



Healthcare Enforcement and Licensing Management System

EMS Supervisor/County Coordinator/Medical Program Director Portal User Guide

Version 1.2

DOH 606-025 April 2025

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.



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PURPOSE

Welcome to HELMS, the Washington State Department of Health’s (DOH) professional and facility licensing portal. HELMS stands for the Health Enforcement and Licensing Management System; it is a user-friendly system designed to modernize how health professionals and facilities apply for and manage their licenses. By leveraging the capabilities of a custom Salesforce platform, HELMS offers efficient tools to meet the diverse needs of Washington’s licensed health professionals and facilities.

This guide will walk you through the Emergency Management Services area of HELMS, including how to navigate the facilities/agencies, how to manage vehicles, review applications, manage an EMS roster, and review affiliation requests. This guide is written for EMS Supervisors, County Coordinators, and Medical Program Directors (MPDs).

PERSONAS

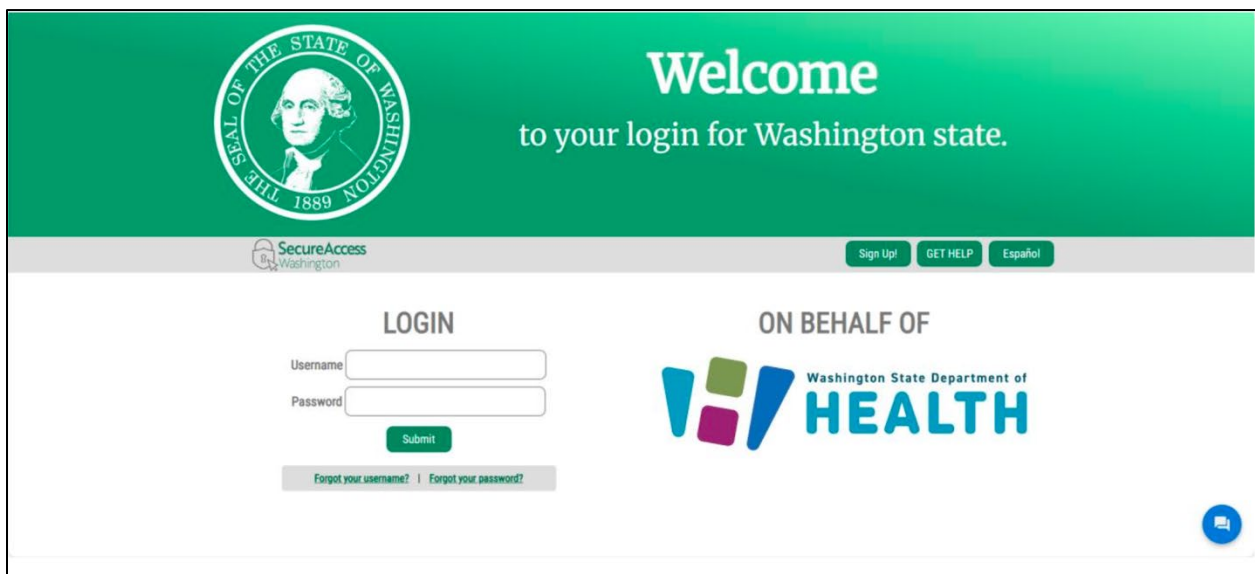
Personas	Responsibilities
EMS Supervisors	<ul style="list-style-type: none">• Log In• Dashboard Access• Manage Vehicles• Manage EMS Roster• Review Applications• Review Affiliation Requests
County Coordinators	<ul style="list-style-type: none">• Log In• Dashboard Access• View EMS Roaster• Review Applications• Review Affiliation Requests
Medical Program Directors	<ul style="list-style-type: none">• Log In• Dashboard Access• View EMS Roaster• Review Applications• Review Affiliation Requests



LOGGING IN

To access the HELMS portal, you will need to log in through Secure Access Washington (SAW), secureaccess.wa.gov. SAW is the State of Washington's tool for government agencies to provide secure access for online government services.

If you experience problems with the SAW site, please contact Consolidated Technology Services (24 hours) at 855-928-3241 or email support@watech.wa.gov. For more information, please visit [Apply Online Instructions](#).



Once you have successfully logged into SAW, you will be able to "Add A New Service" to your account. Once you select that button you will be asked to choose a way to find services. We recommend that you choose to "browse by services" or "browse by agency." From either choice you can search "DOH" or choose "Department of Health" from the list. Click the "Apply" button on the right-hand side of the "Health Professional and Facility Licensing (HELMS) System." The service will be added to your SAW account, and you'll be redirected to the list of services associated with your account. Click on "Access Now" on the right-hand side of the service to log in to HELMS.



