dependency Professional	99	311	410	203	10	213	52%	5%
Chemical Dependency Professional Trainee	36	261	297	70	1	71	24%	2%
Counselor, Agency Affiliated	45	269	314	153	9	162	52%	4%
Counselor, Certified	16	98	114	63	24	87	76%	2%
Counselor, Certified Adviser	-	-	-	-	-	-	0%	0%
Dental Hygienist	22	67	89	34	-	34	38%	1%
Denturist	22	44	66	35	6	41	62%	1%
Dietitian/Nutritionist	1	10	11	2	4	6	55%	0%
Dispensing Optician	5	15	20	10	7	17	85%	0%
Dispensing Optician Apprentice	5	11	16	6	2	8	50%	0%

Profession	Carry Over from FY11	Complaints Received	Total	Licensed Invest.	Unlicensed Invest.	Total Investigations Completed	% of Secretary Invest to Complaints	% of Secretary Investigations Completed
East Asian Medicine Practitioner	11	36	47	22	1	23	49%	1%
Emergency Medical Responder	1	9	10	1	-	1	10%	0%
Emergency Medical Technician	27	124	151	66	4	70	46%	2%
Genetic Counselor	-	-	-	-	-	-	0%	0%
Health Care Assistant	55	309	364	105	12	117	32%	3%
Home Care Aide	-	92	92	8	3	11	12%	0%
Hypnotherapist	5	16	21	13	2	15	71%	0%
Marriage and Family Therapist	18	52	70	31	3	34	49%	1%
Marriage and Family Therapist Associate	4	14	18	9	1	10	56%	0%
Massage Practitioner	107	698	805	393	243	636	79%	16%
Medical Assistant	-	-	-	-	-	-	0%	0%
Mental Health Counselor	48	235	283	139	15	154	54%	4%
Mental Health Counselor Associate	8	43	51	24	-	24	47%	1%
Midwife	6	44	50	20	13	33	66%	1%
Nursing Assistant	407	6,427	6,834	1,681	193	1,874	27%	48%
Nursing Pool Operator	-	5	5	2	-	2	40%	0%
Nursing Technician	-	1	1	1	-	1	100%	0%
Ocularist	-	1	1	1	-	1	100%	0%
Orthotics/Prosthetics	-	-	-	-	-	-	0%	0%
Paramedic	11	48	59	31	-	31	53%	1%
Radiological Technologist	7	35	42	21	2	23	55%	1%
Radiologist Assistant	-	-	-	-	-	-	0%	0%
Recreational Therapist	-	2	2	1	1	2	100%	0%
Reflexologist	-	-	-	-	-	-	0%	0%
Respiratory Care Practitioner	29	33	62	31	-	31	50%	1%
Retired Volunteer Medical Worker	-	-	-	-	-	-	0%	0%
Sex Offender Treatment Provider	12	39	51	21	-	21	41%	1%
Social Worker Advanced	2	10	12	4	2	6	50%	0%
Social Worker Associate Advanced	-	7	7	1	-	1	14%	0%
Social Worker Associate Independent Clinical	-	-	-	14	-	14	0%	0%
Social Worker Independent Clinical	25	152	177	68	8	76	43%	2%
Surgical Technologist	12	41	53	21	2	23	43%	1%
X-Ray Technician	15	32	47	15	2	17	36%	0%
Totals	1,064	9,610	10,674	3,329	575	3,904		100%

Board and commission professions accounted for 59 percent of the 9,621 investigations completed during the biennium. Secretary authority professions completed the remaining 41 percent. In general, boards and commissions regulate more of the primary care professions

whose practitioners can pose a greater risk of harm to patients. This may be reflected in the higher percentage of complaints investigated.

Cite and Fine Authority

RCW 18.130.230 gives the secretary and the boards and commissions the authority to cite and fine providers for failing to produce requested documents or records. Providers must produce required items within 21 days of a written request from the disciplining authority. The deadline can be extended for good cause. The fine accrues at \$100 per day of non-compliance. The maximum fine is \$5,000.

One important aspect of this law is that it provides a strong incentive to cooperate in investigations rather than obstruct the process. In the last biennium, just six cases were opened for cite and fine, and only two of these licensees were actually assessed a fine. Both received the maximum penalty of \$5,000. One was a chiropractor and the other was a chemical dependency professional.

Sexual Misconduct Cases

RCW 18.130.062 requires the secretary to act as sole disciplinary authority for complaints that allege only sexual misconduct. The intent of the law is to encourage prompt action when a provider has engaged in sexual misconduct but there aren't any issues involving clinical expertise or standard of care.

The appropriate board or commission reviews each complaint and retains responsibility for those cases that also involve clinical expertise or standard of care issues. The boards and commissions transfer cases that involve only sexual misconduct to the secretary for discipline. During the biennium, 27 cases were referred to the secretary. Of those, two were returned to the referring board or commission when the investigation revealed a clinical or standard of care issue. Nine additional referrals, for a total of 11, were made for cases that carried over from the previous biennium.

Case Disposition

Complaints are resolved in one of three ways:

- 1) Without any disciplinary action.
- 2) When informal disciplinary action is taken.
- 3) When formal disciplinary action is taken.

Disciplinary actions totaled 2,604 in 2011-2013. About 27 percent of the actions were resolved with informal dispositions. Formal resolution included 24 percent with agreed orders, 26 percent with default orders, and six percent with final orders. The remaining 17 percent involved notices of decision on applications.

Investigative files and disciplinary documents are public records. Since July 1998, all actions against health care provider credentials are available on the Internet.¹⁵

Definitions are available for key disciplinary terms in Appendix A.

¹⁵ Credential records are available through the Department's "Provider Credential Search." The URL is: <https://fortress.wa.gov/doh/providercredentialsearch/>.

Complaints Closed Prior to Disciplinary Action

Many complaints close before issuance of a statement of allegations or a statement of charges. These cases close for a number of reasons, among them:

- The complaint doesn't rise to a threshold to warrant investigation.
- After the investigation, it's decided to close the complaint due to minimal risk, insufficient evidence to support the allegations against a health care provider, the evidence disproves the allegations, or the evidence doesn't support a finding of unprofessional conduct.
- The disciplinary authority doesn't have jurisdiction.
- The complaint is best resolved with a Notice of Correction notifying the health care provider of a minor technical violation. The health care provider has a reasonable time period to correct the violation and then report corrective action to the disciplinary authority. If the violation isn't corrected, disciplinary action may follow.

In addition, new evidence occasionally warrants the withdrawal of a statement of allegations or statement of charges.

The following table provides information by profession for cases closed before disciplinary action. The statistics include closures in unlicensed practice cases.

**Table 8: Complaints Closed Prior to Disciplinary Action
2011-13 Biennium**

Profession	Closed prior to Investigation	Closed after Investigation	Closed with Notice of Decision	Charges or Allegations withdrawn	Total Closed
Advanced Emergency Medical Technician	6	1	-	-	7
Advanced Registered Nurse Practitioner	246	72	1	3	322
Animal Massage	-	-	-	-	-
Athletic Trainer	7	4	-	-	11
Audiologist	-	-	-	-	-
Cardiovascular Invasive Specialist	1	-	-	-	1
Chemical Dependency Professional	125	140	12	9	286
Chemical Dependency Professional Trainee	39	66	115	4	224
Chiropractic X-Ray Technician	-	-	-	-	-
Chiropractor	121	124	1	9	255
Counselor, Agency Affiliated	82	118	23	-	223
Counselor, Certified	28	48	4	2	82
Counselor, Certified Adviser	-	-	-	-	-
Dental Anesthesia Assistant	-	-	-	-	-
Dental Assistant	40	78	21	1	140
Dental Hygienist	22	22	-	-	44
Dentist	555	411	1	38	1,005
Denturist	18	13	1	3	35
Dietitian/Nutritionist	7	1	-	-	8
Dispensing Optician	7	7	1	-	15
Dispensing Optician Apprentice	8	5	-	1	14
East Asian Medicine Practitioner	17	17	-	1	35
Emergency Medical Responder	6	2	-	-	8
Emergency Medical Technician	83	20	1	-	104
Expanded Function Dental Auxiliary	-	4	-	-	4

Profession	Closed prior to Investigation	Closed after Investigation	Closed with Notice of Decision	Charges or Allegations withdrawn	Total Closed
Genetic Counselor	-	-	-	-	-
Health Care Assistant	151	91	35	1	278
Hearing/Speech	11	16	-	-	27
Home Care Aide	38	26	4	-	68
Humane Society	3	2	-	-	5
Hypnotherapist	6	8	-	1	15
Licensed Practical Nurse	637	163	26	6	832
Marriage and Family Therapist	16	27	-	1	44
Marriage and Family Therapist Associate	4	3	-	1	8
Massage Practitioner	238	322	16	10	586
Medical Assistant	-	-	-	-	-
Mental Health Counselor	107	105	3	3	218
Mental Health Counselor Associate	23	16	3	-	42
Midwife	19	9	1	-	29
Naturopathic Physician	14	41	2	1	58
Nursing Assistant	4,522	1,341	97	14	5,974
Nursing Home Administrator	92	47	-	7	146
Nursing Pool Operator	3	2	-	-	5
Nursing Technician	-	1	-	-	1
Occupational Therapist	15	11	-	1	27
Occupational Therapy Assistant	14	7	2	1	24
Ocularist	-	1	-	-	1
Optometrist	42	22	-	2	66
Prosthetics	-	-	-	-	-
Osteopathic Physician	97	58	-	6	161
Osteopathic Physician Assistant	2	2	1	1	6
Paramedic	25	10	1	-	36
Pharmacies and Other Pharmaceutical Firms	147	108	-	1	256
Pharmacist	178	167	2	7	354
Pharmacist Intern	3	9	1	-	13
Pharmacy Assistant	44	27	9	3	83
Pharmacy Technician	45	37	2	2	86
Physical Therapist	55	28	1	1	85
Physical Therapist Assistant	24	16	2	1	43
Physician	1,258	1,463	5	24	2,750
Physician Assistant	75	103	1	-	179
Podiatric Physician	27	25	-	-	52
Psychologist	82	56	2	-	140
Radiological Technologist	11	15	1	1	28
Radiologist Assistant	-	-	-	-	-
Recreational Therapist	1	-	-	-	1
Reflexologist	-	-	-	-	-
Registered Nurse	1,622	592	39	35	2,288
Respiratory Care Practitioner	32	15	2	1	50
Retired Volunteer Medical Worker	-	-	-	-	-
Sex Offender Treatment Provider	16	14	-	-	30
Social Worker Advanced	7	3	1	-	11
Social Worker Associate Advanced	3	1	1	-	5
Social Worker Associate Independent	11	13	2	-	26

Profession	Closed prior to Investigation	Closed after Investigation	Closed with Notice of Decision	Charges or Allegations withdrawn	Total Closed
Clinical					
Social Worker Independent Clinical	68	58	-	1	127
Surgical Technologist	16	17	1	-	34
Veterinarian	116	114	1	1	232
Veterinary Medication Clerk	-	4	-	-	4
Veterinary Technician	10	27	3	-	40
X-Ray Technician	15	6	-	2	23
Total	11,363	6,402	448	207	18,420

Percentage of Complaints Closed

During the biennium HSQA closed over 18,000 cases before legal proceedings. About 53 percent were board and commission cases and 47 percent were secretary profession cases.

The following tables show the cases closed with no disciplinary action, compared to total cases closed with no action and to the number of complaints received. The column titled “Percentage of B/C (or Secretary) Closures” shows the total number of cases closed with no action for that profession compared to the total number of board/commission cases closed with no action.

For example, the 1,005 dentist cases were 10 percent of the 9,683 board and commission cases closed with no action. The 278 health care assistant cases were 3 percent of the 8,737 secretary profession cases closed with no action.

The column titled “Percentage of B/C (or Secretary) Closures to Complaints” shows the percentage of cases closed with no action compared to the total number of complaints received for that same profession.

Table 9: Board and Commission Complaints Closed Prior to Adjudicative Proceedings 2011-13 Biennium

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Total Closed	% of B/C Closures	% of B/C Closures to Complaints
Advanced Registered Nurse Practitioner	67	335	402	322	3%	80%
Chiropractic X-Ray Technician	-	1	1	-	0%	0%
Chiropractor	132	272	404	255	3%	63%
Dental Assistant	33	155	188	140	1%	74%
Dental Anesthesia Assistant	-	-	-	-	0%	0%
Dentist	345	1,065	1,410	1,005	10%	71%
Expanded Function Dental Auxiliary	-	6	6	4	0%	67%
Hearing/Speech	24	31	55	27	0%	49%
Humane Society	-	6	6	5	0%	83%
Licensed Practical Nurse	179	814	993	832	9%	84%
Naturopathic Physician	14	104	118	58	1%	49%
Nursing Home Administrator	39	133	172	146	2%	85%
Occupational Therapist	17	28	45	27	0%	60%

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Total Closed	% of B/C Closures	% of B/C Closures to Complaints
Occupational Therapy Assistant	6	22	28	24	0%	86%
Optometrist	11	66	77	66	1%	86%
Osteopathic Physician	66	175	241	161	2%	67%
Osteopathic Physician Assistant	2	5	7	6	0%	86%
Pharmacies and Other Pharmaceutical Firms	23	275	298	256	3%	86%
Pharmacist	60	438	498	354	4%	71%
Pharmacist Intern	3	14	17	13	0%	76%
Pharmacy Assistant	23	95	118	83	1%	70%
Pharmacy Technician	42	105	147	86	1%	59%
Physical Therapist	32	82	114	85	1%	75%
Physical Therapist Assistant	6	47	53	43	0%	81%
Physician	567	2,751	3,318	2,750	28%	83%
Physician Assistant	37	189	226	179	2%	79%
Podiatric Physician	29	45	74	52	1%	70%
Psychologist	40	161	201	140	1%	70%
Registered Nurse	524	2,347	2,871	2,288	24%	80%
Veterinarian	82	242	324	232	2%	72%
Veterinary Medication Clerk	-	6	6	4	0%	67%
Veterinary Technician	12	40	52	40	0%	77%
Totals	2,415	10,055	12,470	9,683	100%	

Table 10: Secretary Professions Complaints Closed Prior to Adjudicative Proceedings 2011-13 Biennium

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Total Closed	% of Secretary Investigations to Complaints	% of Secretary Investigations
Advanced Emergency Medical Technician	-	8	8	7	0.1%	0%
Animal Massage	-	-	-	-	0.0%	0%
Athletic Trainer	3	10	13	11	0.1%	85%
Cardiovascular Invasive Specialist	-	1	1	1	0.0%	100%
Chemical Dependency Professional	99	311	410	286	3.3%	70%
Chemical Dependency Professional Trainee	36	261	297	224	2.6%	75%
Counselor, Agency Affiliated	45	269	314	223	2.6%	71%
Counselor, Certified	16	98	114	82	0.9%	72%
Counselor, Certified Adviser	-	-	-	-	0.0%	0%
Dental Hygienist	22	67	89	44	0.5%	49%
Denturist	22	44	66	35	0.4%	53%
Dietitian/Nutritionist	1	10	11	8	0.1%	73%
Dispensing Optician	5	15	20	15	0.2%	75%

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Total Closed	% of Secretary Investigations to Complaints	% of Secretary Investigations
Dispensing Optician Apprentice	5	11	16	14	0.2%	88%
East Asian Medicine Practitioner	11	36	47	35	0.4%	74%
Emergency Medical Responder	1	9	10	8	0.1%	80%
Emergency Medical Technician	27	124	151	104	1.2%	69%
Genetic Counselor	-	-	-	-	0.0%	0%
Health Care Assistant	55	309	364	278	3.2%	76%
Home Care Aide	-	92	92	68	0.8%	74%
Hypnotherapist	5	16	21	15	0.2%	71%
Marriage and Family Therapist	18	52	70	44	0.5%	63%
Marriage and Family Therapist Associate	4	14	18	8	0.1%	44%
Massage Practitioner	107	698	805	586	6.7%	73%
Medical Assistant	-	-	-	-	0.0%	0%
Mental Health Counselor	48	235	283	218	2.5%	77%
Mental Health Counselor Associate	8	43	51	42	0.5%	82%
Midwife	6	44	50	29	0.3%	58%
Nursing Assistant	407	6,427	6,834	5,974	68.4%	87%
Nursing Pool Operator	-	5	5	5	0.1%	100%
Nursing Technician	-	1	1	1	0.0%	100%
Ocularist	-	1	1	1	0.0%	100%
Orthotics/Prosthetics	-	-	-	-	0.0%	0%
Paramedic	11	48	59	36	0.4%	61%
Radiological Technologist	7	35	42	28	0.3%	67%
Radiologist Assistant	-	-	-	-	0.0%	0%
Recreational Therapist	-	2	2	1	0.0%	50%
Reflexologist	-	-	-	-	0.0%	0%
Respiratory Care Practitioner	29	33	62	50	0.6%	81%
Retired Volunteer Medical Worker	-	-	-	-	0.0%	0%
Sex Offender Treatment Provider	12	39	51	30	0.3%	59%
Social Worker Advanced	2	10	12	11	0.1%	92%
Social Worker Associate Advanced	-	7	7	5	0.1%	71%
Social Worker Associate Independent Clinical	-	-	-	26	0.3%	0%
Social Worker Independent Clinical	25	152	177	127	1.5%	72%
Surgical Technologist	12	41	53	34	0.4%	64%
X-Ray Technician	15	32	47	23	0.3%	49%
Totals	1,064	9,610	10,674	8,737	100%	

Complaint Resolutions after Adjudicative Proceedings

The type of order issued to the health care provider indicates the manner in which the case was resolved. All orders are public records. Orders associated with actions against health care providers' credentials since July 1998 are available on the Internet.

The legislature amended the Uniform Disciplinary Act in 2001 to permit practitioners to surrender their license in lieu of other sanctions. License surrender is used when the practitioner agrees to retire from practice and not to resume practice. The public can be protected through surrender alone, when the circumstances involve a practitioner at the end of his or her effective practice.

Surrender is not used if the practitioner intends to practice in another jurisdiction or if the disciplining authority believes return to practice is reasonably possible.

Stipulation to Informal Disposition: A “Stipulation to Informal Disposition” (STID) is an informal disciplinary resolution. If the health care provider agrees to the STID, he or she does not admit to unprofessional conduct but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a news release.

Agreed Order: The document, formally called a “Stipulated Findings of Fact, Conclusions of Law and Agreed Order,” is a negotiated settlement between the health care provider and representatives of the agency in a formal disciplinary proceeding. It states the substantiated violations of law and the sanctions being placed on the health care provider’s credential. The health care provider agrees to the conditions in the order. The Agreed Order is presented to the disciplinary authority and, if approved, becomes final. The order is reported to national data banks and the public through a news release.

Default Orders: A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by law.

Final Order after Hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing is held. The hearing may be before a health law judge representing the secretary as the initial decision maker or before a panel of board or commission members as the final decision makers with a health law judge acting as the presiding officer. The document identifies the proven facts, violations of law and the sanctions being placed on the health care provider’s credential. The health care provider has the right to ask for administrative review of an initial order. Final orders are subject to reconsideration of the decision or appeal to a superior court. The order is reported to national data banks and the public through a news release.

Notice of Decision (NOD): A NOD is issued pursuant to RCW 18.130.055 when the disciplining authority decides to deny an application for licensure or grant the license with conditions.

**Table 11: Complaints Resolved after Adjudicative Proceedings
2011-13 Biennium**

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	NOD	Total
Advanced Emergency Medical Technician	1	0	0	0	0	1
Advanced Registered Nurse Practitioner	6	10	2	0	1	19
Animal Massage	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0
Cardiovascular Invasive Specialist	0	0	0	0	0	0

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	NOD	Total
Chemical Dependency Professional	18	20	21	14	127	200
Chemical Dependency Professional Trainee	0	0	0	0	0	0
Chiropractic X-Ray Technician	0	0	0	0	0	0
Chiropractor	35	25	12	2	1	75
Counselor, Agency Affiliated	12	21	8	3	23	67
Counselor, Certified	3	2	0	1	4	10
Counselor, Certified Adviser	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0
Dental Assistant	8	5	7	1	21	42
Dental Hygienist	4	4	3	2	0	13
Dentist	79	63	11	5	1	159
Denturist	1	5	4	0	1	11
Dietitian/Nutritionist	0	0	0	0	0	0
Dispensing Optician	0	1	0	0	1	2
Dispensing Optician Apprentice	0	0	0	0	0	0
East Asian Medicine Practitioner	1	1	0	1	0	3
Emergency Medical Responder	0	0	1	0	0	1
Emergency Medical Technician	8	4	10	1	1	24
Expanded Function Dental Auxiliary	0	1	0	0	0	1
Genetic Counselor	0	0	0	0	0	0
Health Care Assistant	7	14	15	5	35	76
Hearing/Speech	0	0	13	1	0	14
Home Care Aide	0	0	0	1	4	5
Humane Society	0	0	0	0	0	0
Hypnotherapist	0	1	2	0	0	3
Licensed Practical Nurse	36	26	38	7	26	133
Marriage and Family Therapist	2	4	0	0	0	6
Marriage and Family Therapist Associate	0	0	0	0	0	0
Massage Practitioner	14	22	36	10	16	98
Medical Assistant	0	0	0	0	0	0
Mental Health Counselor	15	8	0	0	3	26
Mental Health Counselor Associate	0	0	0	1	3	4
Midwife	0	2	4	0	1	7
Naturopathic Physician	7	3	0	0	2	12
Nursing Assistant	72	119	251	31	97	570
Nursing Home Administrator	3	0	1	0	0	4
Nursing Pool Operator	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0
Occupational Therapist	6	3	1	0	0	10
Occupational Therapy Assistant	5	1	0	0	2	8
Ocularist	0	0	0	0	0	0
Optometrist	1	1	0	1	0	3
Orthotics/Prosthetics	0	0	0	0	0	0
Osteopathic Physician	5	16	2	0	0	23
Osteopathic Physician Assistant	0	0	0	0	1	1
Paramedic	7	3	4	0	1	15
Pharmacies and Other Pharmaceutical Firms	1	2	0	0	0	3
Pharmacist	34	10	6	5	2	57
Pharmacist Intern	0	1	1	0	1	3
Pharmacy Assistant	8	3	16	3	9	39

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	NOD	Total
Pharmacy Technician	11	10	15	1	2	39
Physical Therapist	7	5	3	0	1	16
Physical Therapist Assistant	3	1	3	3	2	12
Physician	106	55	34	38	5	238
Physician Assistant	15	8	1	0	1	25
Podiatric Physician	6	3	0	0	0	9
Psychologist	11	3	0	0	2	16
Radiological Technologist	1	1	4	0	1	7
Radiologist Assistant	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0
Reflexologist	0	0	0	0	0	0
Registered Nurse	106	104	120	17	39	386
Respiratory Care Practitioner	4	5	3	1	2	15
Retired Volunteer Medical Worker	0	0	0	0	0	0
Sex Offender Treatment Provider	1	6	2	0	0	9
Social Worker Advanced	0	0	0	0	1	1
Social Worker Associate Advanced	0	0	0	0	1	1
Social Worker Associate Independent Clinical	0	0	0	0	2	2
Social Worker Independent Clinical	3	3	0	6	0	12
Surgical Technologist	1	1	6	0	1	9
Veterinarian	23	5	1	1	1	31
Veterinary Medication Clerk	0	0	2	0	0	2
Veterinary Technician	6	2	3	0	3	14
X-Ray Technician	1	4	6	1	0	12
Total	704	617	672	163	448	2604

Percentage of Disciplinary Actions

The following tables show the percentage of disciplinary action for each profession compared to all board and commission or secretary disciplinary actions. For example, the 159 dentist actions were 11 percent of the 1,393 board and commission disciplinary actions. The 98 massage practitioner actions were 8 percent of the 1,211 secretary-profession disciplinary actions. The tables also show the percentage of disciplinary actions for each profession compared to the same profession's total complaints.

