

WA IIS Approved Provider Signatory List

The purpose of this list is to determine which type of practitioners can sign as the provider signatory of an exchange and view only Information Sharing Agreement (ISA) to be granted WA IIS access for their organization. **This list does not determine individual user account access.** Please see page 2 for information on who can sign the **limited exchange agreement** as an agency signatory.

TITLE	VIEW AGREEMENT	EXCHANGE AGREEMENT
Acupuncture and Eastern Medicine Practitioner	No	No
Advanced Registered Nurse Practitioner	Yes	Yes
Graduate Registered Nurse Practitioner Interim Permit	Yes	Yes
Behavioral Health Professions, Facilities and Agencies (i.e., Psychologist, Therapist and Social Worker)	Yes	No
Certified Registered Nurse Anesthetist (CRNA)	Yes	No
Chiropractor License	No	No
Dental Assistant	No	No
Dental Hygienist	No	No
Dentist (DMD or DDS)	Yes	No
Emergency Medical Services (EMS) Provider	Yes	No
Healthcare Professional Volunteers	Yes	No
Licensed Practical Nurses (LPN)	Yes	Yes
Medical Assistant Registered/Medical Assistant Certified	Yes	Yes
Medical Program Director	Yes	No
Medical Records	Yes	No
Mental Health Counselor or Professional	Yes	No
Midwife	Yes	Yes
Naturopathic Doctor (ND)	Yes	Yes
Nursing Home Administrator	Yes	No
Nursing Technicians (NTEC)	Yes	No
Optometrist (OD)	Yes	No
Osteopathic Physicians (DO)	Yes	Yes
Pharmacist (RPh or PharmD)	Yes	Yes
Pharmacy Tech/Pharmacy Intern	Yes	Yes
Certified Physician Assistant (PA-C) or Physician Assistant	Yes	Yes
Physicians (MD)	Yes	Yes
Podiatric Physician and Surgeon (DPM)	Yes	No
Registered Nurse (RN)	Yes	Yes

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

WA IIS Approved Provider Signatory List

The **limited exchange** agreement is specifically for schools and childcares that do not have a provider on staff to sign as the provider signatory. For this agreement, only an agency signatory is required. **Please see the table below** as the who can sign for the agency signatory.

LIMITED EXCHANGE AGENCY SIGNATORY REQUIREMENTS:

AGENCY TYPE	TITLE
Public Schools	District Superintendent or their designee
Private Schools	Head of school or Principal
Childcares	The owner of their Designee

Questions? Contact the Data Quality Team at iisdataquality@doh.wa.gov for more information.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.