MY PROFILE (FIRST-TIME LOGIN)

1. If you are a first-time user, you will be directed to the "Privacy Agreement" page. Read the complete information on the page. Click the "Continue" button to proceed.

HELMS
Healthcare Enforcement and
Licensing Management System

Help

Privacy Agreement

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

Information We Collect:

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

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

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

Disclosure of Information: We may share your information with:

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

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

Your Rights: You have the right to:

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

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

Continue

2. You will be directed to the "Locate your Account" page on the HELMS portal. Enter the correct details and then click the "Submit" button to find your account.
Note: Social Security # field is mandatory. If you do not have your Social Security number, select the checkbox to make the field optional.

HELMS
Healthcare Enforcement and
Licensing Management System

Help

Locate your Account

* Indicates a Required Field

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

First Name Middle Name *Last Name

*Social Security # *Date of Birth Credential Number

I do not have a Social Security Number

Did you receive a unique identification number to login with?

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

Submit



Any of the following scenarios can occur

- a. Exact Match
- b. Fuzzy Match
- c. No Match

a. **Exact Match:** If the system finds your entered information, you will be directed to the "My Profile" page. This screen allows you to confirm or update your information, ensuring that your details are accurate and up to date.

My Profile

Personal Information

First Name: Cathy Middle Name: Last Name: Mori

Date of Birth: 04/01/2000 Social Security Number: Gender: Female

Note: If any of the information above is incorrect, please submit a 'Change of Personal Information' submission within the applicant portal.

Address

Street: 456, Avenue Street Road City: Washington Country: United States

State or Province: Washington Zip Code: 10001 County: Alaska

Contact Information

Phone Number: (344) 556-7893 Cell Number: Email Address: cathymori4@gmail.com

Mailing Address if different than above:

Exit Change of Personal Information Edit

b. **Fuzzy Match:** If the system finds your entered information with a partial match, you may have to select the correct address and then click the "Submit" button.

Locate your Account

* Indicates a Required Field

The system has found more than one records that partially match with the details provided by you. In order to find the right one, please complete this step.

*Please select the address below that is your current or previous address.

7 5 Main St, Greenville, SC 769 E Bayshore Rd, Nashville, TN 1919 Post Aly, Seattle, WA None of these addresses are my current or previous address.

Submit

HELMs Contact us f in oii Subscribe for Updates



- If you select the correct address, you will be directed to the "My Profile" page.

My Profile

Personal Information

First Name Cathy	Middle Name	Last Name Mori
Date of Birth 04/01/2000	Social Security Number	Gender Female

Note: If any of the information above is incorrect, please submit a 'Change of Personal Information' submission within the applicant portal.

Address

Street 456, Avenue Street Road	City Washington	Country United States
State or Province Washington	Zip Code 10001	County Alaska

Contact Information

Phone Number (344) 556-7893	Cell Number	Email Address cathymori4@gmail.com
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Mailing Address if different than above:

Exit Change of Personal Information Edit

- If you select the incorrect address, an error message displays on the page. Select **Yes/No** to the question "Do you currently hold, or have you ever held a healthcare license or credential in Washington State?" and then click the "Submit" button.
 - If you select "Yes," you will be allowed to search again for your information in the system.
 - If you select "No," a new account will be created for you.

Locate your Account

* Indicates a Required Field

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

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

Yes No

If you click Yes, you will be allowed to search again for your information in our system. If you have questions about this, you may contact us at (360) 236-4700 or send an email to Customer Service. Office Hours are M-F 8am to 5pm PST.
If you click No, a new account will be created for you.

Submit



- c. **No Match:** If the system cannot find your information, an error message displays on the page. Select **Yes/No** to the question “Do you currently hold, or have you ever held a healthcare license or credential in Washington State?” and then click the "Submit" button.
- If you select "Yes," you will be allowed to search again for your information in the system.
 - If you select "No," a new account will be created for you.

Locate your Account

* Indicates a Required Field

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

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

Yes No

If you click Yes, you will be allowed to search again for your information in our system. If you have questions about this, you may contact us at (360) 236-4700 or send an email to Customer Service. Office Hours are M-F 8am to 5pm PST.
If you click No, a new account will be created for you.