Table 12: Board and Commission Professions Complaints Resolved after Adjudicative Proceedings 2011-13 Biennium

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Total Disciplinary Actions	% of B/C Closures to Complaint	% of B/C Closures
Advanced Registered Nurse Practitioner	67	332	399	19	5%	1%
Chiropractic X-Ray Technician	-	-	-	-	0%	0%
Chiropractor	132	262	394	75	19%	5%
Dental Assistant	33	136	169	42	25%	3%
Dental Anesthesia Assistant	-	-	-	-	0%	0%
Dentist	345	999	1,344	159	12%	11%
Expanded Function Dental Auxiliary	-	6	6	1	17%	0%

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Total Disciplinary Actions	% of B/C Closures to Complaint	% of B/C Closures
Hearing/Speech	24	39	63	14	22%	1%
Humane Society	-	5	5	-	0%	0%
Licensed Practical Nurse	179	807	986	133	13%	10%
Naturopathic Physician	14	88	102	12	12%	1%
Nursing Home Administrator	39	97	136	4	3%	0%
Occupational Therapist	17	26	43	10	23%	1%
Occupational Therapy Assistant	6	21	27	8	30%	1%
Optometrist	11	51	62	3	5%	0%
Osteopathic Physician	66	173	239	23	10%	2%
Osteopathic Physician Assistant	2	5	7	1	14%	0%
Pharmacies and Other Pharmaceutical Firms	23	210	233	3	1%	0%
Pharmacist	60	258	318	57	18%	4%
Pharmacist Intern	3	13	16	3	19%	0%
Pharmacy Assistant	23	93	116	39	34%	3%
Pharmacy Technician	42	99	141	39	28%	3%
Physical Therapist	32	68	100	16	16%	1%
Physical Therapist Assistant	6	45	51	12	24%	1%
Physician	567	2,266	2,833	238	8%	17%
Physician Assistant	37	177	214	25	12%	2%
Podiatric Physician	29	45	74	9	12%	1%
Psychologist	40	150	190	16	8%	1%
Registered Nurse	524	1,938	2,462	386	16%	28%
Veterinarian	82	205	287	31	11%	2%
Total	2,415	8,644	11,059	1,394		100%

**Table 13: Secretary Professions Complaints Resolved after Adjudicative Proceedings
2011-13 Biennium**

Profession	Carry Over from FY11	Complaints Received	Total Complaints	Total Disciplinary Actions	% of Secretary Invest	% of Secretary Invest to Complaints
Advanced Emergency Medical Technician	-	8	8	1	0%	0%
Animal Massage	-	-	-	-	0%	0%
Athletic Trainer	3	6	9	-	0%	0%
Cardiovascular Invasive Specialist	-	1	1	-	0%	0%
Chemical Dependency Professional	99	553	652	200	31%	17%
Chemical Dependency Professional Trainee	36	-	36	-	0%	0%
Counselor, Agency Affiliated	45	249	294	67	23%	6%
Counselor, Certified	16	71	87	10	11%	1%
Counselor, Certified Adviser	-	-	-	-	0%	0%
Dental Hygienist	22	61	83	13	16%	1%

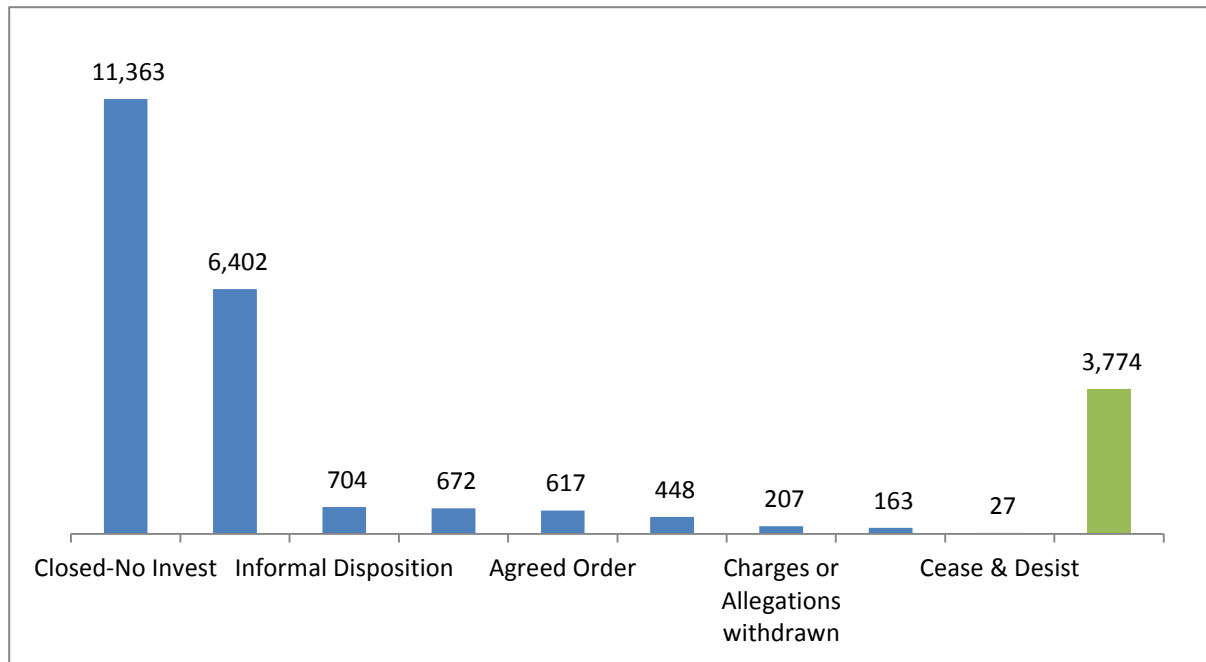
Profession	Carry Over from FY11	Complaints Received	Total Complaints	Total Disciplinary Actions	% of Secretary Invest	% of Secretary Invest to Complaints
Denturist	22	38	60	11	18%	1%
Dietitian/Nutritionist	1	4	5	-	0%	0%
Dispensing Optician	5	8	13	2	15%	0%
Dispensing Optician Apprentice	5	9	14	-	0%	0%
East Asian Medicine Practitioner	11	31	42	3	7%	0%
Emergency Medical Responder	1	8	9	1	11%	0%
Emergency Medical Technician	27	116	143	24	17%	2%
Genetic Counselor	-	-	-	-	0%	0%
Health Care Assistant	55	283	338	76	22%	6%
Home Care Aide	-	82	82	5	6%	0%
Hypnotherapist	5	16	21	3	14%	0%
Marriage and Family Therapist	18	47	65	6	9%	0%
Marriage and Family Therapist Associate	4	13	17	-	0%	0%
Massage Practitioner	107	435	542	98	18%	8%
Medical Assistant	-	-	-	-	0%	0%
Mental Health Counselor	48	210	258	26	10%	2%
Mental Health Counselor Associate	8	43	51	4	8%	0%
Midwife	6	35	41	7	17%	1%
Nursing Assistant	407	5,898	6,305	570	9%	47%
Nursing Pool Operator	-	5	5	-	0%	0%
Nursing Technician	-	1	1	-	0%	0%
Ocularist	-	1	1	-	0%	0%
Orthotics/Prosthetics	-	-	-	-	0%	0%
Paramedic	11	48	59	15	25%	1%
Radiological Technologist	7	28	35	7	20%	1%
Radiologist Assistant	-	-	-	-	0%	0%
Recreational Therapist	-	1	1	-	0%	0%
Reflexologist	-	-	-	-	0%	0%
Respiratory Care Practitioner	29	32	61	15	25%	1%
Retired Volunteer Medical Worker	-	-	-	-	0%	0%
Sex Offender Treatment Provider	12	39	51	9	18%	1%
Social Worker Advanced	2	4	6	1	17%	0%
Social Worker Associate Advanced	-	7	7	1	14%	0%
Social Worker Associate Independent Clinical	-	-	-	2	0%	0%
Social Worker Independent Clinical	25	138	163	12	7%	1%
Surgical Technologist	12	39	51	9	18%	1%
X-Ray Technician	15	26	41	12	29%	1%
Total	1,064	8,594	9,658	1,210		100%

Of the 2,604 disciplinary actions during the 2011-13 biennium, boards and commissions handled 54 percent and the secretary professions 46 percent.

Professions with high rates of disciplinary actions compared to total complaints include chemical dependency professionals with 17 percent, health care assistants with 47 percent, and registered nurses with 28 percent.

Figure 3 displays the distribution of the various complaint outcomes.

Figure 3: Summary of Case Dispositions and End of Biennium Open Cases



Unlicensed Practice Closures and Resolutions

The secretary is responsible for taking action against unlicensed practice. The HSQA Office of Investigation and Inspection manages intake, assessment, and investigation. Unlicensed practice complaints may be closed before or after investigation, or resolved with a Notice of Correction or a Cease-and-Desist Order.

A Notice of Correction notifies the person there will be further action if they continue to infringe on the scope of practice of credentialed health care providers. A Cease-and-Desist Order requires the recipient to stop practice and may impose a fine. Continued unlicensed practice may result in court enforcement of the Cease-and-Desist Order or criminal prosecution. HSQA focuses its resources on those cases posing the greatest risk to the public. Table 14 provides a breakdown of actions by profession.

**Table 14: Unlicensed Practice Closures and Resolutions
2011-13 Biennium**

Profession	Carry Over from 2011	Cases Received	Total Cases	Closed, no Investigation	Closed after Investigation	Cease & Desist Order Issued	Total Closed
Advanced Emergency Medical Technician	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	0	0	0	0	0	0	0
Animal Massage	0	0	0	0	0	0	0
Athletic Trainer	3	0	3	0	0	0	0
Audiologist	1	0	1	0	0	0	0
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0
Chemical Dependency Professional	4	0	4	2	0	0	2
Chemical Dependency Professional Trainee	1	0	1	1	0	0	1
Chiropractic X-Ray Technician	0	0	0	0	0	0	0
Chiropractor	6	1	7	1	0	0	1
Counselor, Agency Affiliated	0	2	2	0	1	0	1
Counselor, Certified	1	5	6	1	2	0	3
Counselor, Certified Adviser	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0
Dental Assistant	7	7	14	5	2	0	7
Dental Hygienist	0	0	0	0	0	0	0
Dentist	3	2	5	1	2	0	3
Denturist	3	1	4	0	1	0	1
Dietitian/Nutritionist	1	0	1	0	0	0	0
Dispensing Optician	3	0	3	1	0	0	1
Dispensing Optician Apprentice	1	0	1	0	0	0	0
East Asian Medicine Practitioner	0	2	2	0	0	0	0
Emergency Medical Responder	0	0	0	0	0	0	0
Emergency Medical Technician	1	0	1	3	0	0	3
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0
Health Care Assistant	2	5	7	2	2	1	5
Hearing Instrument Fitter and Dispenser	12	0	12	0	0	0	0
Home Care Aide	0	0	0	0	0	0	0
Humane Society	0	0	0	0	0	0	0
Hypnotherapist	0	2	2	1	1	0	2
Licensed Practical Nurse	1	1	2	1	0	0	1
Marriage and Family Therapist	1	0	1	0	0	0	0
Marriage and Family Therapist Associate	0	0	0	0	0	0	0
Massage Practitioner	43	22	65	5	12	0	17
Medical Assistant	0	0	0	0	0	0	0
Mental Health Counselor	0	4	4	0	4	0	4
Mental Health Counselor Associate	0	0	0	0	0	0	0

Profession	Carry Over from 2011	Cases Received	Total Cases	Closed, no Investigation	Closed after Investigation	Cease & Desist Order Issued	Total Closed
Midwife	1	9	10	4	3	1	8
Naturopathic Physician	2	1	3	0	0	0	0
Nursing Assistant	3	34	37	24	6	0	30
Nursing Home Administrator	0	1	1	0	1	0	1
Nursing Pool Operator	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0
Occupational Therapist	0	1	1	0	0	0	0
Occupational Therapy Assistant	0	1	1	0	0	0	0
Ocularist	0	0	0	0	0	0	0
Optometrist	0	0	0	0	0	0	0
Orthotics/Prosthetics	0	0	0	0	0	0	0
Osteopathic Physician	0	0	0	0	0	0	0
Osteopathic Physician Assistant	0	0	0	0	0	0	0
Paramedic	0	0	0	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	2	1	3	0	0	0	0
Pharmacist	1	0	1	0	0	0	0
Pharmacist Intern	0	0	0	0	0	0	0
Pharmacy Assistant	0	2	2	0	2	0	2
Pharmacy Technician	0	2	2	1	0	0	1
Physical Therapist	0	0	0	0	0	0	0
Physical Therapist Assistant	2	0	2	1	0	0	1
Physician	28	2	30	2	1	0	3
Physician Assistant	0	0	0	0	0	0	0
Podiatric Physician	0	0	0	0	0	0	0
Psychologist	3	3	6	1	2	0	3
Radiological Technologist	1	1	2	1	0	0	1
Radiologist Assistant	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0
Reflexologist	0	0	0	0	0	0	0
Registered Nurse	5	5	10	2	3	0	5
Respiratory Care Practitioner	0	0	0	0	0	0	0
Retired Volunteer Medical Worker	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	0	0	0	0
Social Worker Advanced	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	0	0	0	0	0	0	0
Social Worker Independent Clinical	0	1	1	0	1	0	1
Speech Language Pathologist	0	0	0	0	0	0	0
Speech Language Pathology Assistant	0	0	0	0	0	0	0
Surgical Technologist	0	2	2	0	1	0	1

Profession	Carry Over from 2011	Cases Received	Total Cases	Closed, no Investigation	Closed after Investigation	Cease & Desist Order Issued	Total Closed
Veterinarian	6	1	7	0	0	0	0
Veterinary Medication Clerk	0	0	0	0	0	0	0
Veterinary Technician	1	3	4	0	2	0	2
X-Ray Technician	1	1	2	1	0	1	2
Totals	150	125	275	61	49	3	113

Violations and Sanctions

Uniform Disciplinary Act Violations

Section 180 of the Uniform Disciplinary Act (UDA) lists 25 violations considered unprofessional conduct. Health care providers cannot be criminally charged by boards, commissions, or the secretary because the UDA is administrative law. However, the ability of credential holders to make a living in the health care field may be adversely affected.

The department or a board or commission may refer complaints of a criminal nature to law enforcement, which may result in criminal action. Criminal convictions can also result in UDA actions against practitioners' credentials.

Frequent Violations

Of the 25 possible UDA violations, five accounted for 81 percent of the 2,353 violations across all professions. The number of violations exceeds the number of disciplinary actions because violators are often cited for more than one violation.

Violations related to moral turpitude, dishonesty, or corruption, RCW 18.130.180(1), were cited 951 times in sanctions reported to the Healthcare Integrity and Protection Data Bank (HIPDB), making these violations the most frequently reported violation.

However, violations of RCW 18.130.180(1) frequently are not the only reported issue. In fact, 89 percent were cited in conjunction with other violations. The most frequently reported issues in these violations, other than moral turpitude, dishonesty, or corruption, during the 2011-13 biennium were:

1. RCW 18.130.180(7): Violation of any state or federal statute or administrative rule, 772 (33 percent).
2. RCW 18.130.180(4): Incompetence, negligence, or malpractice, 540 (23 percent).
3. RCW 18.130.180(17): Conviction of a gross misdemeanor or felony relating to the practice of a health care profession, 498 (21 percent).
4. RCW 18.130.180(5): Suspension, revocation, or restriction in another jurisdiction, 464 (20 percent).
5. RCW 18.130.180(6) and (23): Personal drug or alcohol abuse, 335 (14 percent).

Sanctions Imposed

When adverse actions are reported to HIPDB, the sanction imposed on the practitioner is also reported. For purposes of this report, sanctions were divided into five categories:

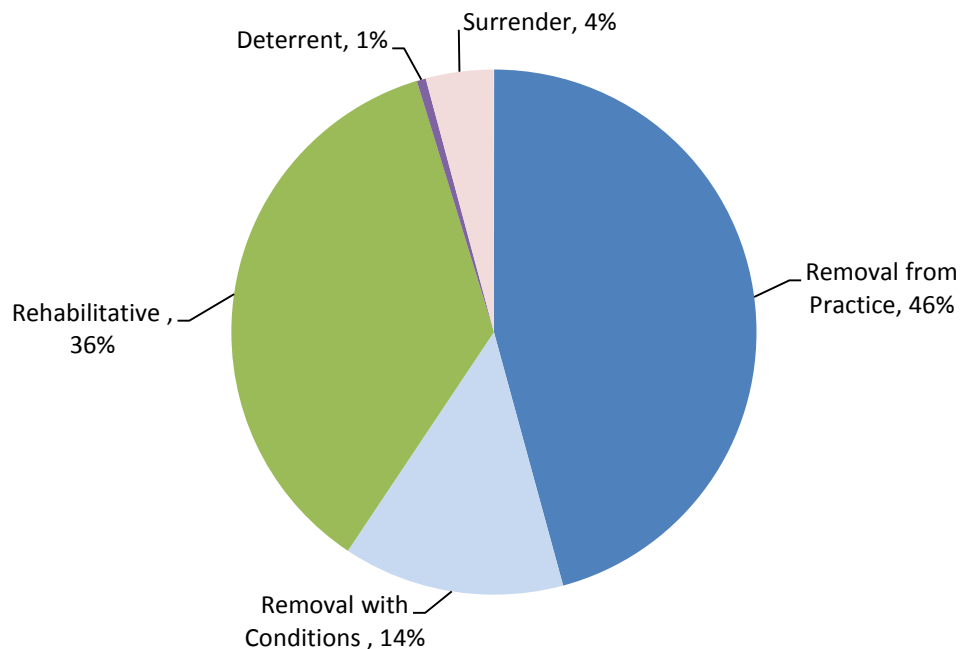
- Removal from practice

- Removal from practice with conditions
- Rehabilitative
- Deterrent
- Surrender of the credential

For definitions of these and other terms, please consult Appendix A.

The disciplinary actions represent cases closed after adjudication. There can be multiple cases against a single practitioner. Reports to the data bank represent reports on individual practitioners, not individual cases.

**Figure 4: Fiscal Years 2011-13 Sanctions Breakdown
2011-13 Biennium**



Sanctions Schedule

In 2006, the department adopted sanctions guidelines for professions where the secretary is the disciplinary authority. The purpose of these guidelines was to promote consistent disciplinary sanctions for similar unprofessional conduct. Each of the 14¹⁶ boards and commissions with disciplinary authority adopted the guidelines later. The guidelines were adopted in rule in 2009.

Cases sometimes arise that cannot be addressed by the guidelines. To account for these cases, compliance goals were set at 95 percent for secretary professions and 80 percent for board and commission professions. These goals have been consistently met or exceeded on an aggregate basis.

¹⁶ At this time, there were 14 boards and commissions with disciplinary authority.

**Table 15: Sanctions Imposed by Profession
2011-13 Biennium**

Profession	Removal from Practice (Revocation, Indefinite Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative	Deterrent (Reprimand, Fine)	Surrender	Total
Advanced Emergency Medical Technician	14	6	5	-	1	26
Advanced Registered Nurse Practitioner	1	1	13	-	-	15
Animal Massage	-	-	-	-	-	-
Athletic Trainer	-	-	-	-	-	-
Cardiovascular Invasive Specialist	-	-	-	-	-	-
Chemical Dependency Professional	21	6	122	-	6	155
Chemical Dependency Professional Trainee	-	-	-	-	-	-
Chiropractic X-Ray Technician	-	-	-	-	-	-
Chiropractor	16	20	20	1	2	59
Counselor, Agency Affiliated	-	-	-	-	-	-
Counselor, Certified	21	4	35	-	3	63
Counselor, Certified Adviser	1	5	11	1	1	19
Dental Anesthesia Assistant	-	-	-	-	-	-
Dental Assistant	9	4	18	-	1	32
Dental Hygienist	4	1	3	-	1	9
Dentist	15	45	53	1	8	122
Denturist	3	2	3	-	-	8
Dietitian/Nutritionist	-	-	-	-	-	-
Dispensing Optician	-	-	-	-	-	-
Dispensing Optician Apprentice	-	-	-	-	-	-
East Asian Medicine Practitioner	-	1	1	-	-	2
Emergency Medical Responder	-	-	-	-	-	-
Emergency Medical Technician	-	-	-	-	-	-
Expanded Function Dental Auxiliary	-	-	-	-	-	-
Genetic Counselor	-	-	-	-	-	-
Health Care Assistant	-	-	-	-	-	-
Hearing/Speech	3	-	-	-	-	3
Home Care Aide	31	1	31	-	2	65
Humane Society	-	-	-	-	-	-
Hypnotherapist	-	-	-	-	-	-
Licensed Practical Nurse	60	13	27	1	9	110
Marriage and Family Therapist	1	2	2	-	-	5
Marriage and Family Therapist Associate	-	-	-	-	-	-
Massage Practitioner	37	6	26	-	2	71
Medical Assistant	-	-	-	-	-	-

Profession	Removal from Practice (Revocation, Indefinite Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative	Deterrent (Reprimand, Fine)	Surrender	Total
Mental Health Counselor	-	-	-	-	-	-
Mental Health Counselor Associate	-	-	-	-	-	-
Midwife	2	-	1	-	-	3
Naturopathic Physician	7	1	6	-	-	14
Nursing Assistant	292	29	130	3	9	463
Nursing Home Administrator	1	-	1	-	2	4
Nursing Pool Operator	-	-	-	-	-	-
Nursing Technician	-	-	-	-	-	-
Occupational Therapist	2	4	12	-	-	18
Occupational Therapy Assistant	-	-	-	-	-	-
Ocularist	-	-	-	-	-	-
Optometrist	6	1	-	-	1	8
Orthotics/Prosthetics	-	-	-	-	-	-
Osteopathic Physician	11	1	6	-	1	19
Osteopathic Physician Assistant	-	-	-	-	-	-
Paramedic	5	3	5	-	-	13
Pharmacies and Other Pharmaceutical Firms	-	-	-	-	-	-
Pharmacist	15	16	21	1	1	54
Pharmacist Intern	-	-	-	-	-	-
Pharmacy Assistant	19	5	8	-	1	33
Pharmacy Technician	22	7	8	1	1	39
Physical Therapist	2	4	7	-	-	13
Physical Therapist Assistant	8	1	3	-	-	12
Physician	83	49	57	1	17	207
Physician Assistant	6	5	10	-	4	25
Podiatric Physician	-	4	3	-	-	7
Psychologist	4	4	7	-	-	15
Radiological Technologist	4	-	1	-	2	7
Radiologist Assistant	-	-	-	-	-	-
Recreational Therapist	-	-	-	-	-	-
Reflexologist	-	-	-	-	-	-
Registered Nurse	256	41	112	2	14	425
Respiratory Care Practitioner	-	-	-	-	-	-
Retired Volunteer Medical Worker	-	-	-	-	-	-
Sex Offender Treatment Provider	-	-	-	-	-	-
Social Worker Advanced	2	1	4	-	1	8
Social Worker Associate Advanced	-	-	-	-	-	-
Social Worker Associate Independent Clinical	-	-	-	-	-	-

Profession	Removal from Practice (Revocation, Indefinite Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative	Deterrent (Reprimand, Fine)	Surrender	Total
Social Worker Independent Clinical	-	-	-	-	-	-
Speech Language Pathology Assistant	-	-	-	-	-	-
Surgical Technologist	-	-	-	-	-	-
Veterinarian	-	-	-	-	-	-
Veterinary Medication Clerk	-	-	-	-	-	-
Veterinary Technician	-	-	-	-	-	-
X-Ray Technician	-	-	-	-	-	-
Totals	984	293	772	12	90	2,151

Case Appeals Activity

A health care professional has the right to appeal a final decision of a disciplinary authority to a court of law. The process involves filing a petition with a county superior court. Depending on the outcome, the health care professional can appeal to an appellate court. An appellate court's decision sets precedence for future decisions of the same nature. A health care professional may appeal an appellate court's decision to the Washington State Supreme Court, which decides the cases it will accept or decline.

**Table 16: Summary of Case Appeals Activity
2011-13 Biennium**

Docket Number	Profession	Court	Outcome
M2010-74	Physician	Thurston	Pending
M2012-737	Unlicensed Practice	Spokane	Pending
M2012-736	Unlicensed Practice	Spokane	Pending
M2009-1082 M2011-980	Physician	Grant	Pending
M2012-356	Massage Practitioner	King	Pending
M2011-839	Physician	Island	Pending
M2011-1264	Pharmacist	Snohomish	Pending
M2011-411	Chiropractor	King	Pending
M2010-1697	Physician	King	Pending
M2010-105	Emergency Medical Tech	Spokane	Affirmed
M2010-634	Registered Nurse	Thurston	Dismissed
M2011-228	Nursing Assistant	Snohomish	Dismissed
M2009-1535	Pharmacist	Benton	Dismissed
M2010-522	Licensed Practical Nurse	Pierce	Reversed
M2011-1027	Massage Practitioner	King	Remanded
M2011-842	Physician	King	Denied

Alternatives to Discipline

The department may refer practitioners to one of three different substance abuse monitoring programs. Two programs work under contracts monitored by department staff. The department operates a third program.

- Washington Physicians Health Program (WPHP) is a contracted program that works with chemically impaired allopathic physicians and physician assistants, dentists, osteopathic physicians and physician assistants, veterinarians, and podiatrists.
- Washington Recovery Assistance Program for Pharmacy (WRAPP) is a contracted program that works with chemically impaired pharmacists and other credentialed pharmacy staff.
- Washington Health Professional Services (WHPS) is a department-run program that works with chemically impaired health professionals not served by WPHP or WRAPP.

Disciplining authorities can refer practitioners to a program. They may also require providers to enter the program as a condition of practice or return to practice. Practitioners may also voluntarily participate in one of the programs if they have an active health care credential in Washington. The substance abuse monitoring programs must report practitioners to the department if they don't comply with the conditions of a monitoring contract. The disciplining authority may then take disciplinary action. See Appendix C, Alternative Programs – Chemically Impaired Practitioners for more information.

Case Distribution to Investigators and Staff Attorneys

RCW 18.130.310 requires, as part of the UDA Report, a report that will “summarize the distribution of the number of cases assigned to each attorney and investigator for each profession.” The law further requires identities of staff attorneys and investigators be kept anonymous. Appendices D and E detail, by health professions identified, the average number of cases assigned and worked by the division's staff attorneys and investigators for the 2011-2013 biennium.

These data may invite comparisons of workload and efficiency between professions. However, the resources needed to pursue individual disciplinary cases cannot be typified across professions or even within a profession. Many factors can influence the amount of investigative and legal resources needed for any individual case. Factors included, but not limited to the complexity of the profession, whether there are companion cases with other professions, the nature of the complaint, the availability of investigative records and other information and the involvement of other entities such as law enforcement.

This data also may suggest links to other data within this report, such as the rates of closure of complaints or the rates of discipline. Again, it is important to be cautious; some disciplinary cases may require significant investigative and legal work, only to determine there is no basis for pursuing discipline. By contrast, in certain instances, serious disciplinary action may occur as a result of information (e.g., criminal convictions or actions by other licensing authorities) that requires relatively little new investigative or legal work.