Submit

3. To create your new account, you will be directed to the "My Profile" page.

Profession Credentialing Surveys

My Profile

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

Personal Information

*First Name: Cathy Middle Name: Last Name: Mori

*Date of Birth: Social Security Number: *Gender:

Address

*Street: *City: *Country: United States

*State or Province: *Zip Code: *County:

Contact Information

Phone Number: Cell Number: *Email Address: cathymori4@gmail.com

Mailing Address if different than above:

Exit Save



4. Enter all the required information in the "Personal Information" section.

My Profile

* Indicates a required field

Personal Information

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

*First Name: Cathy, Middle Name: , *Last Name: Mori

*Date of Birth: 04/01/2000, Social Security Number: , *Gender: Female

5. Enter all the required information in the "Address" section.

Note: After entering the address, the Validate Address button will be activated. Click the "Validate Address" button to confirm the address.

Address

*Street: 456, Avenue Street Road, *City: Washington, *Country: United States

*State or Province: Washington, *Zip Code: 10001, *County: Alaska

Validate Address

You can select the System Recommended Address or may proceed with the Original Address then click the "Submit" button.

Address Confirmation

* Indicates a required field

* Select any one of the following:

System Recommended Address

System Recommended Address		
Street	City	Country
456, Avenue Street Road	New York	US
State or Province	Zip Code	County
NY	10001	

Original Address

Original Address		
Street	City	Country
456, Avenue Street Road	Washington	US
State or Province	Zip Code	County
WA	10001	Alaska

Modify Address

Submit

Exit

Save



6. Click the "Save" button after entering all the required information.

Note: If you select: Mailing Address if different than above checkbox, you must enter the mailing address.

My Profile

* Indicates a required field

Personal Information

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

*First Name: Cathy, Middle Name: Mori, *Last Name: Mori
*Date of Birth: 04/01/2000, Social Security Number: [Redacted], *Gender: Female

Address

*Street: 456, Avenue Street Road, *City: Washington, *Country: United States
*State or Province: Washington, *Zip Code: 10001, *County: Alaska

Contact Information

Phone Number: (344) 556-7893, Cell Number: [Redacted], *Email Address: cathymori4@gmail.com

Mailing Address if different than above:

● The entered information will be saved. Scroll to the bottom then Click the "Exit."

Profession Credentialing ▾ Surveys

My Profile

Personal Information

First Name: Cathy, Middle Name: Mori, Last Name: Mori
Date of Birth: 04/01/2000, Social Security Number: [Redacted], Gender: Female

Note: If any of the information above is incorrect, please submit a 'Change of Personal Information' submission within the applicant portal.

Address

Street: 456, Avenue Street Road, City: Washington, Country: United States
State or Province: Washington, Zip Code: 10001, County: Alaska

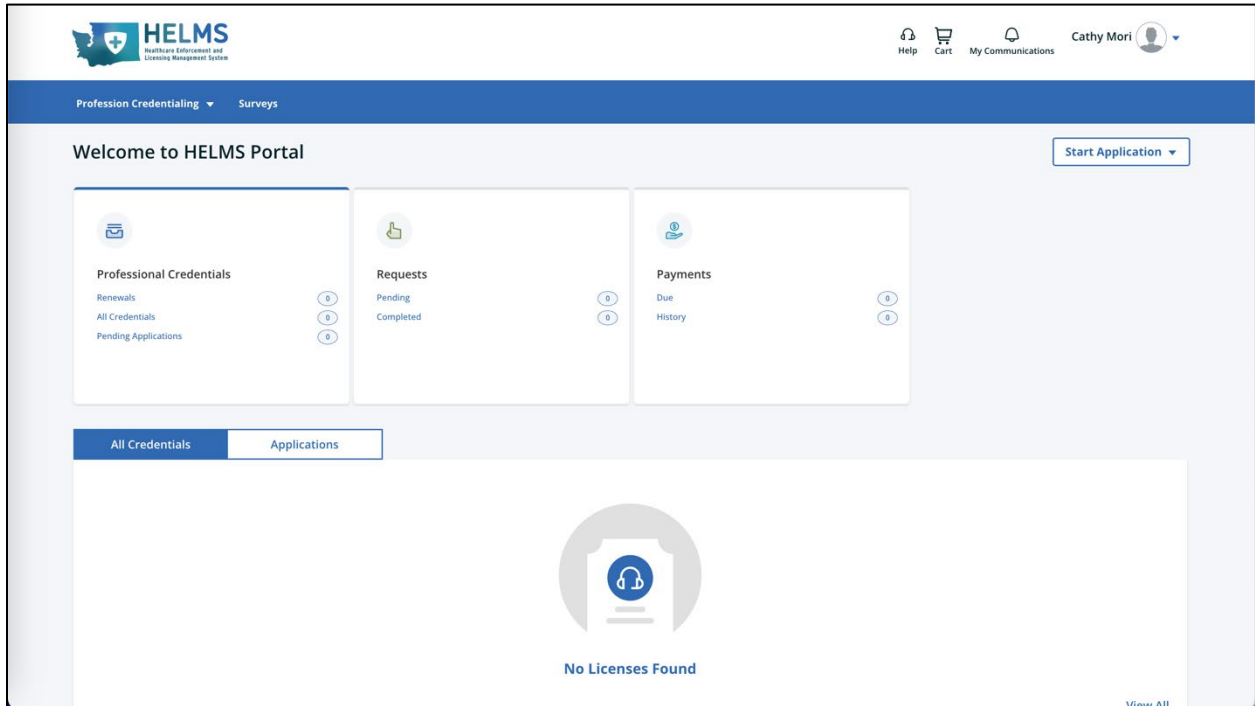
Contact Information

Phone Number: (344) 556-7893, Cell Number: [Redacted], Email Address: cathymori4@gmail.com

Mailing Address if different than above:



The account is created, and you will be directed to the Landing page/Dashboard.



Note: For all subsequent logins, you will be taken directly to your Landing page/Dashboard.



Change of Personal Information

Note: To update the "Address" and "Contact Information," click the "Edit" button.

If your information is not correct:

1. Click "Change of Personal Information" button on the "My Profile" page.

The screenshot shows the 'My Profile' page in the HELMS portal. The page is divided into three main sections: Personal Information, Address, and Contact Information. Each section contains several input fields for user data. At the bottom right of the form, there is a red-bordered button labeled 'Change of Personal Information' and a blue 'Edit' button. The 'Change of Personal Information' button is highlighted with a red box.

2. By selecting check boxes, choose the fields that should be updated.

The screenshot shows the 'My Profile' page in the HELMS portal with a modal dialog box open. The dialog box is titled 'Change of Personal Information' and contains a list of checkboxes for selecting which fields to update: First Name, Middle Name, Last Name, Date of Birth, and Social Security Number. A red box highlights the checkboxes. The background of the page is dimmed, and the 'Change of Personal Information' button from the previous screenshot is visible at the bottom right of the page.

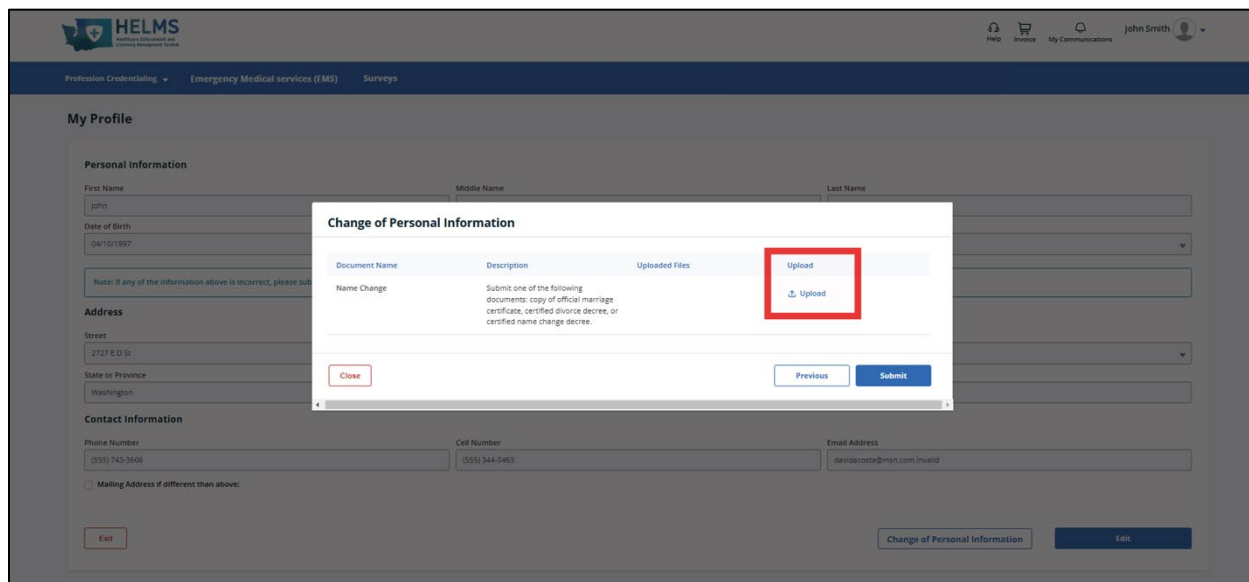


Note: Each field will appear once selected, and you can select multiple fields to update.
Enter the correct information.