The table in Appendix D shows cases worked by investigators and staff attorneys during the biennium. The information is shown by staff and profession. As you review, please note the following:

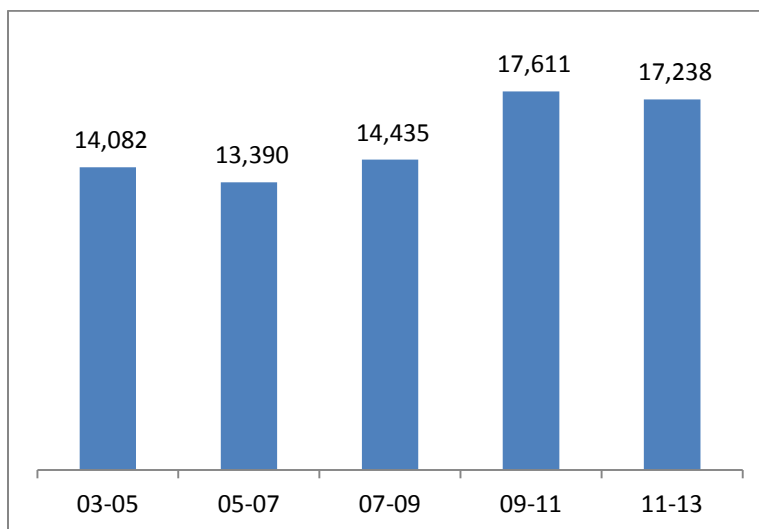
- To preserve anonymity individual staff members are indicated by a number.
- The number of cases shown includes any case worked during the biennium.
- The number of cases shown will be different than the number of cases received or closed as it can include cases at any point in the investigative or legal process.
- Not all staff worked for the department through the entire biennium which resulted in varying numbers of cases worked.
- The number of months each staff member worked for the department during the 2009-2011 biennium is indicated in the bottom row of each chart.
- Certain investigators conduct both investigations and inspections for the pharmacy program.
- In some cases, multiple staff may provide support to the primary investigator or staff attorney.
- Certain staff attorneys work *only* for the Medical Quality Assurance Commission.

Biennial Comparison

Complaints Received

The number of new complaints received decreased slightly from the high of the 2009-11 biennium. This does not include carry-forward complaints from the previous biennium.

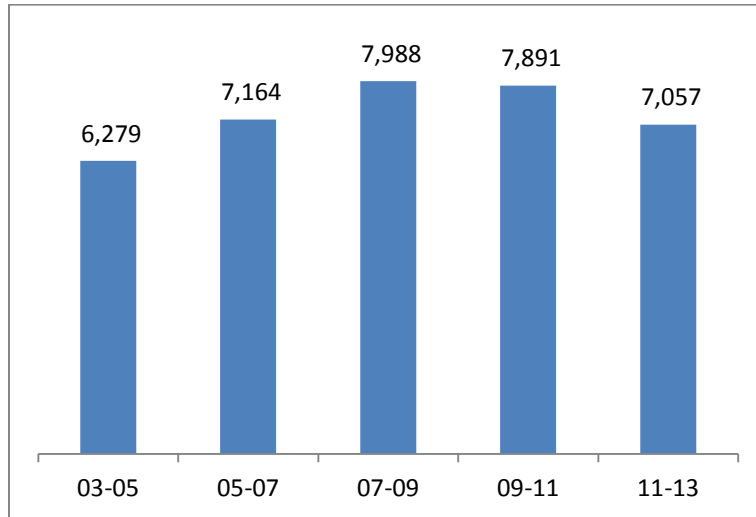
Figure 5: New Complaints Received, 2003-05 to 2011-13 Biennia



Investigations

The number of completed investigations (including unlicensed practice) declined 11 percent compared to last biennium. This decline continues the trend started in the last biennium.

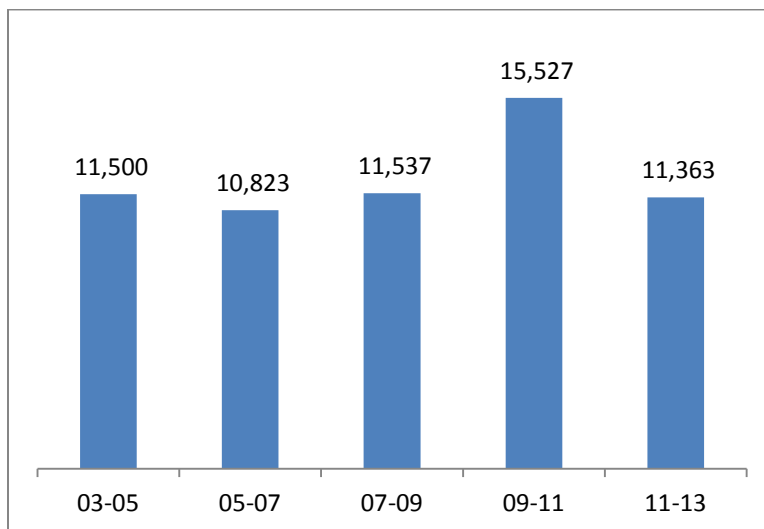
Figure 6: Investigations Completed, 2003-05 to 2011-13 Biennia



Complaint Closures before Adjudicative Proceedings

The following chart shows the change in closures before adjudicative proceedings. These are cases closed with no action. In these cases, evidence disproved the allegations, the complaint was below the threshold for investigation, the disciplinary authority did not have jurisdiction, the allegations were withdrawn, or a Notice of Correction (NOC) was issued. This represents a decrease in closures before adjudicative proceedings over the last biennium, but a return to the trends prior to the 2009-11 reporting period.

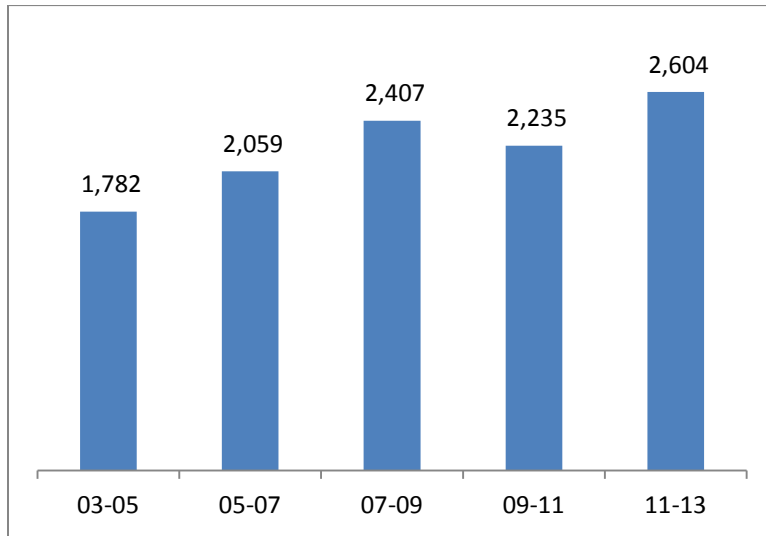
Figure 7: Complaint Closures before Adjudicative Proceedings, 2003-05 to 2011-13 Biennia



Complaint Closures after Adjudicative Proceedings

The following chart shows the 17 percent increase in cases resolved with corrective or disciplinary action over the 2009-11 biennium. They include cases closed by default orders, informal dispositions, agreed orders, final orders after hearing, unlicensed practice cease-and-desist orders, and notices of decision.

Figure 8: Complaint Closures after Adjudicative Proceedings, 2003-05 to 2011-13 Biennia



Criminal Background Checks

RCW 18.130.064 allows the department to conduct a criminal history background check on all new applicants and current license holders. The purpose of the statute is to ensure patient safety by identifying those who may not be qualified to practice safely.

The department has checked criminal history background on new applicants for credentials since 2000. The tables below provide statistics on the process of evaluative steps in applying the results of background checks on applicants. The department performed nearly 110,000 background checks on applications during the 2011-2013 biennium. Checks through the Washington State Patrol's WATCH database returned reports for 5,013 applicants.

Of the 5,013 reports (which may include unrelated items such as applications for concealed weapons permits), the department opened 537 cases on applicants based on state background check information. Of these applicants, 44 percent disclosed the conviction on the application. The full report (Table 18) contains additional details about applicants for each profession.

**Table 17: HSQA Background Check Activity Summary
2011-13 Biennium**

Total Applicants	109,823
Applicants with background reports	5,013
Cases opened on applicants with background reports	537
Applicants who disclosed (% of cases)	237 (44%)
Applicants not disclosing (% of cases)	300 (56%)

Also as part of this background check process, all new applicants are checked against two national disciplinary data banks: Healthcare Integrity Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB). These resources include information about actions in other states, including some criminal convictions, to help determine the need for further review.

Beginning January 1, 2009, the department now requires federal fingerprint checks for certain applicants and licensees. The 2008 Washington Legislature authorized the department to perform these checks when a state background check is inadequate. The checks are processed through the FBI's Criminal Justice Information Services (CJIS) Division. The department focuses on applicants coming from outside of Washington and certain applicants with a criminal history in Washington.

Background reports using fingerprint data can reveal convictions as well as non-conviction information. Due to length of the fingerprint process, especially when unreadable fingerprints must be repeated, the department may grant temporary practice permits to applicants who satisfy all licensing requirements but are waiting on FBI results. This helps improve access to care by avoiding delays. The temporary practice permit expires if criminal history is identified and a Notice of Decision is issued.

**Table 18: Criminal Background Reports
2011-13 Biennium**

Profession	Total Applicant Checks Made	Applicants Producing Reports	Cases Opened on Applicants	Self-disclosed		% Disclosed	Actions Taken
				Yes	No		
Advanced Emergency Medical Technician	69	2	-	-	-	0%	-
Advanced Registered Nurse Practitioner	1,326	22	1	-	1	0%	-
Animal Massage	-	-	-	-	-	0%	-
Athletic Trainer	154	5	-	-	-	0%	-
Cardiovascular Invasive Specialist	167	12	-	-	-	0%	-
Chemical Dependency Professional	422	119	17	10	7	59%	12
Chemical Dependency Professional Trainee	1,095	249	134	16	118	12%	116
Chiropractic X-Ray Technician	83	3	-	-	-	0%	-
Chiropractor	245	29	3	2	1	67%	1
Counselor, Agency Affiliated	2,751	155	39	4	35	10%	23
Counselor, Certified	163	10	8	-	8	0%	5
Counselor, Certified Adviser	-	-	-	-	-	0%	-
Dental Anesthesia Assistant	-	-	-	-	-	0%	-
Dental Assistant	4,439	212	44	2	42	5%	17
Dental Hygienist	619	13	3	1	2	33%	-
Dentist	796	43	4	-	4	0%	-
Denturist	22	3	2	-	2	0%	2
Dietitian/Nutritionist	314	5	1	-	1	0%	-
Dispensing Optician	108	7	-	-	-	0%	-
Dispensing Optician Apprentice	323	16	2	-	2	0%	1
East Asian Medicine Practitioner	205	2	2	1	1	50%	-
Emergency Medical Responder	63	4	1	-	1	0%	-
Emergency Medical Technician	2,186	103	13	-	13	0%	2
Expanded Function Dental Auxiliary	85	7	2	1	1	50%	1
Genetic Counselor	54	-	-	-	-	0%	-
Health Care Assistant	9,741	525	50	4	46	8%	25
Hearing/Speech	92	4	1	-	1	0%	1
Home Care Aide	3,000	375	40	1	39	3%	11
Humane Society	-	-	-	-	-	0%	-
Hypnotherapist	200	6	1	-	1	0%	-
Licensed Practical Nurse	3,234	163	34	1	33	3%	31
Marriage and Family Therapist	147	1	2	-	2	0%	-
Marriage and Family Therapist Associate	251	4	2	-	2	0%	1
Massage Practitioner	2,468	156	117	5	112	4%	31
Medical Assistant	-	-	-	-	-	0%	-
Mental Health Counselor	801	15	3	-	3	0%	1
Mental Health Counselor Associate	929	8	2	-	2	0%	2
Midwife	26	-	2	-	2	0%	2
Naturopathic Physician	192	5	1	-	1	0%	-

Profession	Total Applicant Checks Made	Applicants Producing Reports	Cases Opened on Applicants	Self-disclosed		% Disclosed	Actions Taken
				Yes	No		
Nursing Assistant	30,080	1,156	265	19	246	7%	113
Nursing Home Administrator	110	8	-	-	-	0%	-
Nursing Pool Operator	-	-	-	-	-	0%	-
Nursing Technician	464	6	-	-	-	0%	-
Occupational Therapist	563	11	1	-	1	0%	-
Occupational Therapy Assistant	271	14	3	-	3	0%	2
Ocularist	-	-	-	-	-	0%	-
Optometrist	182	6	-	-	-	0%	-
Orthotics/Prosthetics	-	-	-	-	-	0%	-
Osteopathic Physician	337	30	1	-	1	0%	-
Osteopathic Physician Assistant	22	2	1	-	1	0%	1
Paramedic	379	21	2	1	1	50%	-
Pharmacies and Other Pharmaceutical Firms	-	-	5	-	5	0%	2
Pharmacist	880	24	9	1	8	11%	6
Pharmacist Intern	1,066	37	5	-	5	0%	-
Pharmacy Assistant	5,251	165	22	1	21	5%	13
Pharmacy Technician	1,662	75	9	2	7	22%	5
Physical Therapist	802	17	-	-	-	0%	-
Physical Therapist Assistant	577	25	4	1	3	25%	3
Physician	4,133	220	15	1	14	7%	7
Physician Assistant	511	12	2	-	2	0%	1
Podiatric Physician	41	-	-	-	-	0%	-
Psychologist	317	9	6	-	6	0%	3
Radiological Technologist	885	79	4	-	4	0%	1
Radiologist Assistant	4	-	-	-	-	0%	-
Recreational Therapist	19	1	-	-	-	0%	-
Reflexologist	-	-	-	-	-	0%	-
Registered Nurse	20,501	642	52	1	51	2%	48
Respiratory Care Practitioner	577	31	3	-	3	0%	2
Retired Volunteer Medical Worker	3	1	-	-	-	0%	-
Sex Offender Treatment Provider	23	2	-	-	-	0%	-
Social Worker Advanced	40	-	-	-	-	0%	-
Social Worker Associate Advanced	105	1	-	-	-	0%	-
Social Worker Associate Independent Clinical	-	-	-	-	-	0%	-
Social Worker Independent Clinical	498	25	-	-	-	0%	-
Speech Language Pathology Assistant	107	1	-	-	-	0%	-
Surgical Technologist	728	46	6	1	5	17%	1
Veterinarian	405	10	-	-	-	0%	-
Veterinary Medication Clerk	412	8	-	-	-	0%	-
Veterinary Technician	407	15	3	-	3	0%	3

Profession	Total Applicant Checks Made	Applicants Producing Reports	Cases Opened on Applicants	Self-disclosed		% Disclosed	Actions Taken
				Yes	No		
X-Ray Technician	678	51	1	1	-	100%	-
Totals	109,810	5,034	950	77	873		496

Board and Commission Supplemental Reports

RCW 18.130.310(2) allows health profession boards and commissions to prepare a biennial report to complement the UDA report. The reports may provide additional information about disciplinary activities, rulemaking and policy activities, and receipts and expenditures.

The following reports were prepared by boards and commissions with regulatory authority for health professions. Note that during the biennium the Board of Massage and the Board of Denturists are dual authority boards, meaning certain licensing and/or examination functions are the authority of the board, while disciplinary authority resides with the department. In these cases, disciplinary charts have been omitted.

Reviewing the Disciplinary Graphs

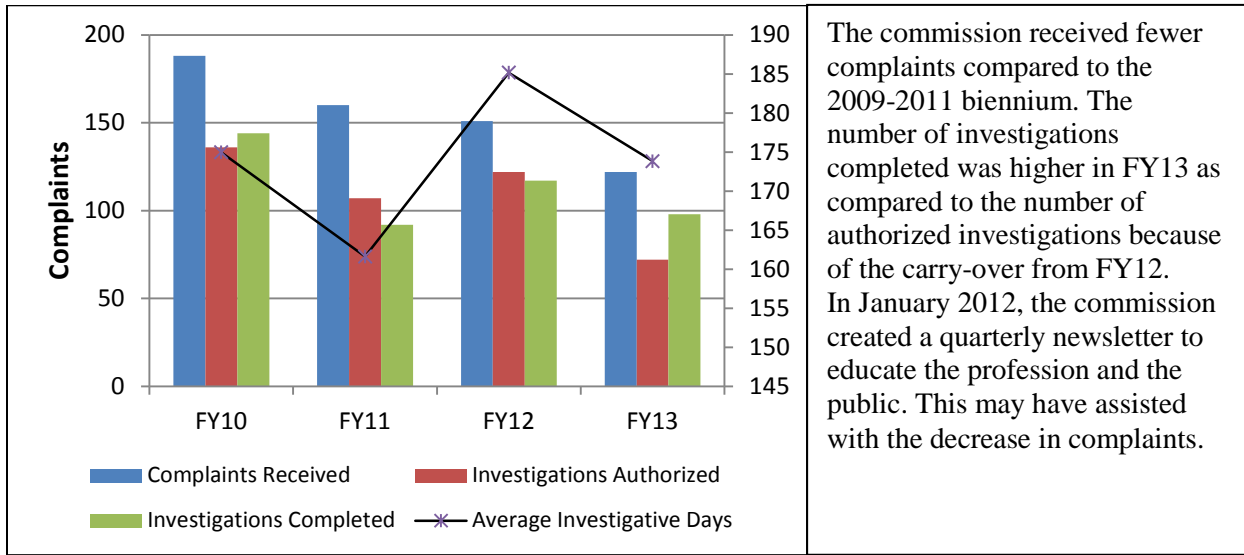
The report for each full authority board or commission includes three graphs:

- 1) The first summarizes, by fiscal year, the number of complaints received, and investigations authorized and completed over the last four years. It also includes the average number of days for investigative activities each year.
- 2) The second depicts by fiscal year, the types of disciplinary case outcomes for each board or commission over the past four years.
- 3) The third illustrates by fiscal year, the number of summary actions that have been taken by the board or commission over the last four years. Summary actions immediately suspend or restrict the practitioner's credential pending the outcome of a final hearing and are only used only when there is imminent risk of harm to the public. There are three categories of summary actions: 1) actions based on conduct, such as criminal conviction; 2) actions based on practice below the standard of care; and 3) suspensions mandated by law based on a prohibition to practice in another state.

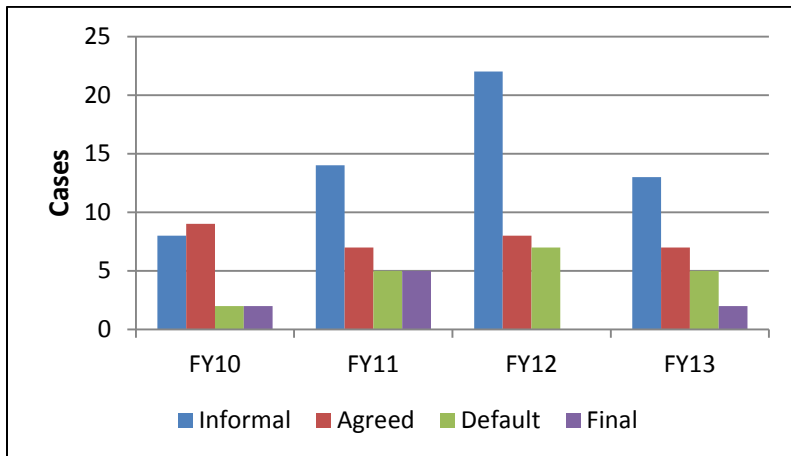
For a complete list of definitions, please see Appendix A.

Chiropractic Quality Assurance Commission

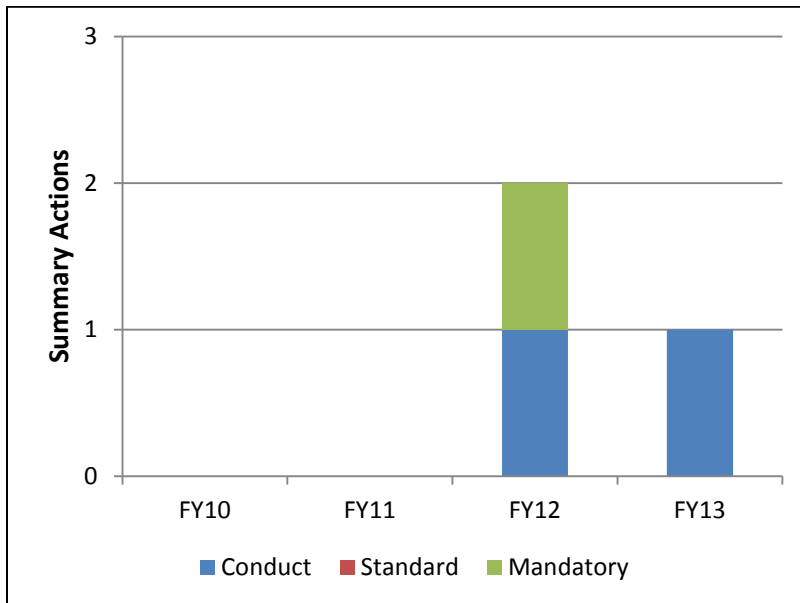
The Chiropractic Quality Assurance Commission (Commission) is comprised of 14 individuals including 11 chiropractors and three public members who are qualified by their training, experience, expertise and interests to regulate the profession. The commission protects and promotes the public health and safety of the people of Washington. It regulates the practice of and enforces all laws under its jurisdiction. The commission adopts rules that set standards of care and practice and qualifications for credentialing as a health care professional. The commission also conducts hearings or disciplinary proceedings and monitors compliance with commission orders.



The commission received fewer complaints compared to the 2009-2011 biennium. The number of investigations completed was higher in FY13 as compared to the number of authorized investigations because of the carry-over from FY12. In January 2012, the commission created a quarterly newsletter to educate the profession and the public. This may have assisted with the decrease in complaints.



After a case has been investigated, one commission member is assigned the case and they review the case and make a recommendation as to what, if any legal action should be taken. Results can be a Statement of Allegations and Informal Disposition, a formal Statement of Charges, Default Order, or Final Order after Hearing.



When there is an immediate danger to public safety, the commission may summarily suspend respondent's license. The commission summarily suspended one chiropractor in FY12 for sexual misconduct. When a licensee is prohibited from practicing in another state because of unprofessional conduct, there is a mandatory summary suspension of the credential in Washington. The commission had one case in FY12 that fell under the mandatory summary suspension criteria.

Legislation

Second Substitute House Bill 1518 — Providing Certain Disciplinary Authorities with Additional Authority over Budget Development, Spending, and Staffing

As authorized by the Legislature [in House Bill 1518](#), the Chiropractic Quality Assurance Commission (commission) had the option to enter into a five-year pilot project to evaluate the effect of granting the commission additional authority over budget development, spending, and staffing, effective July 1, 2013 through June 30, 2018. The commission voted on April 29, 2013 to enter into the five-year pilot project. On May 1, 2013, the commission sent a letter to Department of Health Secretary John Wiesman, DrPH, MPH informing him of their decision.

The commission's desire was to continue working with Robert Nicoloff, Executive Director; and Leann Yount, Program Manager. The commission hired Mr. Nicoloff to continue to serve as their Executive Director, effective July 1, 2013. Ms. Yount's position was moved from under the office of Health Professions and Facilities to the commission. She was also hired as the full-time program manager on July 1, 2013.

Rules and Policies

The governor lifted the rules moratorium on December 31, 2012 after being in place since October 11, 2011. The commission conducted a complete rules review in March 2013 of [Chapter 246-808 WAC](#) and identified multiple rules for amendment. The commission is working on prioritizing and grouping them together to begin rulemaking.

The commission adopted an [Interpretive Statement](#) on April 1, 2013 regarding chiropractic independent examinations. In short, if a chiropractor provides a diagnosis or analysis but stops short of providing care or treatment, the activities are considered the practice of chiropractic. Similarly, if a chiropractor provides care or treatment based on another chiropractor's diagnosis or analysis, the activities are considered the practice of chiropractic. Therefore, the actions of independent chiropractic examiners who provide diagnosis or analysis, but don't normally provide care or treatment, fall within the practice of chiropractic.

The commission also adopted an [Interpretive Statement](#) on August 11, 2011 regarding Class IIIB and IV cold-laser use. With the proper training, chiropractic physicians and their auxiliary staff can use low-level lasers and light therapy as an adjunct to the treatment of conditions within the chiropractic scope of practice defined in [Chapter 18.25 RCW](#).

Licensing Fees

On November 1, 2012, the health professions that are affected by the [HEAL-WA](#) surcharge received a fee decrease. Chiropractors are one of the identified professions. The fee decrease went from \$25 every license renewal to \$16. The HEAL-WA allows certain professions online access to research resources at the University of Washington's health sciences library.

On December 1, 2011, the Department of Health increased the chiropractic and chiropractic x-ray technician's fees after conducting a six-year budget analysis focusing on spending trends. Some of the chiropractic-fee increases included the application fee, which increased from \$575 to \$630. The renewal fee increased from \$545 to \$607, which includes the HEAL-WA fee. The chiropractic x-ray technician's application fee increased from \$35 to \$47. The renewal fee increased from \$50 to \$62.

The number of licensees in a profession and the cost to administer the profession both affect fees. Under [RCW 43.70.250](#), each profession must be self-supporting through the fee that licensees pay.

Commission Accomplishments

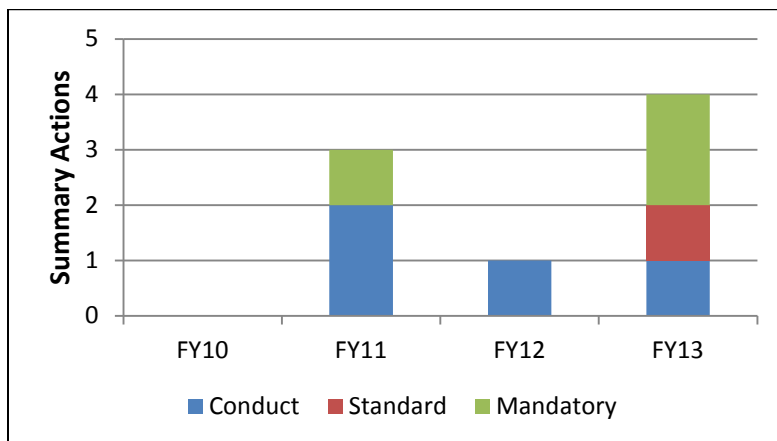
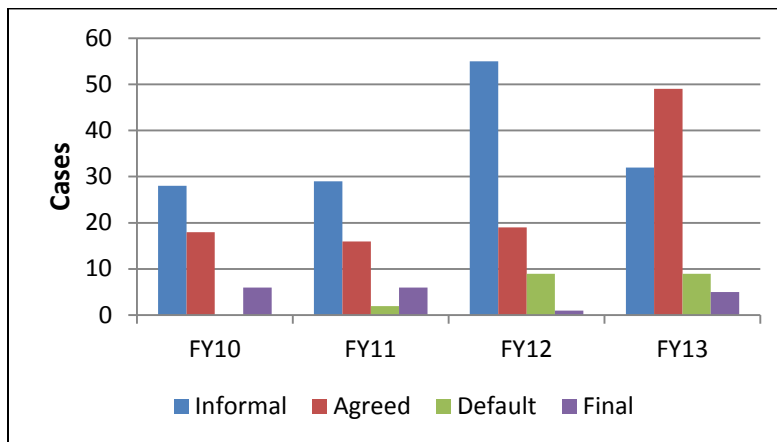
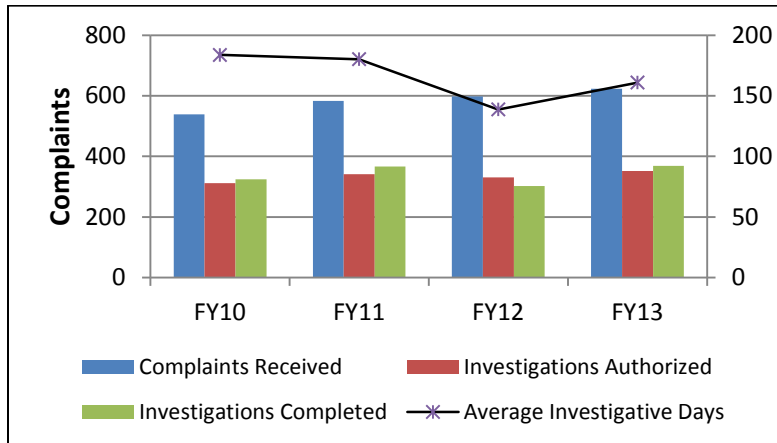
- On May 5, 2012 the Federation of Chiropractic Licensing Boards presented the commission with the 2012 Dr. Earl L. Wiley Outstanding Licensing Board award. This recognition was given to the commission for the following reasons:
 - Developed a quarterly newsletter addressing common points of confusion
 - Developed a mentorship for disciplined chiropractors
 - Updated the jurisprudence exam
 - Practiced mock disciplinary case reviews for commission members
 - Embarking in transparency and to clarify the commission's purpose in public protection
- In January 2012, the commission published their first quarterly [newsletter](#) to keep the chiropractic community informed, improve communication, and shed some light on the reasons behind the decisions being made.
- The commission is required by [RCW 18.25.005](#) to maintain a list of diagnostic and analytical devices and procedures under the designation of [approved, non-approved, and research or investigational](#). The commission continually reviews and revamps the [Classification of Chiropractic Procedures and Instrumentation list](#) by simplifying it and making it easier to read. The list has been very helpful to the profession.
- In June 2013 the commission adopted, for the first time, their own set of bylaws to include a mission and purpose.

Dental Quality Assurance Commission

The Dental Quality Assurance commission protects the public by credentialing and disciplining dentists, expanded function dental auxiliaries, dental assistants, and dental anesthesia assistants. The commission regulates the professions by developing rules, policies, and guidelines.

The governor appoints 16 commission members — 12 dentists, two expanded-function dental auxiliaries, and two public members. All serve four-year terms.

Four-Year Disciplinary Summary



Rulemaking and Policy Activities

Legislation

Second Substitute Senate Bill 5620, dental anesthesia assistant certification passed during the 2012 legislative session. The bill created certification of dental anesthesia assistants. Dental anesthesia assistants will work under close and direct visual supervision of an oral and maxillofacial surgeon or a dental anesthesiologist. The Dental Quality Assurance Commission adopted rules to implement the new credential. Certification began in August 2013.

House Bill 1330, Dental Hygienists and Dental Assistants passed during the 2013 legislative session. The bill allows application of topical anesthetics for dental hygienists, dental assistants, and expanded function dental auxiliaries under appropriate dentist supervision. The bill creates new practice setting/location for dental hygienists to provide services to homebound patients under general supervision of a dentist. The Dental Quality Assurance Commission will evaluate rule modification for WAC 246-817-550.

House Bill 1534, Dentist Impaired Practitioner Surcharge passed during the 2013 legislative session. The bill increases the dentists surcharge from \$25 to \$50. The increased fee is paid to the Washington Physicians Health Program to continue to provide services to impaired dentists. The secretary is currently drafting rules for adoption.

Rules and Policies

The rule moratorium ended December 31, 2012. The commission identified multiple rules for potential modification and prioritized them. The commission determined to continue rule modifications for WAC 246-817-310, Maintenance and Retention of Records which provides licensed dentists with requirements for maintaining and retaining dental records. The commission identified the need to provide clarity in what should be contained in dental records. Treatment record requirements are necessary to evaluate standard of care for treatment provided.

The commission has completed an interpretive statement on the use of botulinum toxin injections and dermal fillers by dentists.

The use of botulinum toxin injections or dermal fillers in the soft tissues throughout the face can be within the scope of practice of a dentist licensed under chapter 18.32 RCW when:

- Used to treat functional or esthetic dental conditions and their direct esthetic consequences, and;
- The treating dentist has appropriate, verifiable training and experience.

The use of botulinum toxin injections or dermal fillers outside the treatment of dental related conditions for purely cosmetic purposes is not within the scope of practice of dentists not specially trained as an oral and maxillofacial surgeon.

Board of Denturists

The Board of Denturists protects the public by examining, credentialing and disciplining denturists. The board regulates the profession by developing rules, policies and guidelines.

The secretary appoints seven board members — four denturists, one dentist, and two public members. Neither public member may be affiliated with a health care profession or facility. At least one of those public members must be over the age of 65 representing the senior population.

Rulemaking and Policy Activities

Legislation

Substitute House Bill 1270 authorizing the Board of Denturists as the profession's disciplinary authority instead of the secretary of the Department of Health passed during the 2013 legislative session.

Substitute House Bill 1271 allowing non-orthodontic removable oral devices and teeth whitening services passed during the 2013 legislative session. The board is required to specify the education and training that will be required for a licensed denturist to provide the non-orthodontic removable oral devices and teeth-whitening services.

Rulemaking

With the passage of SHB 1270 and SHB 1271, the board started the rulemaking process to include the following:

- Change the disciplinary authority from the secretary of the Department of Health to the Board of Denturists.
- Housekeeping changes.
- Amend the continuing competency requirements.
- Clarify the inactive status license requirements.
- Adopt sexual misconduct rules.
- Change the title of the chapter from Board of Denture Technology to Board of Denturists;
- Define the term “bruxism device.”
- Specify the education and training required for a licensed denturist to provide non-orthodontic removable devices.
- Provide teeth-whitening services.
- Other rule changes.

Policy Activities

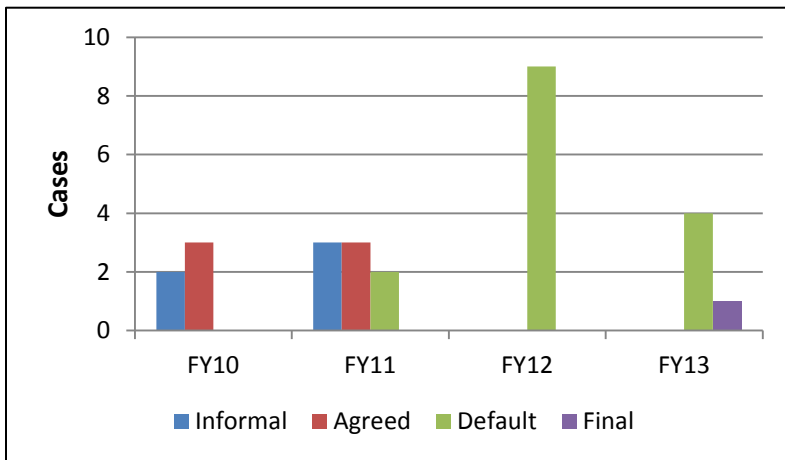
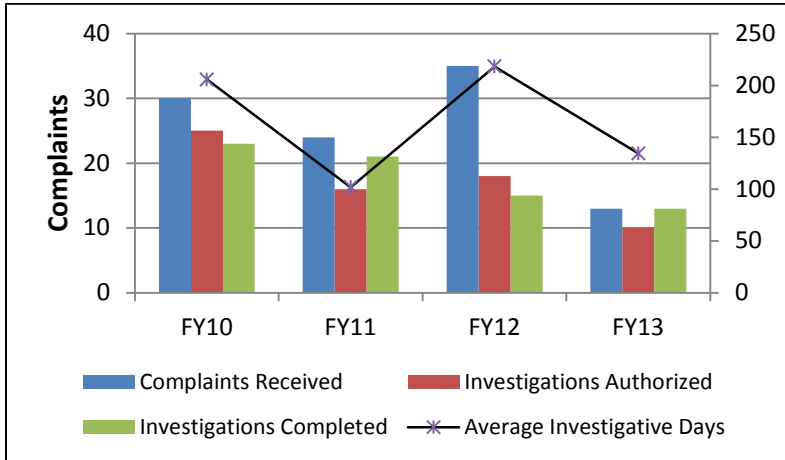
The board schedules two practical (clinical) examinations a year if there are sufficient applicants wanting to take the examination. In FY 2011 and 2012 (July 1, 2010 through June 30, 2012), the board gave two clinical exams and staff-administered five written exams.

The graph below depicts a three-year examination summary.

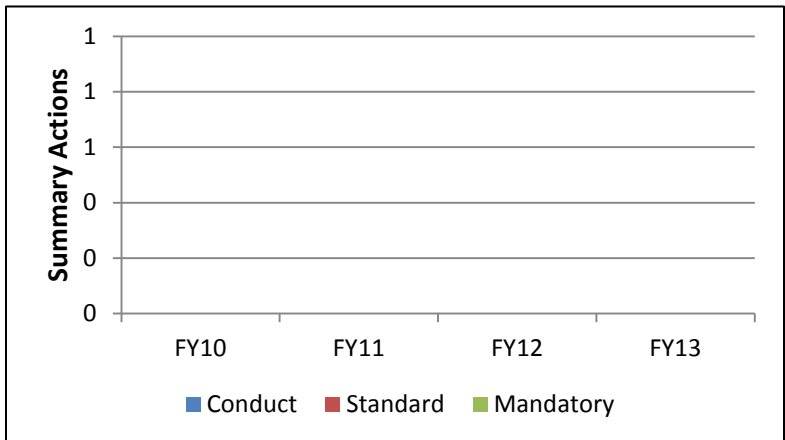
Fiscal Year	# of applicants for written exam	# passing	# of applicants for clinical exam	# passing
2010	21	13	18	17
2011	12	8	9	7
2013	4	4		

Board of Hearing and Speech

The Board of Hearing and Speech protects the public by credentialing and disciplining hearing and speech professions, and by developing rules, policies, and guidelines regulating the practice of audiologists, hearing instrument fitter/dispensers, speech-language pathologists, and speech-language pathology assistants. The governor appoints 11 board members to serve three-year terms. The board consists of two audiologists, two hearing instrument fitter/dispensers, two speech-language pathologists, three public members, one advisory medical physician, and one non-voting speech-language pathology assistant.



Most cases are settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. When the board issues a Statement of Charges (SOC) against a licensee, the licensee has 20 days in which to respond. If the licensee doesn't respond, it is considered a default.



Board of Massage

The Board of Massage protects the public’s health and safety by promoting the welfare of the state by regulating the competency and quality of professional health care providers under its jurisdiction. The board is made up of four massage therapists and one public member appointed by the governor to four-year terms. The professional members must have at least three years of experience as a massage therapist immediately preceding appointment. All members must be U.S. citizens and residents of Washington. The board meets the first Tuesday of every other month.

Rulemaking and Policy Activities

There are over 200 approved massage school programs.

Massage Program Review

Year	New Schools Approved	Schools Re-approved
2011	21	19
2012	15	13

New laws

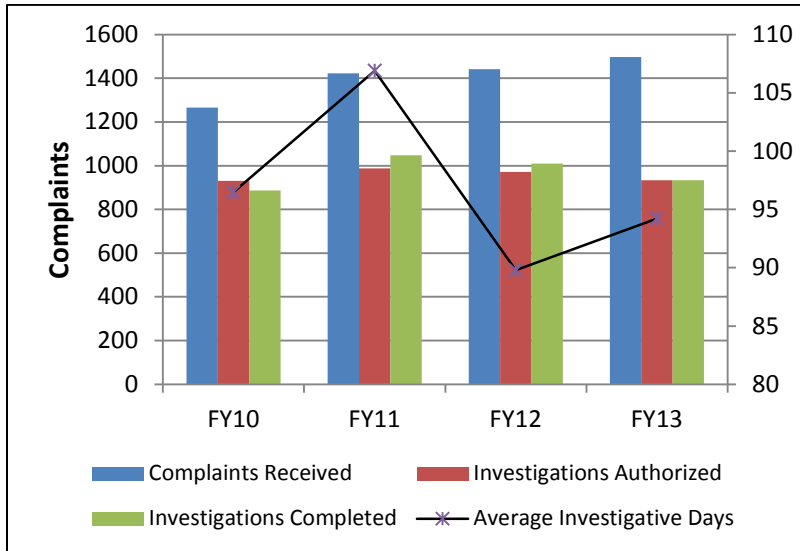
The 2011 legislature passed a bill (SHB 1133) amending the law relating to massage therapy. The new law, effective July 22, 2011, requires a massage practitioner to:

- Include their name and license number appear on advertisements;
- Conspicuously display their license in their principal place of business; and,
- Have a copy of their license available for inspection while performing any activities related to massage therapy (if it is not their principal place of business).

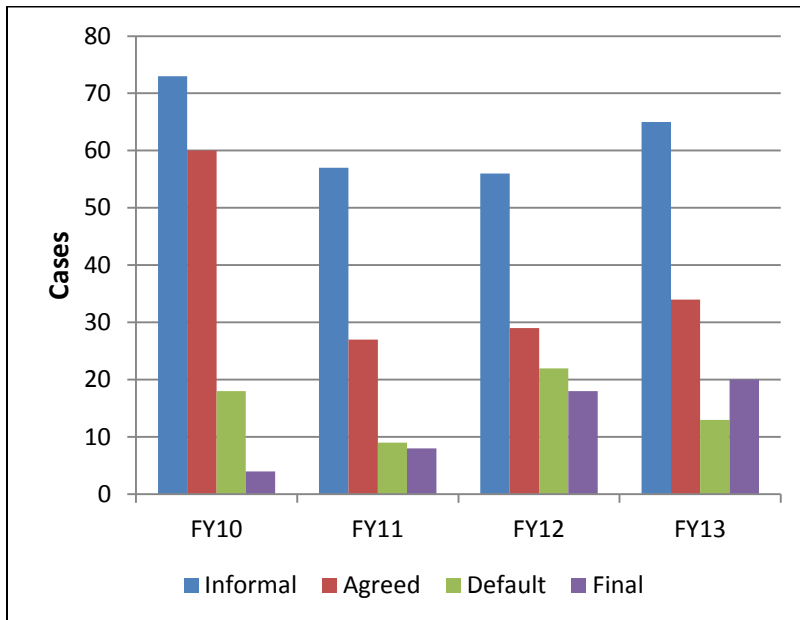
The 2012 Washington Legislature passed a bill (SSB6103) requiring the certification of reflexologists by the secretary. The requirement that reflexologists be certified is placed in 18.108 RCW, the statute which relates to the licensing of massage practitioner. The legislature found it necessary to license the practice of massage and massage therapy and certify persons practicing reflexology in order to protect the public health and the victims of human trafficking and other illicit activity. Before this law was passed, reflexologists were an unregulated health care profession and didn’t require a health care credential to practice reflexology in Washington.

Medical Quality Assurance Commission

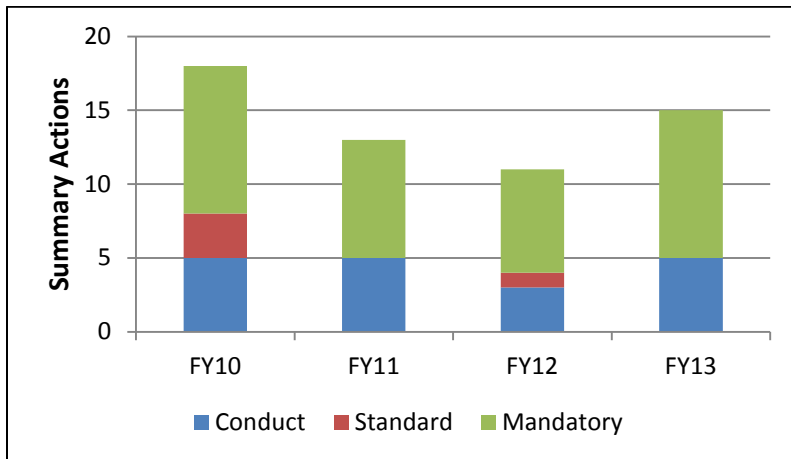
The Medical Quality Assurance Commission (MQAC) promotes patient safety and enhances the integrity of the profession through licensing, discipline, rulemaking, and education. The governor appoints 21 commission members to four-year terms: 13 physicians, two physician assistants and six public members. The commission began a mandated 5-year pilot project on July 1, 2008 to evaluate the performance and efficiency effect of additional authority over budget and staffing. The legislature recognized the success of the pilot project with SHB 1518, which makes permanent the additional authority granted to the commission. The commission continues to pursue work furthering the governor’s goal of healthy and safe communities.



The Medical Commission continues to receive an increased number of complaints while continuing to authorize roughly 70 percent for investigations. While an increase in average investigative days is seen in FY11, at no point has the investigative step average exceeded the mandated 170-day timeline. Delays shown in FY11 are largely the result of staff turnover and illness.



The Medical Commission continues to issue discipline at a rate of around 80-100 formal and informal orders per fiscal year. The amount of informal discipline is decreasing in recent years and is being replaced by formal discipline and cases that go to hearing. This represents an increased disciplinary cost to the commission. Public Citizen currently ranks the MQAC ninth in the nation for disciplinary actions.



The Medical Commission takes summary action at a rate of 10-20 orders per fiscal year.

Leadership

At the June 28, 2013 business meeting, Dr. Richard Brantner (Congressional District 10) assumed the role of Commission Chair. Dr. William Gotthold (CD 8) is now the first vice chair and Dr. Michelle Terry (Physician at Large) is now the second vice chair. Dr. Mimi Pattison (CD 6) is the immediate past chair and Dr. Thomas Green (CD 9) and Linda Ruiz, JD (Public Member and Policy Committee Chair) make up the Executive Committee. Maryella Jansen is the Executive Director.

Commission Staffing Turnover

The Commission is in the process of preparing for several changes in key staff and commission leadership. In addition to the retirement of several senior managers, the commission will see seven positions become available due to term limits. All of these changes will be occurring in 2014 and the commission is strategically planning to ensure there are no gaps in service.

MQAC Accomplishments 2011-2013

- Increased ranking by Public Citizen from 45th (2006) to Ninth (2011).
- Authored and submitted the commission 4SHB1103 Pilot Report to the legislature in December 2012.
- Adopted pain management rules regulating the treatment of chronic non-cancer pain to combat the extreme rise in unintentional prescription opioid deaths in Washington State. Developed a four-hour web-based CME on pain rules and pain management in collaboration with the Department of Labor and Industries. To date, over 1,500 practitioners have completed the training and expressed high marks of satisfaction. The task group meets regularly to monitor comments/complaints received by the Department of Health and MQAC in response to pain rules.
- Awarded the Best of Boards Award 2012 by the Administrators in Medicine organization.
- Executive Director, Maryella Jansen, received the 2013 Doug Cerf Executive Director's Award for excellence in medical regulation by the Administrators in Medicine organization.

- Chief Investigator, James Smith, was awarded the 2013 Ronald K. Williamson Memorial Award for innovation and dedication to medical investigations by the Administrators in Medicine organization.
- Created disciplinary orders that are more clear, consistent and transparent.
- Reduced legal outliers by 74 percent.
- Reduced investigation outliers by 99 percent.
- Implemented the Federation of State Medical Boards Uniform Application. In the process of automating the application process and converting to online applications.
- Improved communication and interaction with all stakeholders by developing education programs and materials, scheduling educational programs and focus groups, reinstating the quarterly newsletter and implemented direct mailings to licensees regarding specific subjects such as the pain management rules.
- Established regular meetings with the WPHP Board of Directors and Dr. Meredith, MD, Medical Director.
- Leslie Burger, MD, Immediate Past Chair was appointed to the Federation of State Medical Boards Foundation. The foundation undertakes educational and scientific research projects designed to expand public and medical professional knowledge and awareness of challenges impacting health care and health care regulation.

Rulemaking

The commission rulemaking activity includes the following:

- Physician Assistant practice requirements (mandated by 2SHB 1737 in 2013. The pre-Proposal Statement of Inquiry (CR-101) hasn't been filed yet).

Policies and Guidelines

The commission has issued, revised or rescinded the following policies, procedures and guidelines during the past 12 months:

- MD2013-01: Review procedure for *Update!*, the quarterly newsletter of the medical Commission
- MD2013-02: Whistleblower Protection
- MD2013-03: Self-Treatment or Treatment of Immediate Family Members
- MD2013-05: Mandatory Investigations
- MD2013-06: Protocol for Pro Tem Appointments for Medical Specialties Purposes
- MD2013-04: Referral of Sexual Misconduct Cases
- (Rescinded) MD2009-03: Cite and Fine for Failure to Produce Records
- MD2013-07: Impact Statements
- MD2013-08: Retention of Medical Records

Legislation

The commission submitted request legislation for the 2013, Substitute House Bill 1409, to reform medical doctor licensing and training requirements. The legislation was well received and passed out of all committees in the House and Senate. The Senate placed the legislation on the order of consideration the day of opposite house cutoff, but time expired before SHB 1409 could

get a vote. The Senate referred the legislation to the House Health Care and Wellness Committee in May 2013. The Commission intends to pursue the legislation in the 2014 session.

MQAC Goals for 2013-2015

- Analyze the commission discipline process and implement changes through policy or statute that add transparency and create a process which is consumer and stakeholder friendly.
- Reform licensure requirements through legislation and rulemaking.
- Create a practitioner quality improvement program through legislation that adds non-disciplinary tools for improving patient safety.
- Actively engage with the Disclosure and Resolution Program and the Foundation for Healthcare Quality.
- Increase positive performance indicators to 95 percent or better in all performance measures.
- Increase the frequency of commissioner education presentations to stakeholder groups.
- Collect demographic data to assist stakeholders in making workforce decisions.

Licensing Statistics

The commission currently regulates 26,704 physicians (MDs) and 2,691 physician assistants (PAs).