3. Enter the correct information, then click "Save & Next."

The screenshot displays a web portal interface for updating personal information. A modal window titled "Change of Personal Information" is open, overlaying a background form. The modal contains a message: "* Indicates a required field". Below this, there is a list of fields to update: "First Name" (checked), "Middle Name", "Last Name", "Date of Birth", and "Social Security Number". Under the "First Name" section, there is a text input field containing "DivyaTest". A red arrow points to this input field. At the bottom of the modal, there are two buttons: "Close" and "Save & Next". The "Save & Next" button is highlighted with a red box. The background form shows fields for "Date of Birth" (08/23/1995), "Social Security Number" (XX-XXX-2341), "Gender", "Address" (740 Marshall A, Illinois), and "Contact Information" (Phone Number: (987) 654-3214, Mailing Address). The footer of the page includes the HELMS logo and links for "Contact us", "Notices", and "Subscribe for Updates".

4. Click "Upload" to attach the relevant documents supporting the information change. Attach the files by dragging and dropping them into the window or clicking "Select Files" button.
5. After uploading the necessary supporting documents, click the "Submit" button.

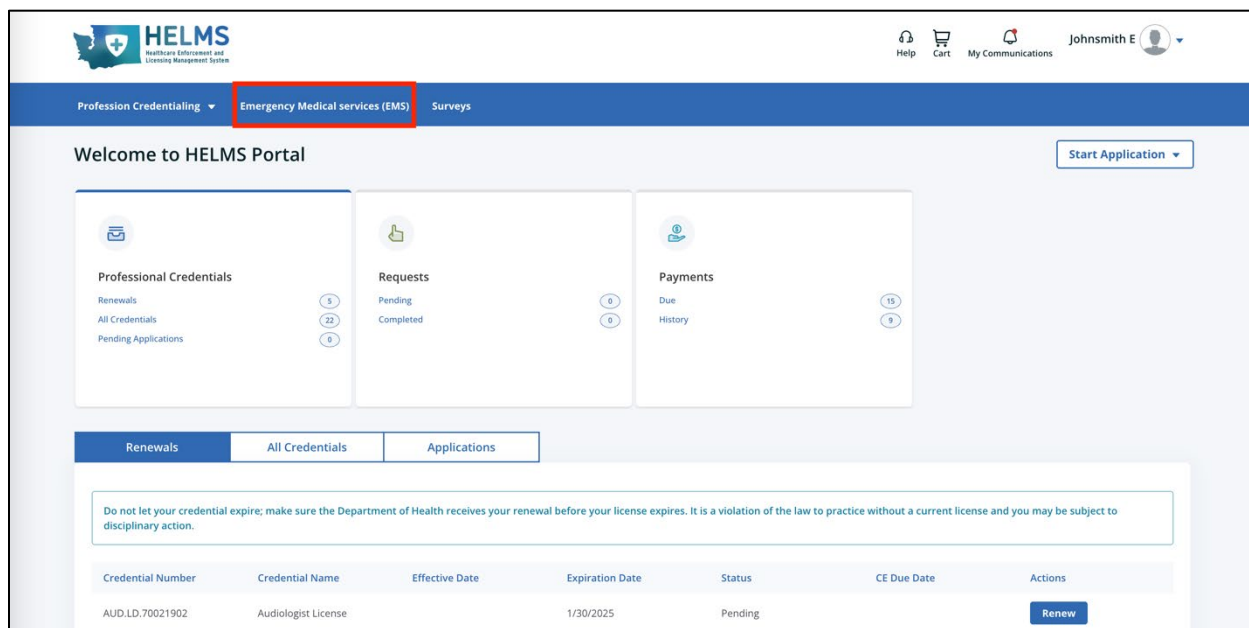


THE EMERGENCY MEDICAL SERVICES (EMS) AREA

The HELMS portal provides a centralized experience by allowing authorized EMS users to access these EMS tools directly. This streamlined access ensures you can manage essential EMS operations, review critical data, and oversee facilities without needing separate systems.

To access these tools:

1. Click the "Emergency Medical Services (EMS)" tab in the blue navigation bar.





- You will be taken to a list of EMS accounts that are associated with your account. Click "View" on the facility you wish to manage.