Fiscal Year	MD Applications Received	MD Licenses Issued Includes reinstated	PA Applications Received	PA Licenses Issued	PA Practice Plans Approved	Limited MD Applications Received	Limited MD Licenses Issued
FY 12	1,519	1,471	215	204	995	447	405
FY 13	1,700	1,660	280	242	877	409	403

Performance Measures

The commission and the department negotiated key performance measures to assess the progress during the pilot project. The commission is tracking the following measures quarterly to assess its effectiveness in the areas of credentialing, investigations, case disposition, personnel, budget, and rulemaking. The measures are designed to evaluate the effectiveness of the commission’s decision to use a fully integrated enforcement model, including dedicated investigation and legal staff. The average performance for fiscal years 2011-2013 across eleven measures are located below:

Performance Measures	8 Qtr Avg
1.1: Percent of health care credentials issued within 14 days of receiving all documents. (Target: >95%)	99.9%
1.2: Percent of applications which a Notice of Decision on Application is issued within 30 days of the decision to deny the	100%

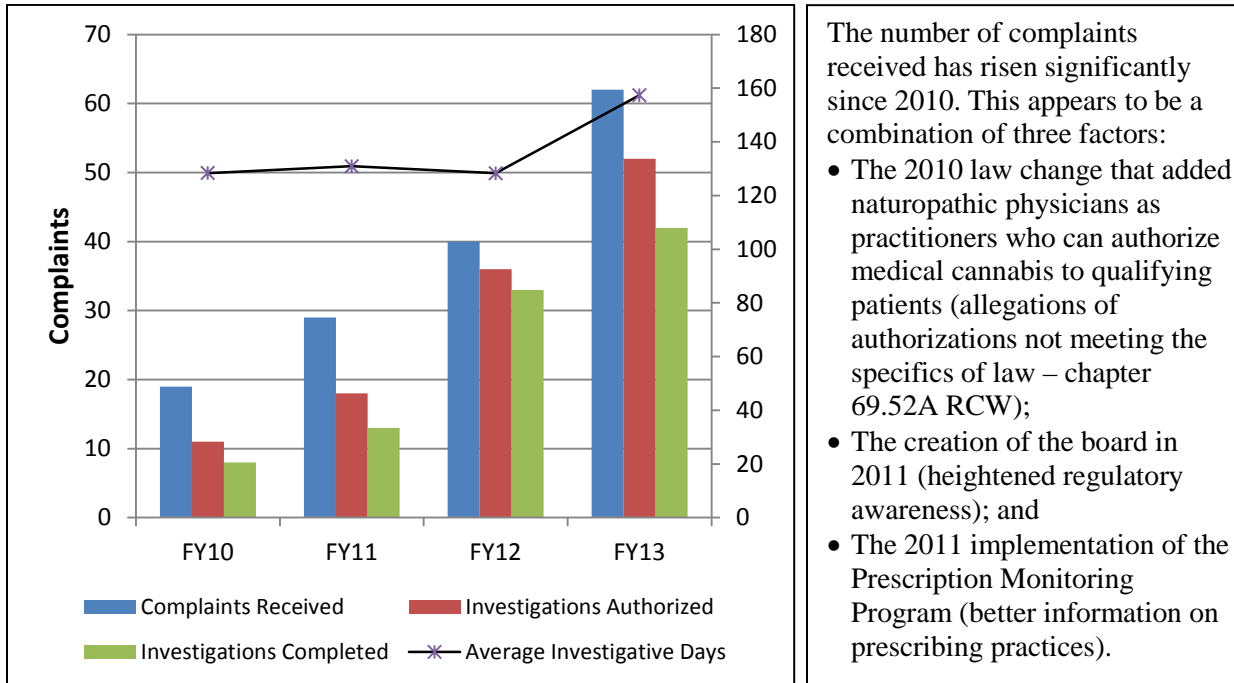
license or grant with conditions. (Target: >81%)	
2.1: Percent of cases in which the intake/assessment steps are completed within 21 days. (Target: >77%)	99.9%
2.2: Percent of cases in which the investigation step is completed within 170 days. (Target: >77%)	92.0%
2.3: Percent of cases in which the case disposition step is completed within 140 days. (Target: >77%)	93.3%
2.4: Percent of open cases that are currently in the investigation step for over 170 days. (Target: <23%)	2.9%
2.5: Percent of open cases that are currently in the case disposition step for over 140 days. (Target: <23%)	26.9%
2.6: Percent of orders and STIDs that comply with the sanction schedule. (Target: >93%)	100%
2.7: Percent of cases involving sexual misconduct where the Board or Commission determines it does not involve standard of care or clinical expertise and transfers it to the Secretary within 14 days. (Target: 100%)	100%
2.8: Cases resolved within 360 days or less. (Target: N/A)	94.0%
3.1: Number of completed investigations vs. number of investigators. (Target: N/A)	9.8
3.2: Number of completed investigations that are assigned to a staff attorney for legal review or production of documents vs. the number of staff attorneys. (Target: 65 per attorney)	44.7

Board of Naturopathy

(New Board established August 2, 2011)

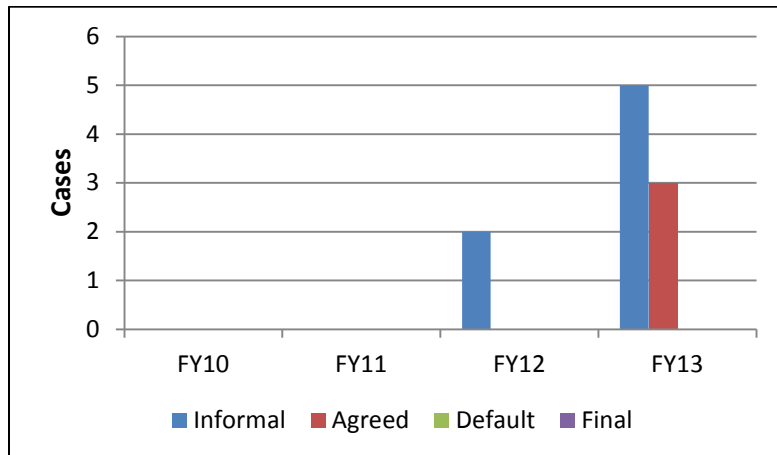
The Board of Naturopathy (BON) promotes patient safety and enhances the integrity of the naturopathic physician profession through licensing, discipline, rulemaking, and education.

The governor appoints seven board members to four-year terms: five naturopathic physicians and two public members. The board holds four business meetings per year and all business meetings are open to the public.

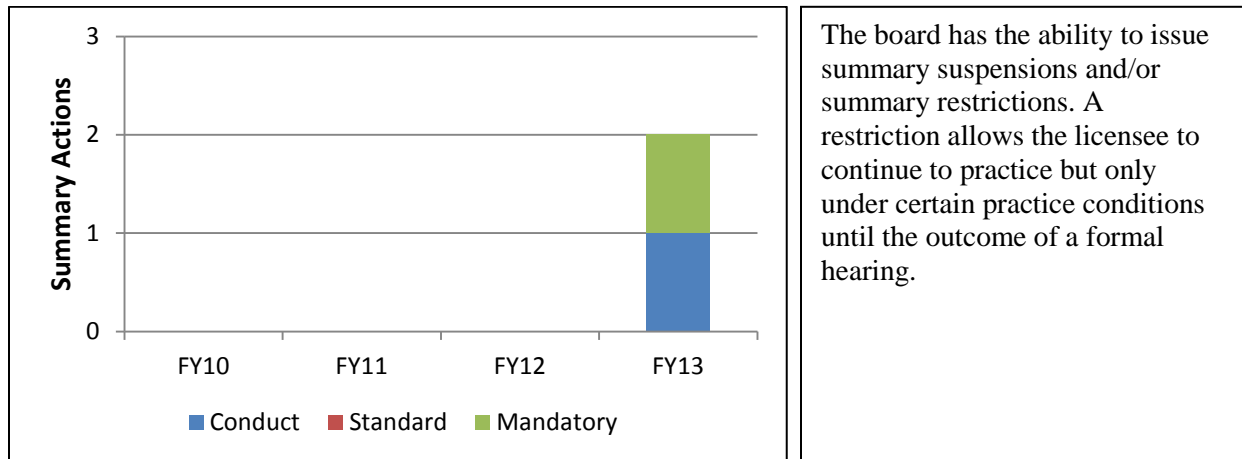


The number of complaints received has risen significantly since 2010. This appears to be a combination of three factors:

- The 2010 law change that added naturopathic physicians as practitioners who can authorize medical cannabis to qualifying patients (allegations of authorizations not meeting the specifics of law – chapter 69.52A RCW);
- The creation of the board in 2011 (heightened regulatory awareness); and
- The 2011 implementation of the Prescription Monitoring Program (better information on prescribing practices).



Since its creation in 2011, the board has not yet held a formal hearing. Most cases are settled through an informal resolution known as a Stipulation to Informal Disposition (STID) or through an agreed order. Both the STID and agreed order are subject to national data bank reporting.



Rulemaking

The board's rulemaking activity includes the following:

- Implementing SSB 5152 by July 1, 2012, converting the profession from being regulated by the Secretary to being regulated by the Board of Naturopathy.
- Continuing education, adding clarity and allowing a portion to be done online.
- Examination, updating language to identify the current national exam.
- Non-surgical cosmetic procedures, to determine which procedures are within naturopathic physician statutory scope of practice.

Policies and Guidelines

During the biennium, the board issued or was in the process of creating the following policies, procedures, and guidelines:

- BON12-01 – List/Label Access by Professional Development Organizations (adopted August 24, 2012).
- BON13-01 – Standard of Care for the Authorization of Cannabis (in draft form).
- BON13-02 – Guidelines for the Appropriate Use of the Internet and Telemedicine in Naturopathic Medical Practice (in draft form).

Nursing Care Quality Assurance Commission

The mission of the Nursing Care Quality Assurance Commission is to regulate the competency and quality of licensed practical nurses (LPNs), registered nurses (RNs) and advanced registered nurse practitioners (ARNPs) by establishing, monitoring and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. The commission establishes standards for approval and evaluation of nursing education programs.

Members appointed to the nursing commission may serve two four-year terms. The commission consists of two ARNPs, seven RNs, three LPNs, and three public members.

The commission participated in a five-year pilot project that resulted with legislation passed (SSHB 1518) in 2013 making the pilot project permanent.

Advanced Registered Nurse Practitioner Subcommittee

The ARNP consultant and commission have worked together to complete and approve: (a) Guidelines for appropriate sanctions for ARNPs in the disciplinary process, (b) interpretive statements to clarify the Non-Cancer Pain Management Rules, and (c) expedited processes for staff to complete licensing from out of state ARNPs, when requirements from the other state do not align with those of Washington. In addition, the commission has developed a process of classification and tracking of inquiries for analysis. This will allow for quality control of response time and appropriate development of FAQs to reduce the time of answering inquiries.

Continuing Competency

RCW 18.79.010 states the purpose of the Nursing Care Quality Assurance Commission and includes regulating the competency and quality of nurses. The average age of a nurse licensed in Washington is 50. This means their initial nursing education is at least 25 years old. While the majority of nurses participate in continuing education, the commission and stakeholders sought regulations requiring continuing education and active practice for licensure renewal. A continuing competency sub-committee was established to make recommendations, implement the regulations and evaluate the continuing competency mechanisms.

The Continuing Competency Subcommittee established a procedure for continuing competency audits. The commission created and filled the position of the compliance officer in preparation for the 2014 audits to begin. Documents, letters, and procedures were created to include diagrams. The commission drafted rules for “retired active status” with continuing competency requirements. A continuing competency webpage was completed and frequently asked questions posted.

Consistent Standards of Practice

The Consistent Standards of Practice Subcommittee addresses consistent standards of practice across professional nursing in the state. The subcommittee monitors practice, discipline trends and patient safety concerns with the goal of safer practices and better patient outcomes. The subcommittee partners with clinical expertise to direct practice improvement across the nursing profession. Nurse Practice Advisory Group, established by the subcommittee, assist in developing draft interpretive statements and advisory opinions for the nursing commission’s consideration.

Licensing and Discipline

The commission has improved efficiencies in discipline through revisions of existing processes and procedures.

An audit of the commission approved substance abuse monitoring program, the Washington Health Professional Services (WHPS), was completed. The commission reviewed the audit and the procedures manual for the WHPS program, and are providing input to the program. A team worked to develop a more efficient and effective procedure to resolve disciplinary cases that meet criteria to enter the program. The commission adopted this procedure that protects the public by allowing the commission to take quick action should a participant fail the WHPS program.

The commission evaluated the Early Remediation Program and implemented changes to improve the program. This program allows non-disciplinary resolution of clinical practice deficiency cases that meet certain criteria. Nurses in this program must complete requirements, such as education or monitoring, to remedy the deficiencies.

The commission revised the procedure that sets criteria for closing cases as “below threshold” to allow additional closure of cases with low harm. Not investigating low harm cases makes better use of the commission resources.

The weekly Case Management Team that assesses all complaints against nurses now uses electronic meetings, and sends all documents to members electronically. This process is more efficient and makes the transfer of documents safer.

2012 and 2013 Fiscal Year Renewal Numbers

Fiscal Year 2012	Number of Renewals	Fiscal Year 2013	Number of
RN	77,532	RN	79,082
LPN	12,148	LPN	12,010
ARNP	2,552	ARNP	3,204
NTEC	176	NTEC	150
Total	92,408	Total	94,446

Total difference - 2,038 = 9.78% Increase
2012 and 2013 Fiscal Year Application Numbers

Fiscal Year 2012	Number of Applications	Fiscal Year 2013	Number of Applications
RN	8,082	RN	8,939
LPN	1,411	LPN	1,639
ARNP	505	ARNP	684
NTEC	247	NTEC	234
Total	10,245	Total	11,496

Total Difference - 1,251 = 12% increase

Nursing Investigations

The commission has significantly reduced the backlog of open investigations by targeting investigations for completion, improving existing procedures to allow for less-involved investigation under certain circumstances, and changing the report format to streamline the report writing process.

Investigators worked each month towards specific goals of balancing the completion of investigations within timelines while completing the oldest cases already outside timelines. This brought us to where we are today, with consistently fewer than 10 percent of the cases outside timelines and most completed within 170 days.

Through active participation on the Substance Use and Abuse Team (SUAT), investigators worked with legal and discipline staff to streamline substance abuse investigations. Investigators collect all records as necessary to prove drug diversion; however, under the circumstances of a positive drug test and admission to substance abuse, the investigator may invite the respondent to sign an agreement to enter the approved substance abuse monitoring program.

Investigative reports shifted from the global, “telling a story” format to a crisp, concise, bulleted format of presenting facts for the commission to consider. The result is a report that is easier to read, easier to understand, and easier for the investigator to write. The new reports take less time to write and allow the investigator more time to focus on other aspects of the investigation.

Fees and Fiscal Matters

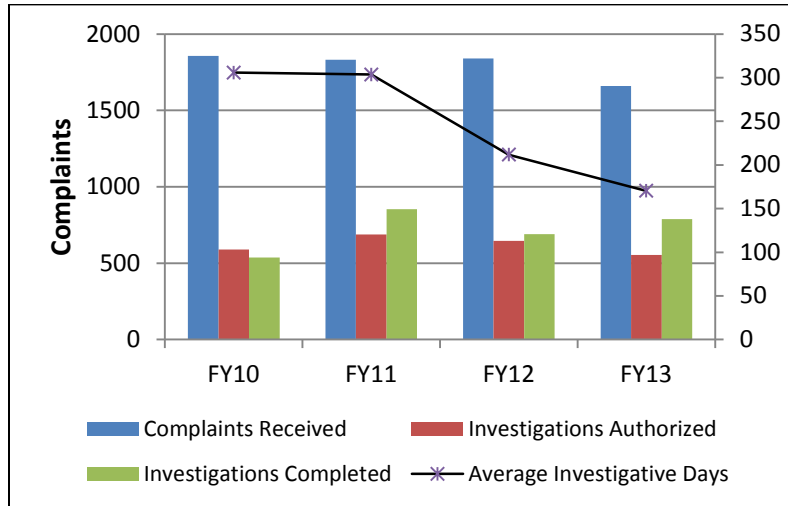
During the 2011-13 biennium, the nursing commission accomplished its mission and goals with numerous state budget constraints in place.

In 2013, legislation passed allowing licensed practical nurses (LPN), for a fee of \$16, access to research resources at the University of Washington’s health sciences library. In lieu of adding an additional application or renewal fee to their license to cover the cost, the commission lowered LPN fees by \$16 to offset the surcharge. To better align with renewal fees for registered nurses (RN), the commission reduced LPN renewal fees by \$4.

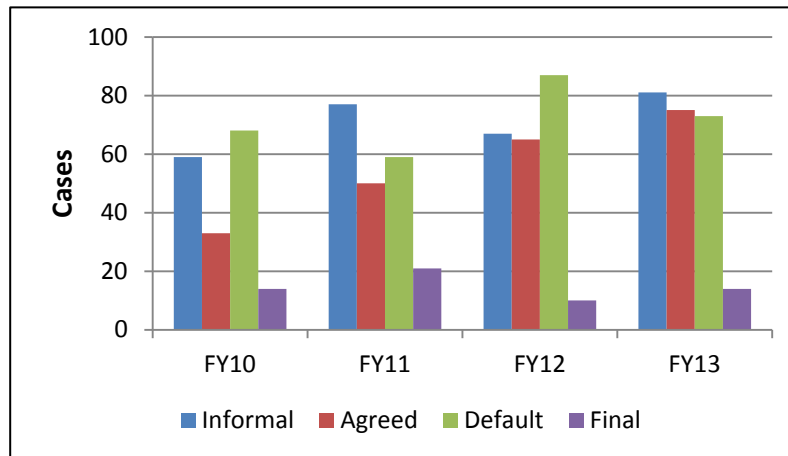
A new license status of “retired active” for RNs and LPNs, with an associated reduced fee, is being developed. The proposed change would allow retired nurses to provide care in emergent or intermittent circumstances.

All other nursing fees have remained the same since 2010.

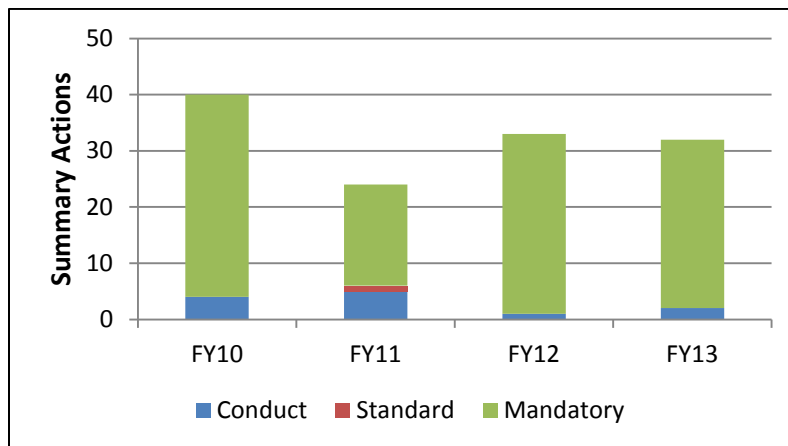
Complaints



The number of complaints and investigations authorized during 2011-2013 remains consistent with previous biennia. The number of investigations completed has grown as we have reduced the backlog of cases. Efficiencies in case management and investigation procedures have reduced the time it takes to complete an investigation.



Cases closed with action have steadily increased in the last four years. During the last fiscal year, the number of informal, agreed, and default orders are nearly equal.

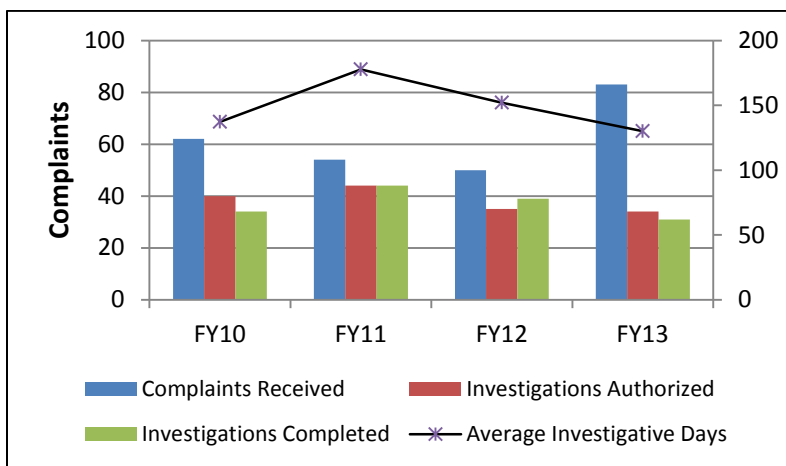


Most nursing summary suspensions in Washington are issued based on action in another state. The nursing profession has a low percentage of summary suspensions for conduct.

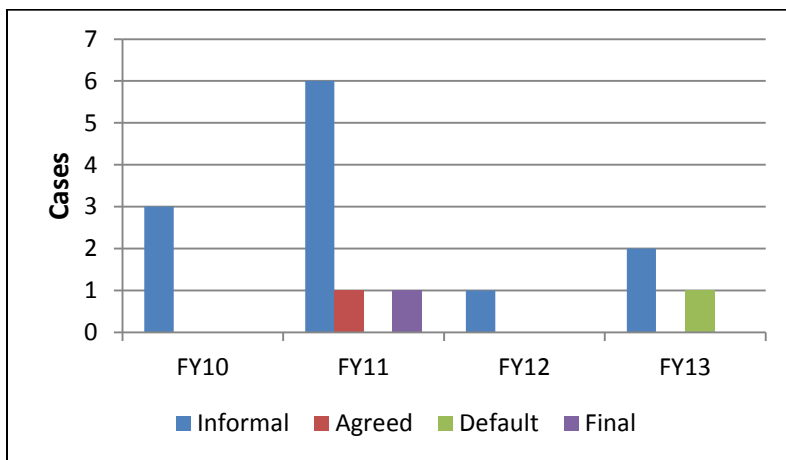
Board of Nursing Home Administrators

The purpose of the Board of Nursing Home Administrators is to protect the public by enforcing the licensing standards of nursing home administrators as provided for in the Nursing Home Administrator Licensing Act, Chapter 18.25 RW, and the rules promulgated under that authority in Chapter 246-843 WAC. There are more than 450 individuals with nursing home administrator licenses in the state. The board meets at least quarterly.

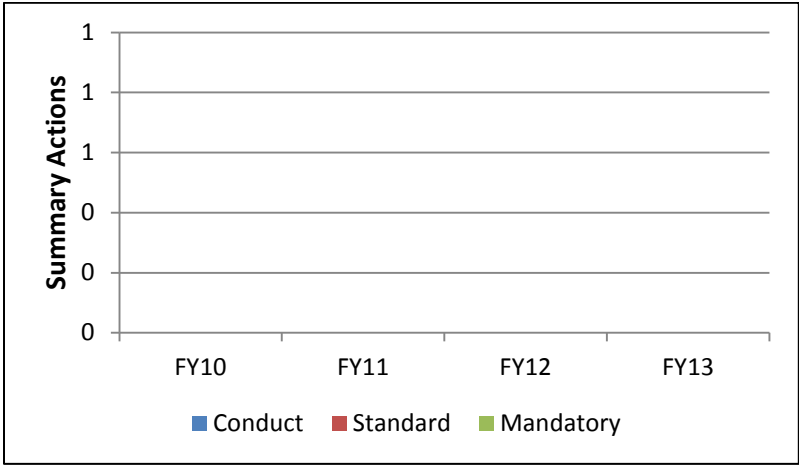
There are nine members appointed by the governor. Four members are current holders of a Washington State Nursing Home Administrator license; four are representatives of the health care professions who provide services in nursing homes; and one is a public member who is a resident of a nursing home, a family member of a nursing home resident, or an individual eligible for Medicare. Terms are for five years, and no member may serve more than two consecutive terms.



The number of complaints received increased in 2013.



The board rarely has formal hearings. Most cases are settled through a Stipulation to Informal Disposition (STID), an informal resolution, or an agreed order.

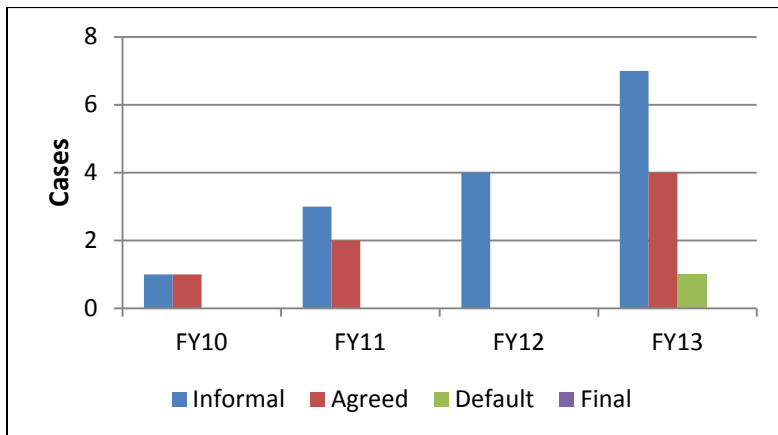
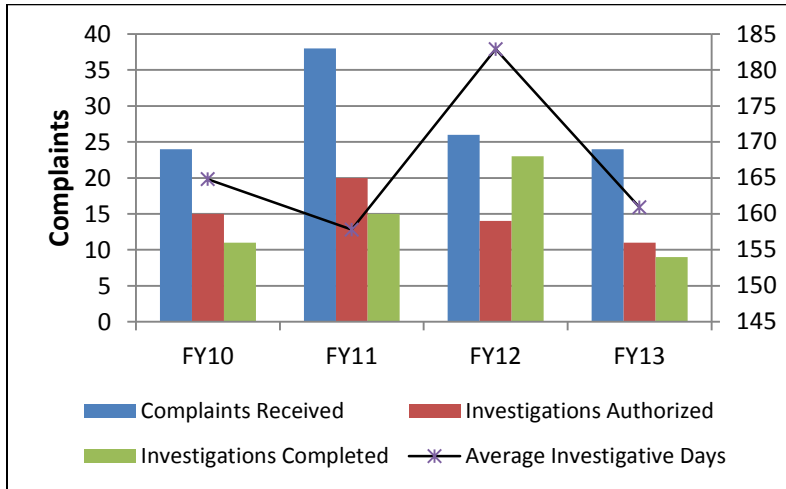


Rulemaking

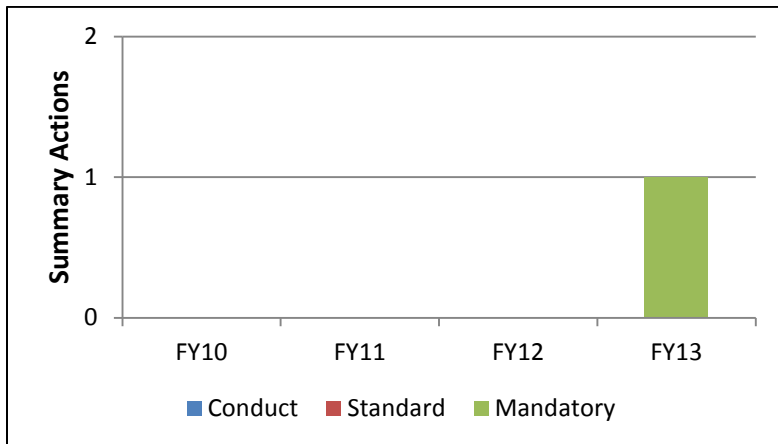
The board’s rulemaking activity included implementation of ESHB 5708 (2011) that allows nursing homes with an established administrator to convert some of its licensed nursing facility beds for use as assisted living with the same administrator.

Board of Occupational Therapy Practice

The Board of Occupational Therapy Practice protects the public by licensing and disciplining occupational therapists and occupational therapy assistants, and by developing rules, policies, and guidelines regulating the practice of occupational therapy. The governor appoints five board members — three occupational therapists, one occupational therapy assistant, and one public member serve three-year terms.



Most cases are settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. When the board issues a Statement of Charges (SOC) against a licensee, the licensee has 20 days in which to respond. If the licensee doesn't respond, it is considered a default.



The board has the ability to issue summary suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing.

Rulemaking and Policy Activities

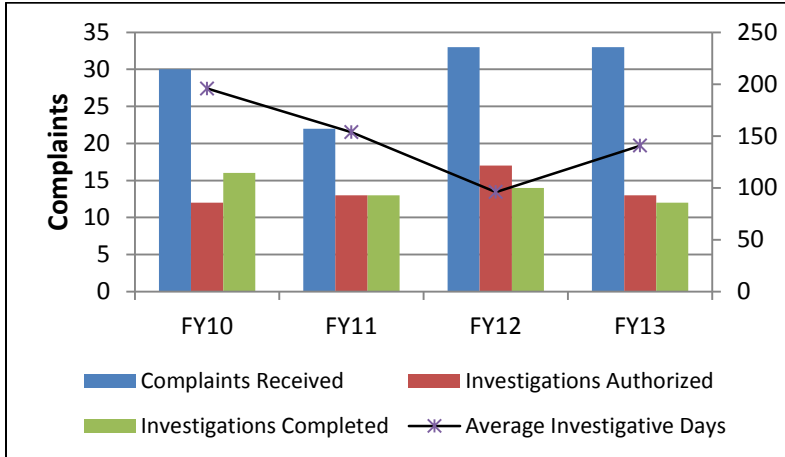
Legislation was passed in 2012 and 2013 requiring training in suicide prevention for occupational therapists and occupational therapy assistants. The Board of Occupational Therapy Practice developed rules to implement the legislation. The rules require a minimum of three hours of training in suicide assessment, screening, and referral every six years. The training may be counted toward the licensee's continuing education requirement.

Board of Optometry

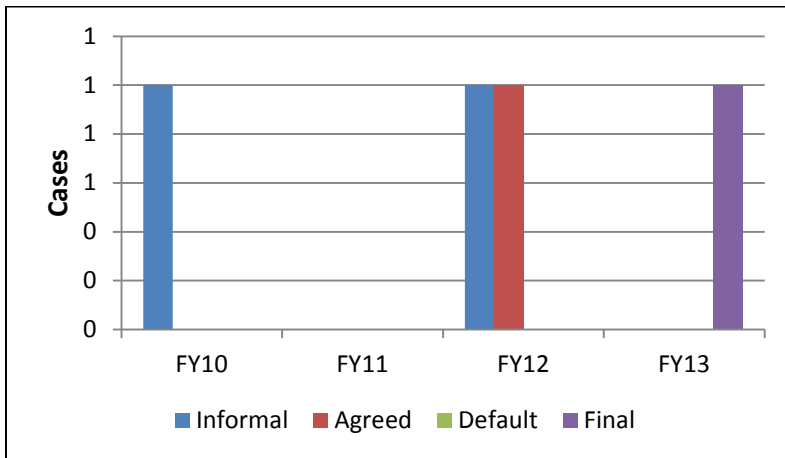
The Board of Optometry consists of five licensed optometrists and one public member appointed by the governor for a term of three years. The board oversees the licensure and discipline of optometrists and adopts rules and policies as needed to govern the practice of optometry.

The board holds quarterly meetings and hosts an annual post-graduate seminar. Board panels meet between regular meetings to evaluate complaints and make decisions on disciplinary matters.

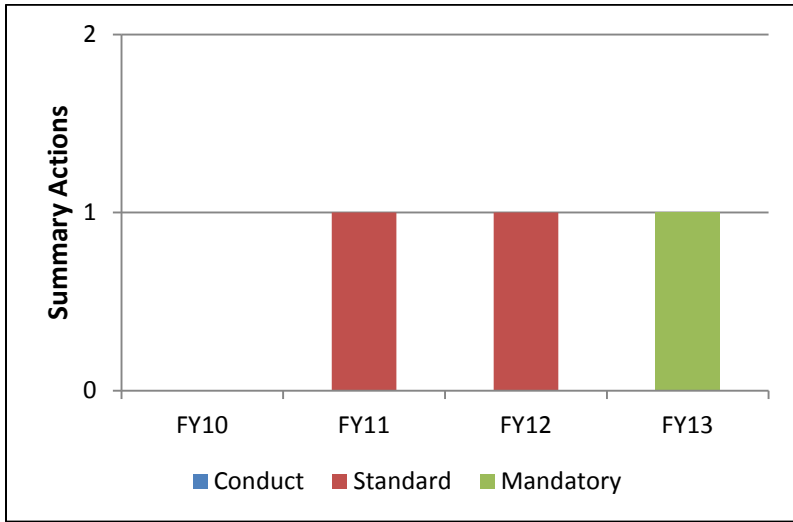
There are 1,487 optometrists licensed in Washington.



The number of complaints has risen since 2011. The number of investigations has not maintained that same increase over the same period of time.



The board has few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are subject to national data bank reporting.



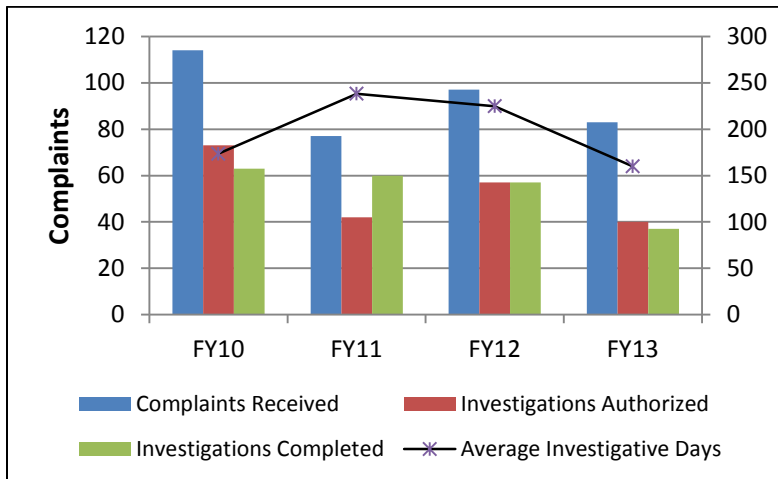
The board can issue summary or immediate suspensions and summary restrictions. A restriction allows the licensee to continue to practice with certain conditions until the outcome of a formal hearing. A mandatory summary action based on orders from other states is required. All of these actions are rare. Over four years, the board has ordered two summary suspensions.

Board of Osteopathic Medicine and Surgery

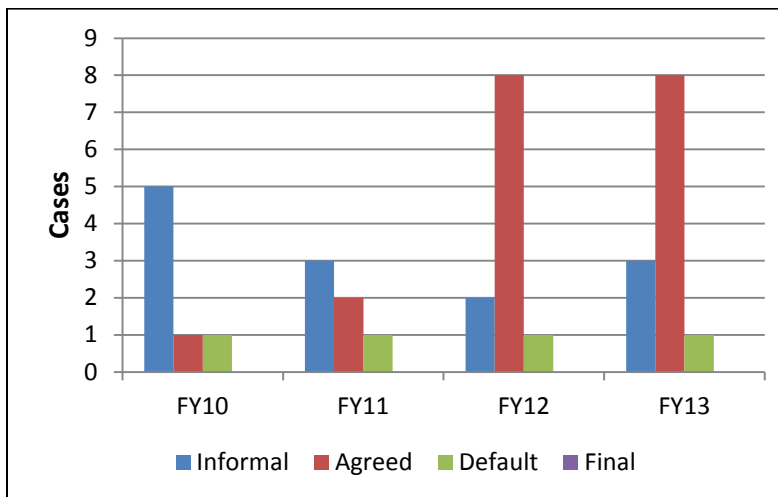
The mission and purpose of the Washington State Board of Osteopathic Medicine and Surgery (board) is to protect the health of the people of Washington through the proper licensing of osteopathic physicians and osteopathic physician assistants, and through the objective enforcement of the Osteopathic Medical Practice Act or other laws governing the professional behavior of its licensees.

The board consists of six practicing osteopathic physicians and one public member, all of which serve five-year terms. All members must be US citizens and residents of Washington. The public member must be a consumer who has neither a financial nor a fiduciary relationship to a health care delivery system. The physician members must have been in active practice as a licensed osteopathic physician and surgeon in Washington for at least five years immediately preceding appointment.

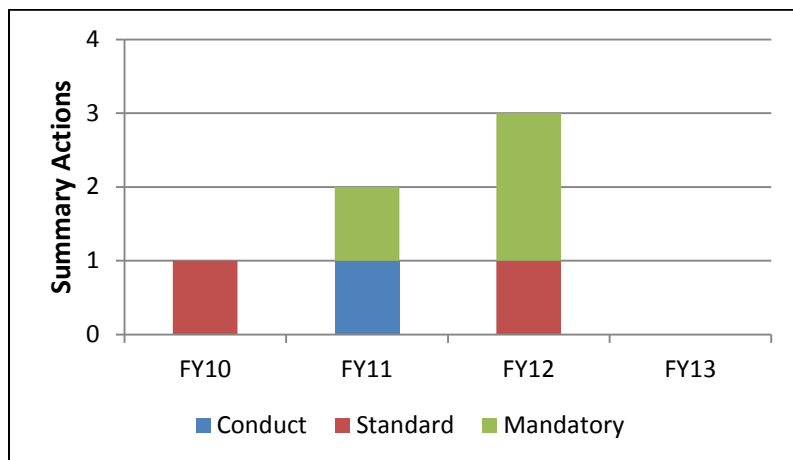
Four-Year Disciplinary Summary



The number of complaints received hit peaks in 2010 and 2012, but dropped in 2013. The number of investigations completed has incrementally dropped during this period.



The board has few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Eight agreed orders were issued in 2012 and so far in 2013. Both the STID and agreed order are subject to national data bank reporting.



The board has issued six summary actions from 2010-2012. The board has the ability to issue summary suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing.

Rulemaking and Policy Activities

Re-entry to practice

The board is beginning to develop rules regarding re-entry to practice. There are no re-entry to practice requirements for an osteopathic physician who has not been practicing for a certain period of time. The adoption of rules would help assure safety of the public by requiring that these physicians demonstrate certain competencies before providing care. Possible requirements could include passage of an examination or a physician-sponsored program approved by the board. Development and stakeholder work for these rules will take place from summer of 2013 through spring of 2014.

Retired-active status

The board is beginning to develop rules regarding retired-active status. There is no retired active status credential for an osteopathic physician. An osteopathic physician who meets the requirements for this credential may be authorized to practice on a limited or emergent basis. Development and stakeholder work for these rules will take place from summer of 2013 through spring of 2014.

Use of laser, light, radiofrequency, and plasma devices applied to the skin

These rules may allow osteopathic physicians to delegate use of laser, light, radiofrequency, and plasma devices applied to the skin to “properly trained and licensed professionals.” This is the current language in the Medical Quality Assurance Commission’s rules. The rule now limits osteopathic physicians to delegating the use of these devices only to professionals who hold credentials issued by the secretary of health. This revision considers allowing broader delegation of this equipment to professionals such as master estheticians who are not credentialed by the secretary. Development and stakeholder work for these rules will take place from summer of 2013 through spring of 2014.

Implementation of Substitute House Bill 1737

The 2013 legislature enacted Substitute House Bill (SHB) 1737 into law. This new law changes the term ‘practice plan’ for osteopathic physician assistants to ‘delegation agreement’. The bill changes the maximum number of physician assistants that a physician may supervise from three to five. The bill also directs the Medical Quality Assurance Commission and the board to work in collaboration with a statewide organization representing the interests of physician assistants to

adopt new rules modernizing the current rules regulating physician assistants and report to the legislature by the end of 2014. Development and stakeholder work for these rules will take place from summer of 2013 through summer of 2014.

Outreach activities

The board holds a meeting at the Pacific Northwest University of Health Sciences in Yakima each year. After their regular business meeting, the board meets with students to discuss licensing and disciplinary issues that face osteopathic physicians.

Fees and Fiscal Matters

Reduction of licensing fees for osteopathic physicians

The department is currently developing a rules package that will reduce the initial and renewal fees for osteopathic physicians. The proposed fees will lower the fees from \$600 to \$425 for initial licensure and renewal. This reduction is based on a fee study that was conducted by the department.

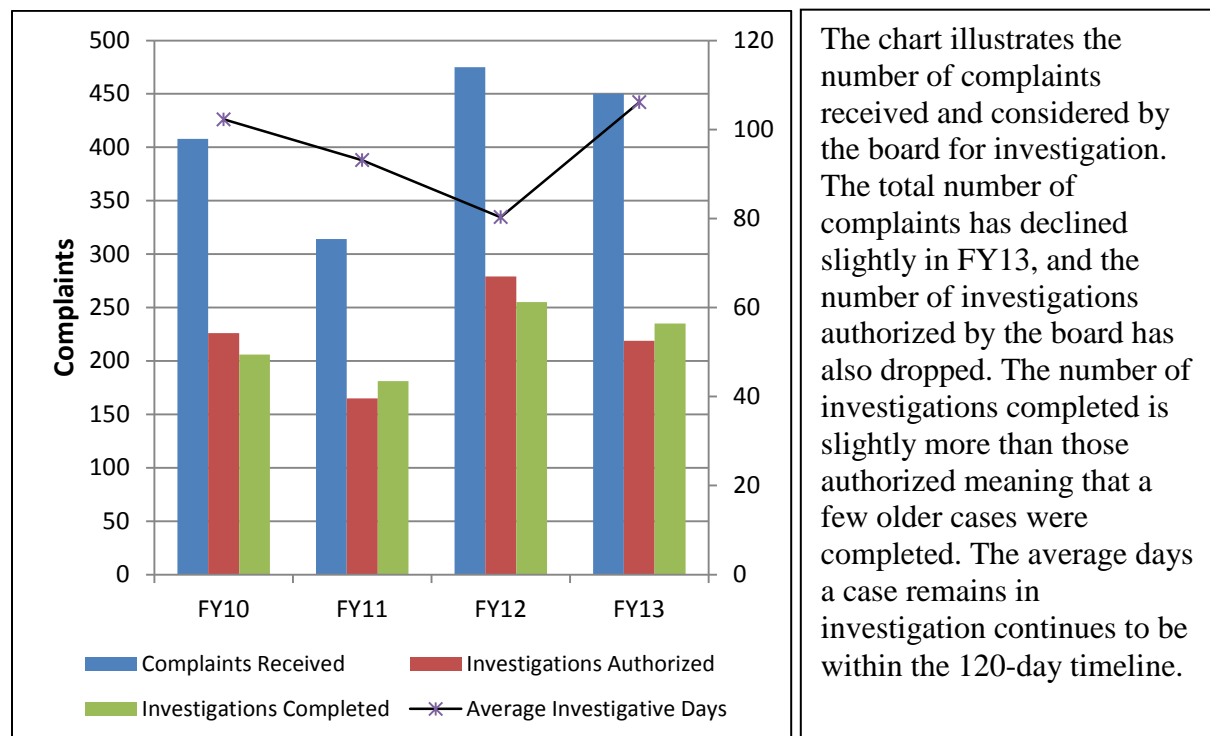
Pharmacy Quality Assurance Commission (Board of Pharmacy)

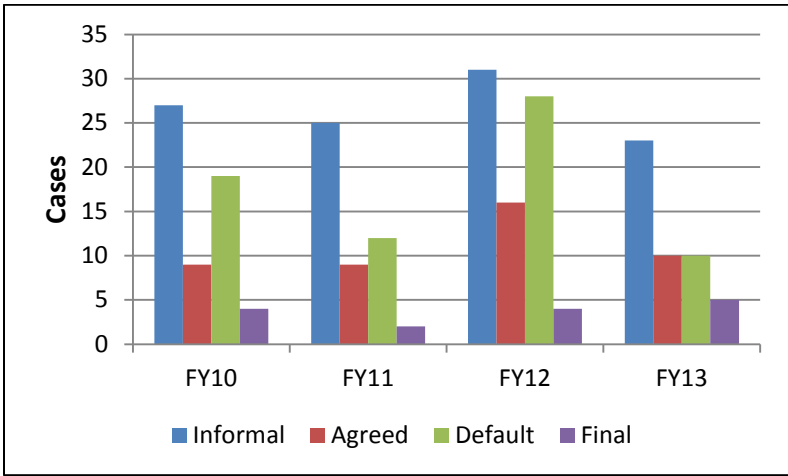
The State Board of Pharmacy (board) was created by the legislature in 1891 (Chapter 13, Laws of 1891) and held its first meeting on June 15, 1891. Its initial duties were to examine and license pharmacies, shopkeepers and others who sell non-prescription remedies and drug manufacturers and wholesalers; and to control the distribution of drugs. The board's oversight has become broader over the years. Currently it oversees the practice of 13 credential types including all pharmacy personnel; animal control agencies, euthanasia and chemical capture programs; health care entities; controlled substance researchers; etc. In addition, it manages a statewide electronic tracking system monitoring the sale of over-the-counter drugs used in illegal manufacturing of methamphetamine.

Effective July 28, 2013, the legislature renamed the Board of Pharmacy to the Pharmacy Quality Assurance Commission (commission). In addition, the legislature increased the number of members from seven to 15. Out of the members, 10 are pharmacists and four are public members, and one is a pharmacy technician. The governor appoints all commission members.

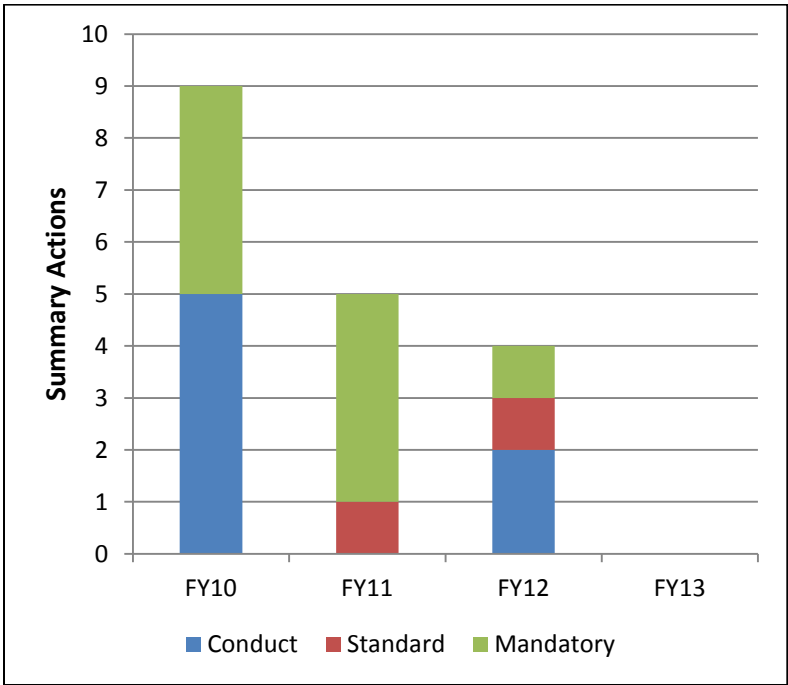
Commission members are appointed to four-year terms. Terms expire on the third Monday in January. No person who has served for two, four-year terms is eligible for reappointment to the commission. To date, the commission has 10 vacancies.

The mission of the commission is to “promote public health and safety by establishing the highest standards in the practice of pharmacy and to advocate for patient safety through effective communication with the public, profession, department of health, governor and the legislature.”





The chart represents those investigations that resulted in a request by the board for legal action. The disposition of these cases show a decrease in informal resolutions, agreed orders, default orders, with no significant change in final orders issued from the last fiscal year.



The board has the ability to issue a summary suspension. In issuing a summary action, the license to practice is immediately suspended, restricted, or limited to protect the health, safety, and welfare of the public. The summary action remains in effect until the outcome of a formal hearing. Summary action is mandatory based on orders from other states if the conduct is substantially equivalent to an act of unprofessional conduct in this state.

Rulemaking and Policy Activities

Chapter 246-889 WAC — Amended to establish requirements to implement a real-time electronic system to track and monitor sales of non-prescription products containing ephedrine, pseudoephedrine or phenylpropanolamine.

The rules establish reporting requirements for pharmacies, shopkeepers, and traveling vendors that sell restricted products; identify a process to request an exemption from electronic reporting; and provide record retention and security standards. Adopted 08/12/2011.

WAC 246-887-100 — Schedule I. Adds synthetic cannabinoids and substituted cathinones to Schedule I of the Controlled Substances Act. Synthetic cannabinoids are sold as incense and are most commonly known as Spice.

Substituted cathinones are sold as bath salts and are known by names like Ivory Wave and Zoom. The rule gives law enforcement clear authority to prosecute for the sale, possession manufacture and delivery of these substances. Adopted 09/08/2011.

WAC 246-901-061 Pharmacy technician — Continuing education requirements. Requires pharmacy technicians to complete 10 hours of continuing education (CE) or 1.0 CE unit annually beginning with renewal cycle 2014. One hour of required CE must be in pharmacy law and the remaining nine hours must be in pharmacy technician-related education. Adopted 06/07/2012.

Chapter 246-886 WAC Animal Control — Rules amended relating to the registration of humane societies and animal control agencies authorized to use approved legend drugs and sodium pentobarbital. The rule updated euthanasia core training elements and established consistent standards for the administration, storage, and recordkeeping of legend drugs and sodium pentobarbital. Adopted 08/16/2012.

Rules Rewrite Project — The Pharmacy Quality Assurance Commission began work on its rules rewrite project. It completed a rule scan of existing code and held workshops to examine key topics for rulemaking once the rules moratorium ended in December 2012. The board identified five areas of priority. The Rules Rewrite Project for Pharmacy (R2P2) will target rulewriting workshops related to pharmacy compounding; core functions and licensing standards for pharmacists and interns; pharmacy operations and business practices; technology; and ancillary personnel.

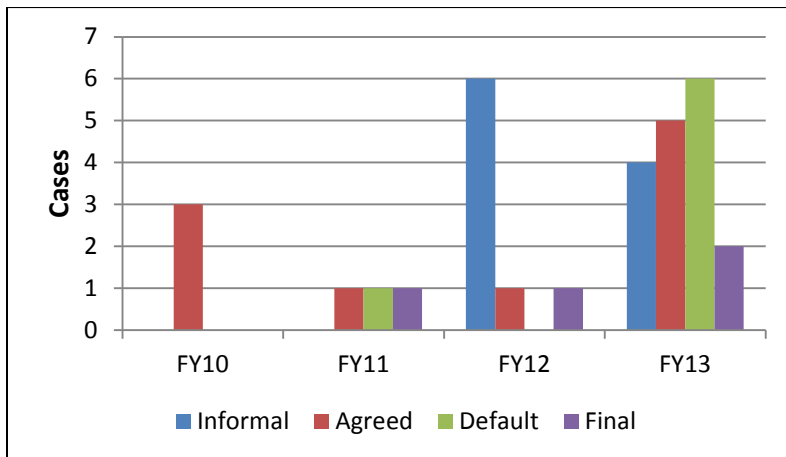
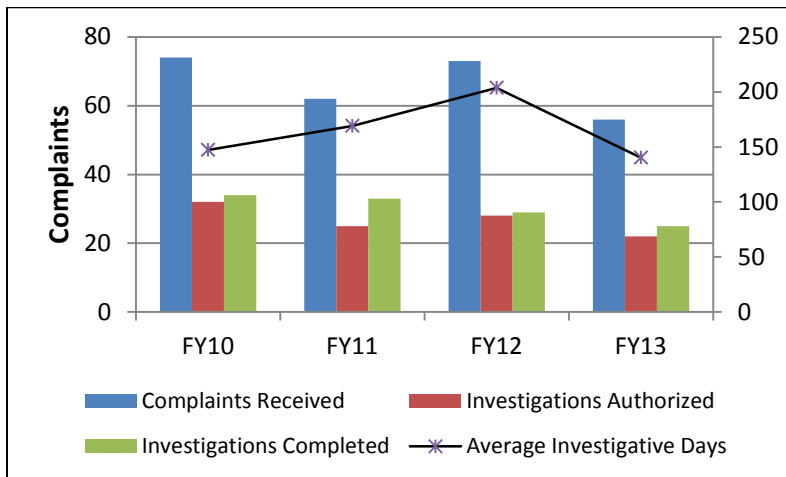
Chapter 246-878 Good Compounding Practices (and other applicable rules)

The commission filed public notice to begin rulemaking on May 20, 2013. The commission will evaluate nationally recognized pharmaceutical compounding standards as it updates and establishes enforceable practice and quality standards for the compounding of sterile and non-sterile preparation in all pharmacy practice. Given the scope of the work at state and federal levels on issues related to compounding pharmacy business models and patient safety, the commission anticipates clarifying this area of pharmacy practice for practitioners in due course. Pharmacy Quality Assurance Commission rule adoption is anticipated in early summer 2014.

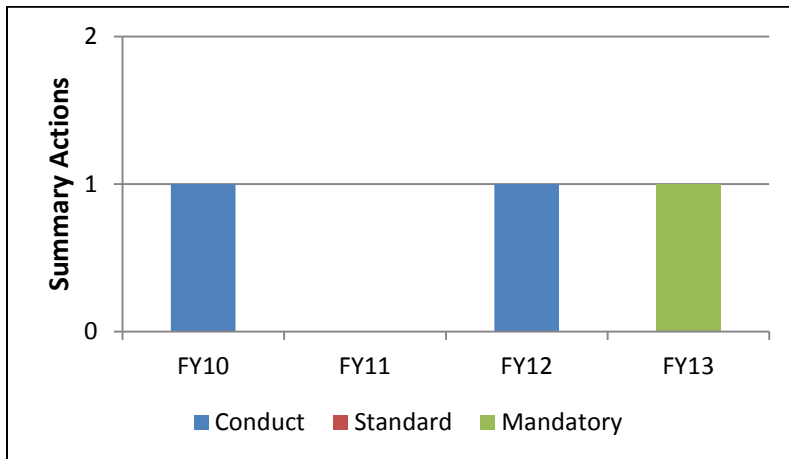
Board of Physical Therapy

The mandate of the Board of Physical Therapy is to protect the public's health and safety and to promote the welfare of the state by regulating the competency and quality of professional health care providers under its jurisdiction. The board accomplishes this through a variety of activities working with the Department of Health, Health Systems Quality Assurance division.