HELMS
Professional Credentialing | Emergency Medical services (EMS) | Surveys

Emergency Medical services (EMS)

*Indicates a required field

*Search Facility

Type facility name

Account Name	Credential Name	UBI(Unified Business Identifier)	FEIN	Organization Name	County	Actions
Huger Harbor Fire Dist #25	AIDV ES.0000173	876543289	756342578	Fire Dist #25 Huger Harbor	Grays Harbor County	<input type="button" value="View"/>
Fire Protection Dist #3 Shelton County	AIDV ES.0000898				Yakima County	<input type="button" value="View"/>
Barnwell 2 Fire & Rescue	AMBV ES.0000078				Cowlitz County	<input type="button" value="View"/>
Tricounty Ambulance	AMBV ES.60819678				King County	<input type="button" value="View"/>
City of Bend Fire Department	AMBV ES.00006754				Thurston County	<input type="button" value="View"/>
Jones County Fire Protection District #8	AMBV ES.61222965				Cowlitz County	<input type="button" value="View"/>

Previous Page 1 of 4 Next

You will then be brought to the EMS facility page.

EMS FACILITY PAGES

The EMS facility pages are the home screens for the Emergency Medical Services (EMS) accounts and allows quick access to **Vehicle Management, Applications, Agency Rosters, and Affiliation Requests.**

ALL VEHICLES

If your agency has EMS vehicles registered, they will be displayed in the first tab on their facility details page.

HELMS
Professional Credentialing | Emergency Medical services (EMS) | Surveys

Emergency Medical services (EMS)

Facility Details

Account Name: Huger Harbor Fire Dist #25 | UBI (Unified Business Identifier): 876543289 | FEIN: 756342578

Organization Name: Fire Dist #25 Huger Harbor | County: Grays Harbor County | Credential Number: AIDV ES.0000173

Vehicle Year	Vehicle Model	Vehicle Make	Vehicle License Plate No.	Cred No.	Type	Vehicle VIN	Action
2022	F-150 SSV	Ford	673 ACQ		Aid Vehicle	3N1A861E69L637649	<input type="button" value="Remove"/>



Adding Vehicles to a Facility

If you need to add vehicles to the facility:

1. Click the "Add Facility Vehicle" button.

Note: Click "View All" link to see all active vehicles attached to this facility.

HELMS
Healthcare Information Management and Learning Assessment System

Help Invoice My Communications John Smith

Profession Credentialing Emergency Medical services (EMS) Surveys

Emergency Medical services (EMS)

Facility Details

Account Name	UBI (Unified Business Identifier)	FEIN
Huger Harbor Fire Dist #25	875543289	756342578
Organization Name	County	Credential Number
Fire Dist #25 Huger Harbor	Grays Harbor County	AIDV ES 00000173

All Vehicles All Applications Agency Roster All Affiliation Requests

Vehicle Year	Vehicle Model	Vehicle Make	Vehicle License Plate No.	Cred No.	Type	Vehicle VIN	Action
2022	F-150 SSV	Ford	673 ACQ		Aid Vehicle	3N1AB61E69L637649	Remove

Back Add Facility Vehicle View All

2. Select the **credential** for the facility, then click the "Continue" button.

All Facility Vehicle Add Facility Vehicle

Vehicle Year	Vehicle Model	Vehicle Make	Vehicle License Plate No.	Cred No.	Type	Vehicle VIN	Action
2022	F-150 SSV	Ford	673 ACQ		Aid Vehicle	3N1AB61E69L637649	Remove

Select License

Select Credential

Close Continue

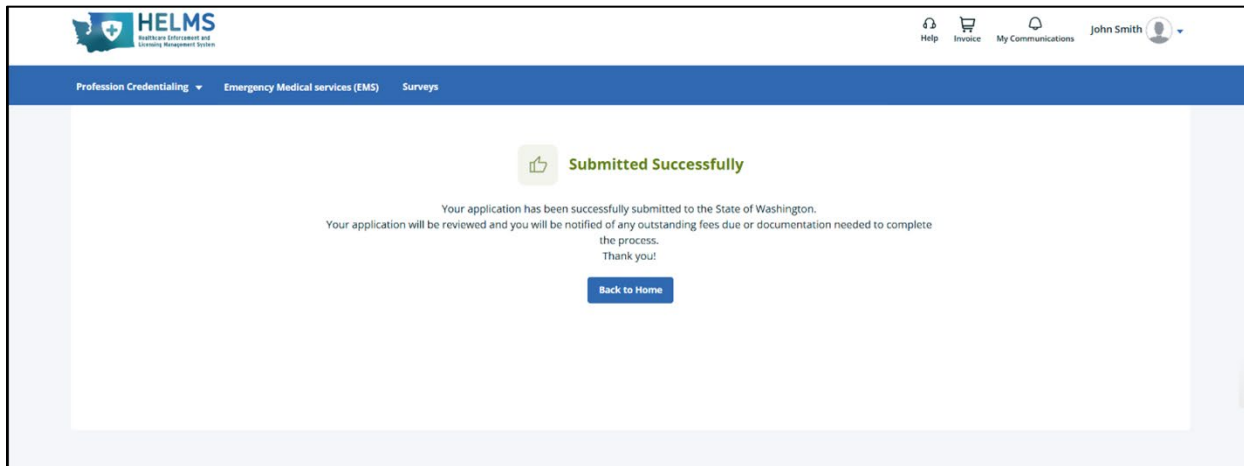
3. Complete the **Aid Service Verified License** application or other licenses as needed.