The Board of Physical Therapy is made up of four physical therapists, one physical therapist assistant, and one public member appointed by the governor. Of the initial appointments, two members are appointed for two year terms, two for three year terms, and one for a four year term. Thereafter, all appointments shall be for terms of four years. The professional members must have at least five years' experience, and actively engaged in practice within two years of appointment. All members must be U.S. citizens and residents of Washington. The board typically meets every 8-12 weeks.



Most cases are settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. When the board issues a Statement of Charges (SOC) against a licensee, the licensee has 20 days in which to respond. If the licensee doesn't respond, it is considered a default.



The board has the ability to issue summary suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing.

New laws

Engrossed Senate Bill 5465

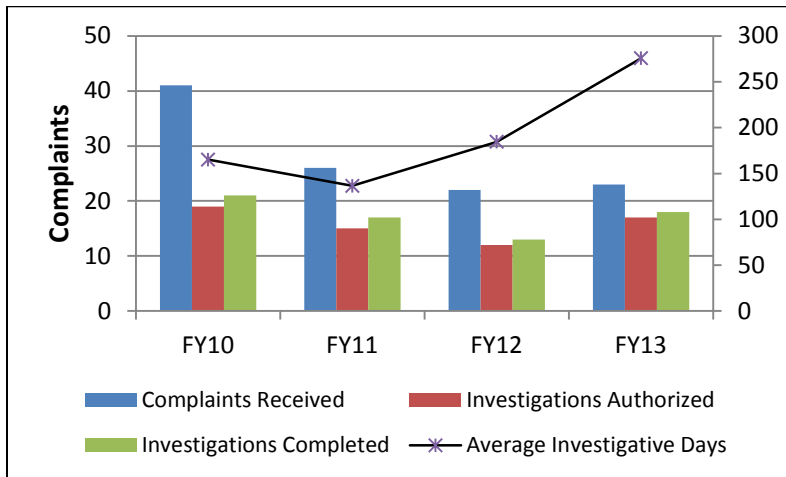
Exemptions from licensure as a physical therapist passed during the 2013 legislative session. The new law is effective July 28, 2013. The law allows a licensed physical therapist assistant (PTA) to supervise PTA students who are pursuing a course of study leading to a degree as a physical therapist assistant in an approved professional education program. It also allows a licensed physical therapist (PT) to supervise two assistive personnel in addition to supervising two students who are pursuing a course of study leading to a degree as a physical therapist or a physical therapist assistant.

Podiatric Medical Board

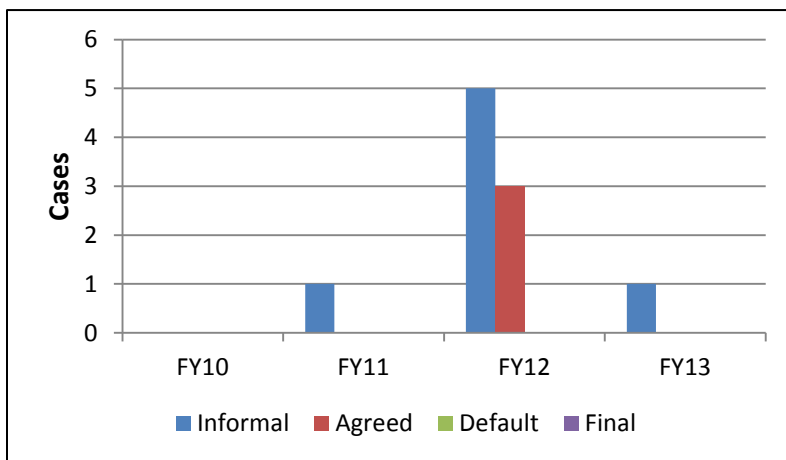
The mission and purpose of the Podiatric Medical Board (board) is to protect the public’s health and safety and to promote the welfare of the state by regulating the competency and quality of professional health care providers under its jurisdiction. This is accomplished by establishing and enforcing qualifications for licensure and standards of practice, and where appropriate, by disciplining and monitoring practitioners. Only individuals who meet and maintain prescribed standards of competence and conduct shall be allowed to engage in the practice of podiatry as defined and authorized by Chapter 18.22 RCW.

The board consists of four practicing podiatric physicians and one public member, all of which serve five year terms. All members must be US citizens and residents of Washington. The public member must be a consumer who has neither a financial nor a fiduciary relationship to a health care delivery system. The physician members must have been in active practice as a licensed podiatric physician in Washington for at least five years immediately preceding appointment.

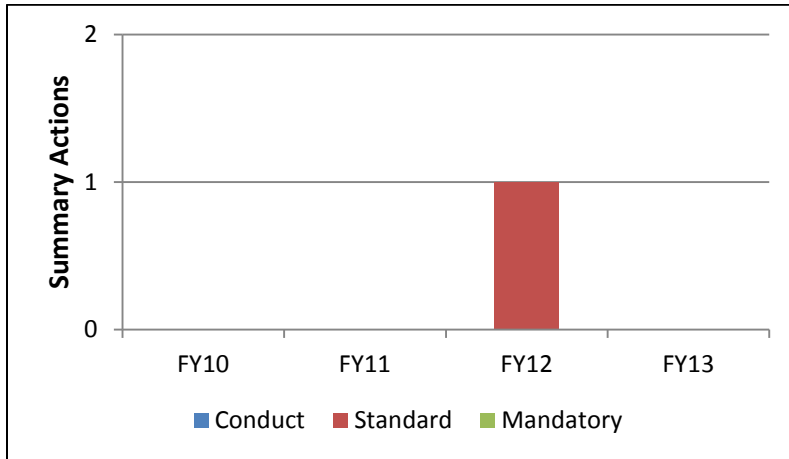
Four-Year Disciplinary Summary



The number of complaints received hit a peak in 2010. Complaints received declined in 2011 and have leveled out in 2012 and 2013. The average number of days cases have been in investigation has risen between 2011 and 2013.



The board has very few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are subject to national data bank reporting.



The board issued one summary action in 2012. The board has the ability to issue summary suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing.

Rulemaking and Policy Activities

Acts that may be delegated to an unlicensed person

The board is repealing WAC 246-922-100 in light of the new medical assistant law. This section of WAC allowed assistive podiatric personnel to perform certain tasks without a credential. The new medical assistant law sets a scope of practice in statute for medical assistants. The board determined that this section of their WAC is no longer necessary and they will credential their current unlicensed assistive personnel as medical assistants. Development and stakeholder work for these rules will occur from summer of 2013 through spring of 2014.

Update and housekeeping for other sections of rule

The board agreed to amend other sections of their chapter that are out- of-date or contain incorrect information. This includes updating the approved schools of podiatric medicine and the exam requirements for podiatric physicians. Development and stakeholder work for these rules takes place from summer of 2013 through spring of 2014.

Fees and Fiscal Matters

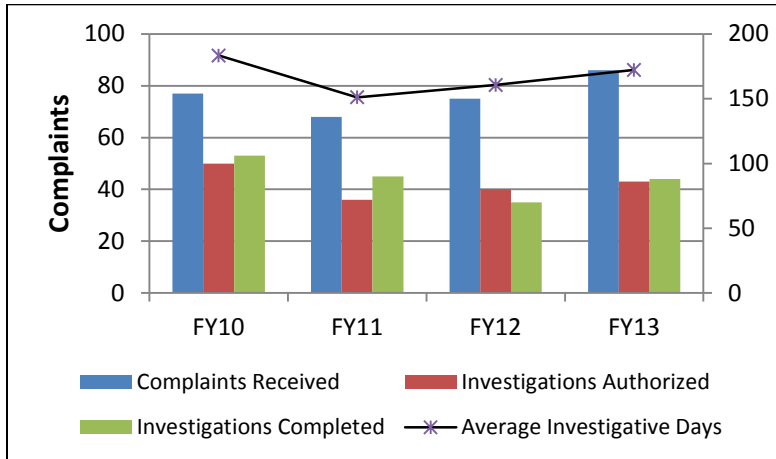
Reduction of licensing fees for podiatric physicians

The department is currently developing a rules package that reduces the initial and renewal fees for podiatric physicians. The proposed reduction lowers fees from \$975 to \$650 for initial licensure and renewal. This reduction is based on a fee study that conducted by the department.

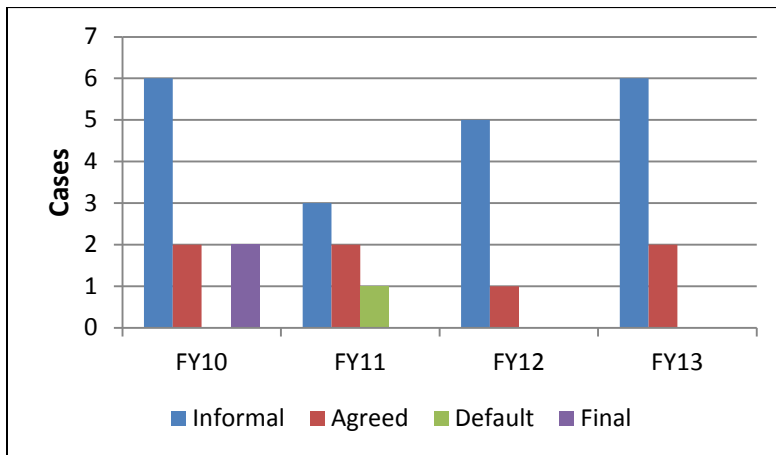
Examining Board of Psychology

The Examining Board of Psychology works by the following principles:

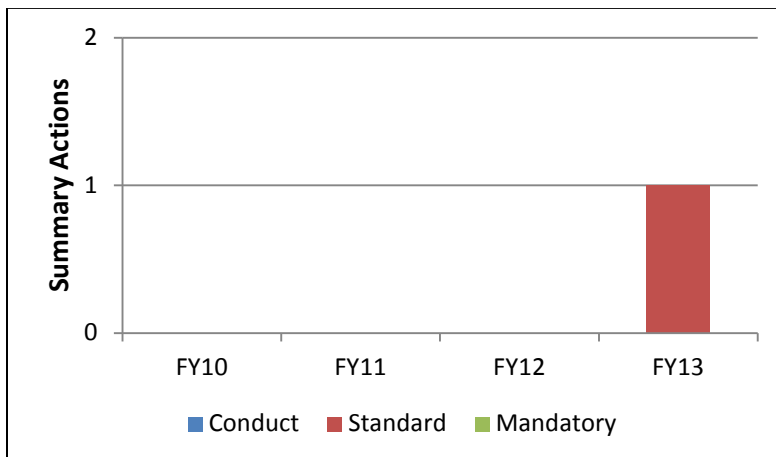
- 1) The mission of the board is to protect the public.
- 2) The mission is accomplished thru licensing and disciplining psychologists. The board also develops rules, policies, and guidelines regulating the practice of psychology.
- 3) The governor appoints nine board members to serve five-year terms. The board consists of seven psychologists and two public members.



The board received an increased number of complaints compared to the 2009-2011 biennium; which increased this caused the number of authorized investigations.



The number of cases resulting in action taken by the board varies slightly depending on the nature of the complaints received. There has not been a significant change from last biennium.



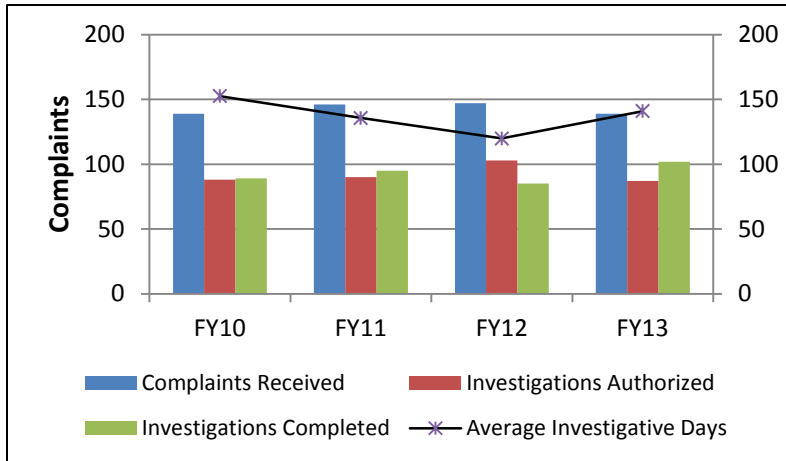
The board had one summary action during the biennium. This number of summary actions is consistent with the number of summary actions for the 2009-2011 biennium report.

Veterinary Board of Governors

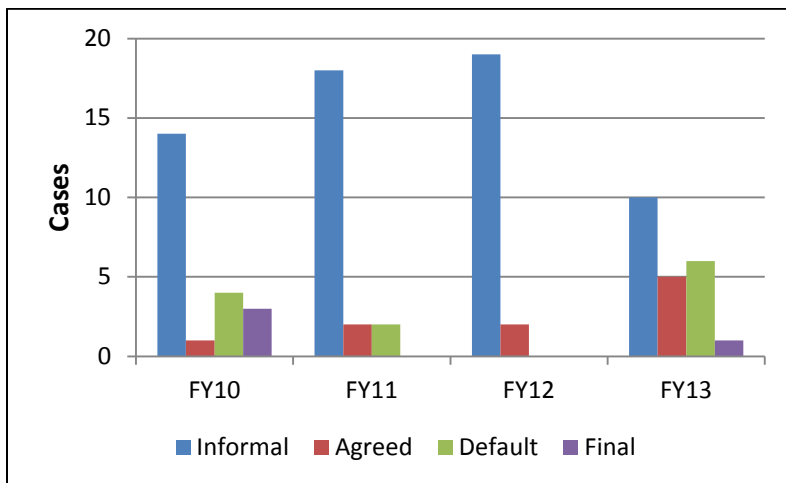
The Veterinary Board of Governors consists of seven governor-appointed members: five licensed veterinarians, one licensed veterinary technician, and one public member. Board members serve five-year terms. The board oversees the licensure and discipline of veterinarians, veterinary technicians, and veterinary medication clerks. It also adopts rules and policies as needed to govern the practice of veterinary medicine, dentistry, and surgery.

The board holds regular quarterly meetings. Board panels meet in the interim to evaluate complaints and decide disciplinary matters.

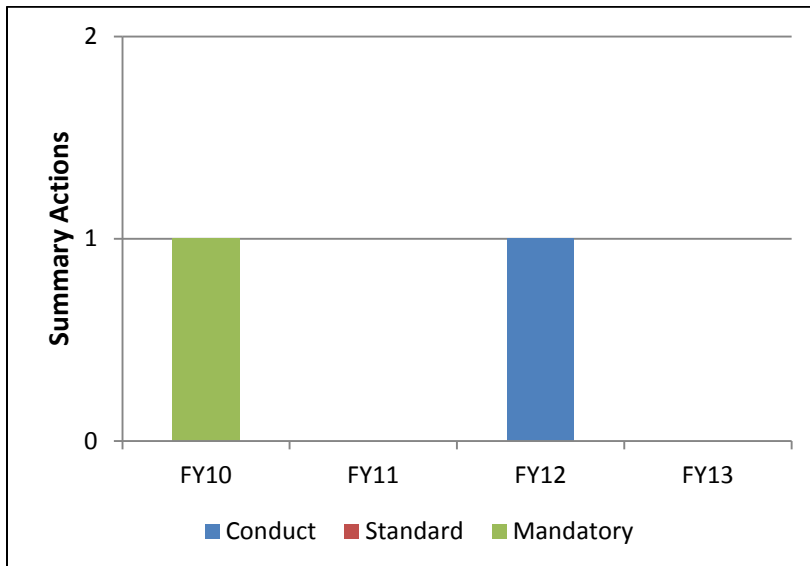
Currently, there are 3,100 licensed veterinarians, 1,772 licensed veterinary technicians, and 655 registered veterinary medication clerks.



The number of complaints that are received and investigated has remained fairly consistent over time with slight variations.



The board has few formal hearings. Most cases are settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are subject to national data bank reporting. There has been an increase in the number of default orders.



The board has the ability to issue summary (immediate) suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing. A mandatory summary action based on orders from other states is required. Two licensees in four years have been summarily suspended.

Rulemaking and Policy Activities

The Veterinary Board of Governors is actively pursuing rulemaking in the following areas:

WAC 246-933-460 Courses approved by the veterinary board. The proposed rule amends WAC 246-933-460 so that licensed veterinarians can potentially receive “pre-approved” Continuing Veterinary Medicine Education (CVME) credits for attending courses offered by: (1) a board-certified veterinarian whose certification is issued by a veterinary specialty board recognized by the American Veterinary Medical Association; (2) a veterinarian who is a member of the faculty of an accredited college or school of veterinary medicine; (3) the United States Animal Health Association; (4) the American Association of Veterinary Laboratory Diagnosticians; and (5) the Washington state Department of Agriculture.

WAC 246-933-075 Reactivation of expired veterinary license. The proposed rule considers setting the requirements to re-instate a veterinary license that has expired for more than three years. Veterinarians who have been actively practicing may be required to submit verification of their active practice. Veterinarians who haven’t been actively engaged in the practice of veterinary medicine may have to successfully complete the current North American Veterinary Licensing Examination (NAVLE).

Appendices

Appendix A: Definitions

Agreed Order: The document, formally called Stipulated Findings of Fact, Conclusions of Law, and Agreed Order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider's credential. The health care provider agrees to the conditions in the order. The Agreed Order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public through a news release.

Board or Commission: A board or commission is a part-time, statutory entity which has rulemaking authority, performs quasi-judicial functions, has responsibility for the administration or policy direction of a program, or performs regulatory or licensing functions with respect to a specific profession. See [Chapter 43.03 RCW](#).

Certification: This credential demonstrates that the professional has met certain qualifications. The regulatory authority – a board, commission, or the secretary of health – sets the qualifications. With some professions, an individual who isn't certified may perform the same tasks, but may not use "certified" in their title.

Default Orders: A Default Order is issued when the credentialed health care provider is given notice, but either fails to answer the allegations or fails to participate in the adjudicative process as required by law.

Deterrent Sanctions: These include items such as reprimands and fines.

Final Order after Hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be before a health law judge representing the secretary as the decision-maker or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and released to the public through a news release.

License: This credential allows people to practice if they meet certain qualifications. Practicing without a license is illegal. Licensing regulates what practitioners are trained and authorized to do.

Notice of Decision (NOD): The document issued pursuant to RCW 18.130.055 when the disciplining authority decides to deny an application for licensure or grant the license with conditions.

Registration: The state keeps an official register of names and addresses of the people in a given profession. This credential signifies the professional is on that register. If required, a description and the location of the service are included; however, registrations do not include training, examination, or continuing education requirements.

Rehabilitative Sanctions: These include probation of license, substance abuse treatment and monitoring, remedial education, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

Removal from Practice: The health care provider's credential is revoked or indefinitely suspended.

Removal from Practice with Conditions: The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to sign the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a news release.

Surrender: The health care provider relinquishes the right to practice. This type of sanction is only permitted, once a complaint is filed, through a stipulation to informal disposition or a formal order. Surrender is not used if the practitioner intends to practice in another jurisdiction or if the disciplining authority believes return to practice is reasonably possible.

**Appendix B: Licensee Counts by Profession
2011-13 Biennium**

Profession	2009	2010	2011	2012	2013	Annual Growth Rate
Advanced Emergency Medical Technician			398	395	391	-0.9%
Advanced Registered Nurse Practitioner	4,535	4,791	5,035	5,291	5,530	5.1%
Athletic Trainer	372	411	460	499	520	8.7%
Audiologist	386	380	396	403	399	0.8%
Chemical Dependency Professional	2,654	2,777	2,821	2,843	2,852	1.8%
Chemical Dependency Professional Trainee		1,071	1,452	1,462	1,457	0.2%
Chiropractic X-Ray Technician	234	232	227	215	210	-2.7%
Chiropractor	2,249	2,260	2,334	2,328	2,359	1.2%
Counselor, Agency Affiliated		5,220	6,060	5,939	6,334	2.2%
Counselor, Certified		304	728	735	717	-0.8%
Counselor, Certified Advisor			10	10	4	-36.8%
Dental Assistant	9,339	9,836	11,036	11,709	12,698	7.3%
Dental Hygienist	5,196	5,370	5,562	5,696	5,810	2.8%
Dentist	5,923	6,072	6,155	6,080	6,592	2.7%
Denturist	140	142	151	138	147	1.2%
Dietitian Nutritionist	1,323	1,419	1,541	1,559	1,450	-3.0%
Dispensing Optician	934	961	990	1,006	1,019	2.2%
Dispensing Optician Apprentice	1,018	999	1,049	1,028	990	-0.7%
East Asian Medicine Practitioner*	1,131	1,203	1,262	1,253	1,296	3.5%
Emergency Medical Responder*	806	704	628	551	1,964	24.9%
Emergency Medical Technician	14,376	13,954	14,095	13,838	13,466	-1.6%
Expanded Function Dental Auxiliary	3	56	114	161	188	28.4%
Genetic Counselor			61	83	105	31.2%
Health Care Assistant	15,991	16,665	17,880	18,515	21,207	7.3%
Hearing Instrument Fitter and Dispenser	263	275	285	290	296	3.0%
Humane Society	6	5	13	17	19	20.9%
Hypnotherapist	577	621	683	692	690	0.5%
Intermediate Life Support Technician	358	394	0	0	0	
Intravenous Therapy Technician	597	573	0	0	0	
Licensed Practical Nurse	14,085	13,973	13,975	13,380	13,060	-1.9%
Marriage and Family Therapist	1,056	1,138	1,237	1,239	1,286	2.0%
Marriage and Family Therapist Associate		223	297	345	393	20.8%
Massage Practitioner	13,018	13,276	13,864	13,927	13,708	-0.6%
Mental Health Counselor	4,521	4,827	5,099	5,312	5,515	4.5%
Mental Health Counselor Associate		905	1,233	1,329	1,482	9.6%
Midwife	105	108	108	116	123	4.0%
Naturopathic Physician	939	967	1,035	1,096	1,146	5.1%
Nursing Assistant	66,991	71,671	74,975	75,715	75,555	3.1%
Nursing Home Administrator	443	448	453	460	459	0.9%
Nursing Pool Operator	201	186	187	172	157	-6.0%
Nursing Technician	551	432	415	360	331	-12.0%
Occupational Therapist	2,644	2,747	2,876	2,966	3,078	3.9%
Occupational Therapy Assistant	565	594	625	694	762	7.8%
Ocularist	8	8	8	9	7	-3.3%
Optometrist	1,475	1,464	1,395	1,428	1,486	0.2%

Profession	2009	2010	2011	2012	2013	Annual Growth Rate
Orthotics Prosthetics	245	264	283	291	301	3.1%
Osteopathic Physician	1,119	1,206	1,261	1,328	1,437	6.5%
Osteopathic Physician Assistant	45	45	50	48	52	3.7%
Paramedic	2,103	2,178	2,318	2,464	2,525	4.7%
Pharmacies and Other Pharmaceutical Firms	3,197	3,311	3,384	3,501	4,306	7.7%
Pharmacist	8,216	8,556	8,861	8,983	9,289	3.1%
Pharmacist Intern	1,141	1,232	1,236	1,314	1,419	5.6%
Pharmacy Assistant	6,123	7,574	8,364	9,059	9,284	11.0%
Pharmacy Technician	8,568	8,815	9,257	9,521	9,482	2.6%
Physical Therapist	5,042	5,300	5,577	5,615	5,798	3.6%
Physical Therapist Assistant	1,258	1,381	1,531	1,631	1,779	7.8%
Physician	24,670	25,135	25,783	26,167	26,536	1.8%
Physician Assistant	2,220	2,358	2,472	2,569	2,691	4.9%
Podiatric Physician	309	322	328	334	317	0.6%
Psychologist	2,195	2,337	2,422	2,498	2,579	4.1%
Radiological Technologist	5,607	5,743	5,830	6,008	5,975	1.6%
Radiologist Assistant			3	6	7	16.7%
Recreational Therapist	131	140	139	134	134	0.6%
Registered Nurse	79,740	82,094	83,381	84,258	86,091	1.9%
Respiratory Care Practitioner	2,384	2,426	2,516	2,593	2,657	2.7%
Retired Volunteer Medical Worker	4	6	6	7	7	15.0%
Sex Offender Treatment Provider	151	148	149	146	138	-2.2%
Social Worker Advanced		94	96	98	100	2.1%
Social Worker Associate Advanced		128	174	181	207	9.1%
Social Worker Associate Independent Clinical		632	773	873	974	15.5%
Social Worker Independent Clinical	3,116	3,176	3,322	3,448	3,578	3.5%
Speech Language Pathologist	1,662	1,736	1,841	1,912	2,113	6.2%
Speech Language Pathology Assistant			151	204	206	16.8%
Surgical Technologist	2,544	2,824	3,041	2,952	2,923	3.5%
Veterinarian	3,023	3,166	3,343	3,416	3,417	3.1%
Veterinary Medication Clerk	381	425	542	597	656	14.5%
Veterinary Technician	1,433	1,569	1,610	1,699	1,817	6.1%
X-Ray Technician	1,928	1,890	1,837	1,711	1,567	-5.1%
Total	343,568	365,873	381,089	386,850	397,620	

**Appendix C: Alternative Programs – Chemically Impaired Practitioners
2011-13 Biennium**

The law provides a way to assure practitioners provide services according to regulatory standards. RCW 18.130.175 allows disciplining authorities to refer a practitioner to a voluntary substance abuse monitoring program instead of disciplinary action. The disciplining authority can also require that a chemically dependent health care provider participate in a substance abuse program.

Profession	Program	Total Mandated	Total Voluntary *	Total Enrolled in Biennium	Successful Completions
Advanced Registered Nurse Practitioner	WHPS	2	11	13	5
Certified Registered Nurse Anesthetist	WHPS	1	3	4	3
Chemical Dependency Professional	WHPS	56	11	67	42
Chiropractor	WHPS	1	0	1	0
Counselor	WHPS	2	10	12	2
Dental Assistant	WHPS	7	1	8	0
Dental Hygienist	WHPS	1	0	1	1
Dentist (DDS/DMD)	WPHP	0	3	4	24
Denturist	WHPS	0	0	0	1
Dispensing Opticians	WHPS	1	1	2	0
Emergency Medical Technician	WHPS	3	4	7	5
Health Care Assistant	WHPS	7	1	8	4
Hearing & Speech Therapist	WHPS	0	0	0	1
Licensed Practical Nurse	WHPS	9	27	36	16
Massage Therapist	WHPS	3	0	3	0
Nursing Assistant	WHPS	13	6	19	6
Occupational Therapist	WHPS	2	2	4	2
Osteopathic Physician (DO)	WPHP	1	4	3	13
Paramedic	WHPS	2	2	4	1
Pharmacist/Technician/Intern	WRAPP	18	26	139	25
Physical Therapist	WHPS	4	1	5	0
Physician (MD)	WPHP	0	49	39	225
Physician Assistant (PA-C)	WPHP	0	4	5	26
Podiatrist (DPM)	WPHP	0	0	1	2
Psychologist	WHPS	0	2	2	0
Radiological Technologist	WHPS	0	6	6	3
Registered Nurse	WHPS	75	227	302	69
Respiratory Care Therapist	WHPS	2	0	2	0
Surgical Technician	WHPS	1	1	2	1
Veterinarian (DVM)	WPHP	1	5	0	12
Veterinary Technician	WHPS	2	0	2	1
X-Ray Technician	WHPS	0	0	0	1
Total		214	407	701	491

* Includes Voluntary and In-lieu of Discipline enrollments

**Appendix D: Distribution of Staff Attorney Workload
2011-13 Biennium**

	Staff Attorney											
	1	2	3	4	5	6	7	8	9	10	11	12
Advanced Emergency Medical Technician				1								
Advanced Registered Nurse Practitioner	33	3		13	5	2	9					
Animal Massage Practitioner										2		
Athletic Trainer												
Chemical Dependency Professional	28	8	31	25	3	9	35	15	11	9	3	11
Chiropractor		1	13	5			1	180		87		
Counselor, Agency Affiliated	7	5	5	3	3	1	12	3	8	1	1	9
Counselor, Certified	1			2			3		3	3		
Counselor, Registered			4	1			1	1		1		
Dental Assistant	1		30	2	1		1			2	2	
Dental Hygienist			3							1		1
Dentist			83	2			1			20		
Denturist			6		1				2	1		
Dietitian/Nutritionist										1		
Dispensing Optician				1						2		
Dispensing Optician Apprentice									1			
East Asian Medicine Practitioner			2						1	4		
Emergency Medical Responder							2					
Emergency Medical Technician	1	1	1	4			33	1	4	4		
Expanded Function Dental Auxiliary			1									
Health Care Assistant	10	1	13	11	2	7	10		7			2
Hearing and Speech	1											
Hearing/Speech			1	1						1		
Home Care Aide	3	1	2	2		1			2		1	
Hypnotherapist	1		1	1					1	2		2
Licensed Practical Nurse	103	34	1	15	16	19	59					
Marriage and Family Therapist		1		2			2					
Marriage and Family Therapist Associate			2					1				
Massage Practitioner	21	5	4	5	1	5	16	1	7	20	3	8
Mental Health Counselor	1		2	5		1	5	2	3	2		3
Mental Health Counselor Associate	2	1										
Midwife			1	3	6							
Naturopathic Physician	1					11	3			2		
Nursing Assistant	122	55	156	65	26	32	212	6	137	7	4	55
Nursing Home Administrator	1											
Occupational Therapist			14	1					15			
Occupational Therapy Assistant	1		9						3			
Optometrist			1				1	4				2
Osteopathic Physician				3	1		29	1	22	1		1
Osteopathic Physician Assistant							2					
Paramedic	1			2			20			2		
Pharmacist	2		2	6				116		88		96
Pharmacist Intern				1				7		2		2
Pharmacy Assistant			1	1				32		21		19
Pharmacy Technician	2			1			1	46		30		34
Physical Therapist			28	1					18			
Physical Therapist Assistant			18	2					12			
Physician	1		8		2		1		1	8		3
Physician Assistant					1							
Podiatric Physician		7	2	2								
Prosthetist				1								
Psychologist	1		2	4			3			1		
Radiological Technologist				1			1		1			2
Recreational Therapist												

	Staff Attorney											
	1	2	3	4	5	6	7	8	9	10	11	12
Registered Nurse	299	101	8	48	50	64	149		2	2		
Respiratory Care Practitioner	1	2				1	2			4		
Sex Offender Treatment Provider		2								2		1
Social Worker Advanced												1
Social Worker Associate Advanced												
Social Worker Associate Independent								1				
Social Worker Independent Clinical		2			2		1			2		3
Speech Language Pathologist			1	1								
Speech Language Pathology Assistant												
Surgical Technologist	2		1			2	5		1			1
Veterinarian								1	46	3	1	83
Veterinary Medication Clerk									3			3
Veterinary Technician	2							1	10			10
X-Ray Technician	1					1	3		1			
Total Cases Worked	650	230	458	271	120	156	631	439	324	355	15	382
Months Worked in Biennium	24	17	24	24	24	24	24	24	17	24	24	24

	Staff Attorney (Cont.)												
	13	14	15	16	17	18	19	20	21	22	23		
Advanced Emergency Medical Technician									1				
Advanced Registered Nurse Practitioner		9	22			22	11						
Animal Massage Practitioner													
Athletic Trainer										1			
Chemical Dependency Professional	16	13	13	5	73	7	8	23	2	35	8		
Chiropractor	1		2	2		13			1				
Counselor, Agency Affiliated	4		6	3	25	2	2	4		8	5		
Counselor, Certified	2	2	4	1	8		2	1		4	5		
Counselor, Registered			1		1					6	1		
Dental Assistant	19			13				5	7				
Dental Hygienist	21	1		1				2	4				
Dentist	87			45				27	114				
Denturist	12			2			1		14				
Dietitian/Nutritionist											2		
Dispensing Optician					1								
Dispensing Optician Apprentice									2				
East Asian Medicine Practitioner				2		4	3					1	
Emergency Medical Responder													
Emergency Medical Technician	1							4	2			1	
Expanded Function Dental Auxiliary				2									
Health Care Assistant	15	2	3	10	3	3		9		5	26		
Hearing and Speech								1					
Hearing/Speech			1	1		6		1				26	
Home Care Aide	1		2										
Hypnotherapist					2						2		
Licensed Practical Nurse	1	33	42			48	40		1			1	
Marriage and Family Therapist					8						6		
Marriage and Family Therapist Associate		2	2		3					1			
Massage Practitioner	8	1		5	5	8	143	6	4	8	5		
Mental Health Counselor	3		5	2	19	1		2		5	2		
Mental Health Counselor Associate	1	1	3				2			1			
Midwife	2		11		2	1							
Naturopathic Physician	50	5		1	1				3			9	
Nursing Assistant	62	5	112	6	3	7	1	110	2	5	16		
Nursing Home Administrator		77										82	
Occupational Therapist					10								
Occupational Therapy Assistant					8								
Optometrist						18			5				
Osteopathic Physician		22				2	3	3	1			145	
Osteopathic Physician Assistant												6	

Staff Attorney (Cont.)

	13	14	15	16	17	18	19	20	21	22	23
Paramedic								2			
Pharmacist			3	3				2			
Pharmacist Intern											
Pharmacy Assistant								1			
Pharmacy Technician			1								
Physical Therapist				2	17						
Physical Therapist Assistant					9						
Physician	3		1	1	1	1		2	5	7	2
Physician Assistant									1		
Podiatric Physician										16	14
Prosthetist											
Psychologist			28			2				41	32
Radiological Technologist	1	1		1		1					4
Recreational Therapist											2
Registered Nurse	1	109	101			133	126	1			
Respiratory Care Practitioner	1	4		1	2			1			7
Sex Offender Treatment Provider			1		2					3	1
Social Worker Advanced											
Social Worker Associate Advanced					1						
Social Worker Associate Independent					1			1		1	1
Social Worker Independent Clinical				1	9	1	1			2	7
Speech Language Pathologist						1					10
Speech Language Pathology Assistant											1
Surgical Technologist		1	1		5						
Veterinarian	4	36					24	1	24		
Veterinary Medication Clerk									1		
Veterinary Technician		8					5	2	6		
X-Ray Technician	2			3				3	1		5
Total Cases Worked	318	332	365	116	220	281	382	215	202	158	426
Months Worked in Biennium	24	24	21	24	24	24	24	24	24	24	24

**Appendix E: Distribution of Investigator Workload
2011-13 Biennium**

	Investigator												
	1	2	3	4	5	6	7	8	9	10	11	12	13
Advanced Emergency Medical Technician													
Advanced Registered Nurse Practitioner					29		1						
Animal Massage Practitioner													
Athletic Trainer						1							
Audiologist Interim													
Chemical Dependency Professional	19	11	7	3		4		2			9	86	24
Chiropractic X-Ray Technician													
Chiropractor	19	6	10	12		4		2			5	17	4
Counselor, Agency Affiliated	7	2	5			3		2			2	9	22
Counselor, Certified	17	1	2			2						2	5
Counselor, Registered	3											2	2
Dental Assistant	3	11		2				1			6	8	1
Dental Hygienist		3	1								4		3
Dentist	23	51	7	21		14		7			11	12	18
Denturist	2	2	1			1		1			1	2	9
Dietitian/Nutritionist											1		1
Dispensing Optician			1										1
Dispensing Optician Apprentice	1		2								1		
East Asian Medicine Practitioner	1		1	1									
Emergency Medical Responder													
Emergency Medical Technician	6	1	6	1				1			1	10	1
Expanded Function Dental Auxiliary												1	
Health Care Assistant	7	4	2	4		4		1		1	6	26	1
Hearing and Speech													
Hearing/Speech	1		2									2	1
Home Care Aide						1							
Hypnotherapist				1								1	2
Licensed Practical Nurse		1	1		54		8					1	1
Marriage and Family Therapist		1						1				1	9
Marriage and Family Therapist Associate	1												2
Massage Practitioner	7	6	131	12		29		3			4	24	2
Mental Health Counselor	10	4	4	2		5		3			5	10	15
Mental Health Counselor Associate	2	1		1				1			3	4	5
Midwife											1		
Naturopathic Physician	30	1	2	6									3
Nursing Assistant	22	67	31	13		152		67		1	129	140	60
Nursing Home Administrator	3	1	1			2		1			3	1	2
Nursing Technician													
Occupational Therapist	3			1							1	1	
Occupational Therapy Assistant													1
Ocularist													
Optometrist	1	1	2	1		1					1	1	1
Osteopathic Physician	10		6	1		2					3	1	6
Osteopathic Physician Assistant													1
Paramedic			2			1							1
Pharmacist		1	1	2					12	26			18
Pharmacist Intern									1				3
Pharmacy Assistant									2	1			3
Pharmacy Technician									2	5			11
Physical Therapist	3			1		2		1				1	1
Physical Therapist Assistant				1							2	1	
Physician	1		2	3	2	1		2			2	4	4
Physician Assistant													1

	Investigator												
	1	2	3	4	5	6	7	8	9	10	11	12	13
Podiatric Physician	4	2	1			2		2			1	2	1
Prosthetist													
Psychologist	12	3	2	2				2		2	3	11	
Radiological Technologist		2											1
Recreational Therapist													
Registered Nurse	1				181		48	1					
Residential Treatment Facility													
Respiratory Care Practitioner	3	1		2		1				1		1	
Sex Offender Treatment Provider						2		1				1	2
Social Worker Advanced													
Social Worker Associate Advanced													
Social Worker Associate Independent												1	1
Social Worker Independent Clinical	3	4		2				3		2	3	12	
Speech Language Pathologist	1												
Surgical Technologist	2	3		1						1	2		
Veterinarian	2	1	6	1		1				5	2	6	
Veterinary Medication Clerk			1										
Veterinary Technician						2					2	2	
X-Ray Technician	1	1		1		2							1
Total	231	193	240	98	266	239	57	105	17	34	213	421	246
Months Worked in Biennium	24	24	24	24	24	15	10	14	24	24	24	0	24

	Investigator (Cont.)												
	14	15	16	17	18	19	20	21	22	23	24	25	26
Advanced Emergency Medical Technician								1					
Advanced Registered Nurse Practitioner					82				7			4	
Animal Massage Practitioner											1		
Athletic Trainer											1		
Audiologist Interim													
Chemical Dependency Professional	3	3		1			4	4		2	16		8
Chiropractic X-Ray Technician		1											
Chiropractor	14	5					13	8			10		15
Counselor, Agency Affiliated	2	4					3	3		2	11		5
Counselor, Certified				1			1				2		2
Counselor, Registered													1
Dental Assistant	2	2					3	4		1	3		2
Dental Hygienist	1			1			1						
Dentist	37	15		6			61	10		7	18		21
Denturist	2	1					6	2			1		5
Dietitian/Nutritionist													1
Dispensing Optician		1								1			
Dispensing Optician Apprentice													
East Asian Medicine Practitioner	2	1					6	2					2
Emergency Medical Responder											1		
Emergency Medical Technician	2	7		1			1				5		1
Expanded Function Dental Auxiliary													
Health Care Assistant		9					6	2			5		5
Hearing and Speech													
Hearing/Speech		2						7			2		
Home Care Aide							1						1
Hypnotherapist											1		
Licensed Practical Nurse					144			1	18			10	
Marriage and Family Therapist	1			1			3	1			1		3
Marriage and Family Therapist Associate													2
Massage Practitioner	5	5		10			1	2		3	9		6

	Investigator (Cont.)												
	14	15	16	17	18	19	20	21	22	23	24	25	26
Mental Health Counselor	3	1		2			4	4			2		7
Mental Health Counselor Associate							1						
Midwife											2		12
Naturopathic Physician	2		1	1			4	2					1
Nursing Assistant	51	108		14			35	26		13	90		42
Nursing Home Administrator		6					3				1		4
Nursing Technician					1								
Occupational Therapist		1		1			1	1					
Occupational Therapy Assistant		1											1
Ocularist	1												
Optometrist	2		2	1			1	1		1	2		1
Osteopathic Physician		3		2			1	3		1	3		13
Osteopathic Physician Assistant													
Paramedic				1							1		1
Pharmacist		2	32			20							
Pharmacist Intern			1										
Pharmacy Assistant			9			1							
Pharmacy Technician		1	14										
Physical Therapist	1	1					1				1		
Physical Therapist Assistant		1					1				2		
Physician	1	4		1				1		1			3
Physician Assistant													
Podiatric Physician	2												2
Prosthetist													
Psychologist	3	2					1	1					1
Radiological Technologist		2									1		2
Recreational Therapist													
Registered Nurse					555		1		42				36
Residential Treatment Facility													
Respiratory Care Practitioner	1	2						2					
Sex Offender Treatment Provider	2												
Social Worker Advanced													
Social Worker Associate Advanced													
Social Worker Associate Independent	1										1		1
Social Worker Independent Clinical	5	1					2	1			5		2
Speech Language Pathologist													1
Surgical Technologist											1		2
Veterinarian	12	3					6	11		1	6		4
Veterinary Medication Clerk											1		
Veterinary Technician		1		1			2			1			
X-Ray Technician		2									1		
Total	158	198	59	45	782	21	175	101	67	35	205	50	180
Months Worked in Biennium	18	24	20	6	24	20	24	12	24	3	11	21	24

	Investigator (Cont.)												
	27	28	29	30	31	32	33	34	35	36	37	38	39
Advanced Emergency Medical Technician													1
Advanced Registered Nurse Practitioner			1	3									
Animal Massage Practitioner													
Athletic Trainer													
Audiologist Interim					1								
Chemical Dependency Professional	22	6		1	2	13	2					17	4
Chiropractic X-Ray Technician													
Chiropractor	12	3		3	3	6	3					12	1

Investigator (Cont.)

	27	28	29	30	31	32	33	34	35	36	37	38	39
Counselor, Agency Affiliated	7	8		1	1	6	1			2		16	
Counselor, Certified	1	1			2	2	2					5	
Counselor, Registered												2	
Dental Assistant	3	6		1		4	1			1		1	1
Dental Hygienist	3				1	1						3	
Dentist	14	15	1	19	3	26	5			3		21	2
Denturist		2		1			2					1	
Dietitian/Nutritionist													
Dispensing Optician		1		2									
Dispensing Optician Apprentice													
East Asian Medicine Practitioner	1											1	
Emergency Medical Responder													
Emergency Medical Technician	6	8		1			1			1		2	1
Expanded Function Dental Auxiliary													
Health Care Assistant	7	8				2	1					5	2
Hearing and Speech				1									
Hearing/Speech		5				1						1	
Home Care Aide	1					1							
Hypnotherapist	1		1				1						
Licensed Practical Nurse			22	15									
Marriage and Family Therapist	2												
Marriage and Family Therapist Associate	2											1	
Massage Practitioner	3	26		2	34	3	4			5		6	2
Mental Health Counselor	1			2		5	1			1		9	
Mental Health Counselor Associate	2												
Midwife		1				3						3	
Naturopathic Physician		2	1	7		1	2			1		3	
Nursing Assistant	50	59	2	35	84	85	14			15		82	31
Nursing Home Administrator		11		2	1	3	1			2		5	
Nursing Technician													
Occupational Therapist	5					2	1					1	
Occupational Therapy Assistant	1	1			1								
Ocularist													
Optometrist		1										1	1
Osteopathic Physician	6	3		4		3	2					4	
Osteopathic Physician Assistant													
Paramedic	5	8		1			1			1		2	
Pharmacist		1						22	31		19		
Pharmacist Intern													
Pharmacy Assistant								3	3		4		
Pharmacy Technician								5	8		5		
Physical Therapist	2	1		2		1	2					2	
Physical Therapist Assistant		3										2	
Physician	3			2		2	1					2	
Physician Assistant						1							
Podiatric Physician				2	1	1						3	
Prosthetist		3											
Psychologist	1	3	1	1			1					8	
Radiological Technologist	1	1				1				1		2	1
Recreational Therapist	1												
Registered Nurse			54	44									

	Investigator (Cont.)													
	27	28	29	30	31	32	33	34	35	36	37	38	39	
Residential Treatment Facility														
Respiratory Care Practitioner	3	3			1							1		
Sex Offender Treatment Provider		1												
Social Worker Advanced		1												
Social Worker Associate Advanced														
Social Worker Associate Independent						2						1		
Social Worker Independent Clinical	4	1		1		4						2	1	
Speech Language Pathologist				2	1									
Surgical Technologist				2	1		3					2		
Veterinarian	1	5		10		3	2			2		13		
Veterinary Medication Clerk														
Veterinary Technician				1		4								
X-Ray Technician	3	3		1						1				
Total	174	201	83	169	137	182	58	30	42	36	28	242	48	
Months Worked in Biennium	24	24	24	24	24	9	7	24	24	5	24	24	6	

	Investigator (Cont.)													
	40	41	42	43	44	45	46	47	48	49	50	51	52	53
Advanced Emergency Medical Technician														
Advanced Registered Nurse Practitioner			4						1		8			
Animal Massage Practitioner														
Athletic Trainer										2			1	
Audiologist Interim														
Chemical Dependency Professional		5		4				9		7			17	
Chiropractic X-Ray Technician														
Chiropractor		7		4	1			13		19			10	
Counselor, Agency Affiliated		3	1	7				9		3			9	
Counselor, Certified				3				2					4	
Counselor, Registered								2					1	
Dental Assistant		1		3				4		2			7	
Dental Hygienist		3		2				3		3			1	
Dentist		13	2	58	16			57		25		2	43	
Denturist					2					3			2	
Dietitian/Nutritionist		1		1										
Dispensing Optician										1				
Dispensing Optician Apprentice														
East Asian Medicine Practitioner		2	1	1										
Emergency Medical Responder														
Emergency Medical Technician										1			2	
Expanded Function Dental Auxiliary														
Health Care Assistant		4	1	8									4	
Hearing and Speech														
Hearing/Speech		1											1	
Home Care Aide														
Hypnotherapist		1		1				1		2			2	
Licensed Practical Nurse	1			8							18			
Marriage and Family Therapist		1		1						4			3	
Marriage and Family Therapist Associate													1	
Massage Practitioner		4		5				7		5		5	11	
Mental Health Counselor		2	2	7				6		4			12	
Mental Health Counselor Associate				1				2						
Midwife				2				4		1			1	
Naturopathic Physician		6						6					6	

	Investigator (Cont.)													
	40	41	42	43	44	45	46	47	48	49	50	51	52	53
Nursing Assistant	1	26	3	21	12	1		2		24		1	81	
Nursing Home Administrator		2	2	4						2			5	
Nursing Technician														
Occupational Therapist		1		1						1			3	
Occupational Therapy Assistant				1						1				
Ocularist														
Optometrist								1		1			1	
Osteopathic Physician		5	1	5				10		10			8	
Osteopathic Physician Assistant		1						1						
Paramedic		3		1						1			1	
Pharmacist						22	4						1	19
Pharmacist Intern														7
Pharmacy Assistant						2	1							
Pharmacy Technician						2	1							4
Physical Therapist		2		2					1				5	
Physical Therapist Assistant				1					1				1	
Physician				1	1				5	2	2		3	
Physician Assistant				1					1					
Podiatric Physician				1	1				2	1				
Prosthetist														
Psychologist		1	1	10					7	3			7	
Radiological Technologist													5	
Recreational Therapist														
Registered Nurse			21	1					1	3		43	4	
Residential Treatment Facility									1					
Respiratory Care Practitioner				2						1			3	
Sex Offender Treatment Provider		2		2						2			3	
Social Worker Advanced														
Social Worker Associate Advanced														
Social Worker Associate Independent									1				1	
Social Worker Independent Clinical				2					3	2			6	
Speech Language Pathologist									1				1	
Surgical Technologist		1		1									1	
Veterinarian	2	47		1	1				9	1	2		7	
Veterinary Medication Clerk		3												
Veterinary Technician		11							1					
X-Ray Technician										1			2	
Total	4	159	48	165	34	27	6	173	5	136	71	8	287	30
Months Worked in Biennium	13	24	17	24	10	20	3	24	6	24	24	24	24	24

	Investigator (Cont.)									
	54	55	56	57	58	59	60	61	62	63
Advanced Emergency Medical Technician										1
Advanced Registered Nurse Practitioner	9									
Animal Massage Practitioner										
Athletic Trainer									1	
Audiologist Interim										
Chemical Dependency Professional		6	1	27	13		8		29	1
Chiropractic X-Ray Technician										
Chiropractor		9	1	17	11		15		9	1
Counselor, Agency Affiliated		5		9	7		1		10	
Counselor, Certified		1		7			1		3	
Counselor, Registered		1		1	2					
Dental Assistant		5	4	10	2			1	2	
Dental Hygienist				5						2

	Investigator (Cont.)									
	54	55	56	57	58	59	60	61	62	63
Dentist		7	5	20	17		8		28	3
Denturist				1					3	
Dietitian/Nutritionist									1	
Dispensing Optician		1		2					1	
Dispensing Optician Apprentice				1					1	
East Asian Medicine Practitioner		2	2		2				1	
Emergency Medical Responder										
Emergency Medical Technician		5		12	1				4	
Expanded Function Dental Auxiliary				1	1					
Health Care Assistant		6	2	6	4		1		6	1
Hearing and Speech										
Hearing/Speech				4			1		1	
Home Care Aide		1	1	2						
Hypnotherapist				2						
Licensed Practical Nurse	14	1		2	1					
Marriage and Family Therapist				1	1					
Marriage and Family Therapist Associate										
Massage Practitioner		43	1	13	21		5		8	
Mental Health Counselor		6	2	12	6				12	
Mental Health Counselor Associate		2		2	1				2	
Midwife									1	
Naturopathic Physician		5		3	10				1	1
Nursing Assistant		85	13	82	38		15	1	55	12
Nursing Home Administrator		1	1	6	2		2		7	2
Nursing Technician										
Occupational Therapist		1		1	2				2	
Occupational Therapy Assistant				1					1	
Ocularist										
Optometrist		2		1	1		2		5	3
Osteopathic Physician		2		2	4				7	1
Osteopathic Physician Assistant										
Paramedic		2		4					4	
Pharmacist					1	29		13	1	
Pharmacist Intern										
Pharmacy Assistant						5	1			
Pharmacy Technician						7	1	1		
Physical Therapist		2		3			3		8	
Physical Therapist Assistant		2		2					1	
Physician	1			2	3		1		7	1
Physician Assistant										
Podiatric Physician				3	7		1		1	
Prosthetist										
Psychologist			1	7	3		1		5	
Radiological Technologist		2		1	1		1		5	
Recreational Therapist										
Registered Nurse	63	1		3	1		1			1
Residential Treatment Facility							1		1	
Respiratory Care Practitioner							2		6	
Sex Offender Treatment Provider				3					3	
Social Worker Advanced									1	
Social Worker Associate Advanced									1	
Social Worker Associate Independent		1							2	
Social Worker Independent Clinical		3	1	7	5		1		3	
Speech Language Pathologist										
Surgical Technologist				2	2		1		1	
Veterinarian		11	1	2	3		3		4	
Veterinary Medication Clerk										
Veterinary Technician		3							1	

Investigator (Cont.)

	54	55	56	57	58	59	60	61	62	63
X-Ray Technician		1	1						2	
Total	87	225	37	292	173	41	77	16	261	27
Months Worked in Biennium	23	24	5	24	24	24	24	20	24	24