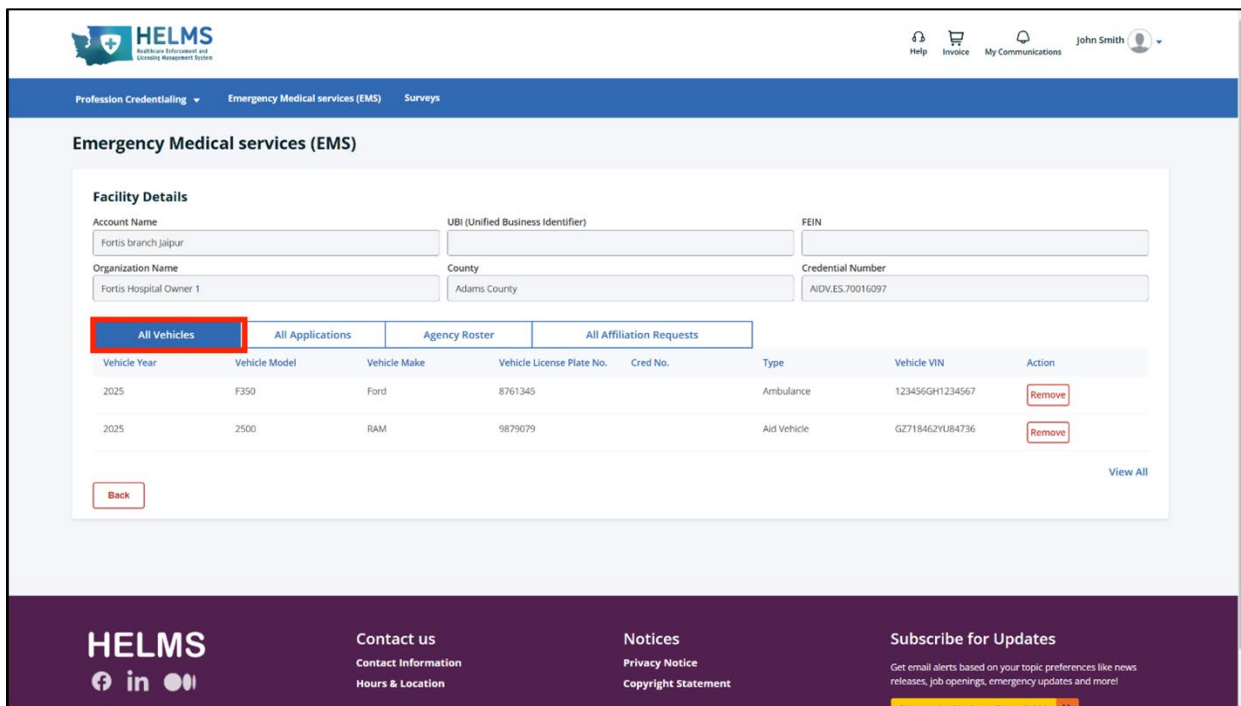
4. After filling all the required details in each of the steps, click the "Submit" button.

5. A confirmation message will appear. Click the "Back to Home" button to return to the main dashboard.

Please note that this will navigate you away from the EMS section. If you wish to continue managing or viewing Emergency Medical Services (EMS), you will need to click on the "Emergency Medical Services (EMS)" tab on the navigation bar once you're back on the Home page. This will bring you back into the EMS section where you can proceed with further actions.



After your application is reviewed and approved, the vehicle will appear in the "All Vehicles" tab of your facility details page.



ALL APPLICATIONS

The All Applications tab is the next list option on a facility details page. Any applications, such as Paramedic Certifications, will be displayed in this list. To review or process an affiliation submitted with the application:



1. Click "View" to review the application. The application will open in a new tab of your browser. Once you've completed the review of the application and its affiliation, you can close the tab and return to the **Facility Details** page.

Application Name	Type	Applicant	Date of Application	Date Approval Request Came In	Credential Number	Expiration Date	EMS Agency Approval Date	CC Action Date	Approver Status	Action
Emergency Medical Technician Certification	Renew	Kike Hernandez	02/28/25		EMT.ES.770004275	3/1/2025				View

2. After you've returned to the **Facility Details** page, click the **three dots** on the right side of the application row to **Approve** or **Deny** the affiliation submitted with the application.

Application Name	Type	Applicant	Date of Application	Date Approval Request Came In	Credential Number	Expiration Date	EMS Agency Approval Date	CC Action Date	Approver Status	Action
Emergency Medical Technician Certification	Renew	Kike Hernandez	02/28/25		EMT.ES.770004275	3/1/2025				View Approve Deny

3. Click the "checkbox" to affirm your review then click the "Confirm" button.

Confirmation

* Indicates a required field

I affirm that if this applicant is certified, he/she will provide care with our EMS agency.

Name: John Smith Date: 03/07/2025

[Cancel](#) [Confirm](#)



Note: If an application is approved, it will be listed on the Agency Roster as a pending credential.

AGENCY ROSTER

The **Agency Roster** shows all the people associated with your facility, their credentials, and the status of those credentials. From the "Agency Roster" tab on the facility details page, an agency supervisor can click "Remove" to remove them from the facility.

Profession Credentialing | Emergency Medical services (EMS) | Surveys

Emergency Medical services (EMS)

Facility Details

Account Name: Hugger Harbor Fire Dist #25 | UBI (Unified Business Identifier): 876543289 | FEIN: 756342578
 Organization Name: Fire Dist #25 Hugger Harbor | County: Grays Harbor County | Credential Number: AIDV.ES.00000173

Select	Person	Credential	Credential Status	Expiration Date	Primary	IV Therapy Training	Supraglottic Airway	ESE	SEI	Action
<input type="checkbox"/>	Joe Smith	EMT.ES.70000244	Active		No			No	No	<input type="button" value="Remove"/>
<input type="checkbox"/>	Emily Megan Driver	EMT.ES.70000655	Active	07/31/2028	Yes			No	No	<input type="button" value="Remove"/>
<input type="checkbox"/>	Christian Kevin Metzler	EMT.ES.70000347	Active	03/15/2025	Yes			No	No	<input type="button" value="Remove"/>
<input type="checkbox"/>	Denise Leann Duval-Schmoe	EMT.ES.61349726	Active	07/31/2026	Yes		5/27/2021	No	No	<input type="button" value="Remove"/>
<input type="checkbox"/>	Robert Bhalla	PARA.ES.70001555	Expired		No			No	No	<input type="button" value="Remove"/>



ALL AFFILIATION REQUESTS

EMS providers may request to change their affiliation or add an affiliation related to one of your facilities. In that case, a request will appear in the "All Affiliation Requests" tab of your facility details page. You can **Approve** or **Deny** affiliation requests in this list by using the **three dots** button in the Action column. If you approve a request, this provider will be affiliated with the facility.

The screenshot shows the HELMS (Healthcare Enforcement and Licensing Management System) portal. At the top, there is a navigation bar with 'Profession Credentialing', 'Emergency Medical services (EMS)', and 'Surveys'. The user is logged in as 'John Smith'. The main content area is titled 'Emergency Medical services (EMS)'. Under 'Facility Details', there are input fields for Account Name (Huger Harbor Fire Dist #25), UBI (876543289), FEIN (756342578), Organization Name (Fire Dist #25 Huger Harbor), County (Grays Harbor County), and Credential Number (AIDV.ES.00000173). Below this is a tabbed interface with 'All Affiliation Requests' selected. A table lists three affiliation requests for John Smith at Huger Harbor Fire Dist #25, all with a date of 3/25/2025. The first row's 'Action' column contains a three-dot menu icon highlighted with a red box.

Facility Name	Name	Credential	Is Primary	Date of Request	Approver Status	Action
Huger Harbor Fire Dist #25	John Smith	EMT.ES.70005571	No	3/25/2025		⋮
Huger Harbor Fire Dist #25	John Smith	EMT.ES.70005571	No	3/25/2025		⋮
Huger Harbor Fire Dist #25	John Smith	EMT.ES.70005571	No	3/25/2025		⋮