

WAserv Registration Guide

January 29, 2021

To begin the registration process, go to: www.waserv.org



Click: **Register for WAserv**

Set up your account by completing the registration form. Enter your personal information in the appropriate boxes until you come to the Occupation Information.

Add Organization: **Select Retired Volunteer**

① For the best experience, do not use the refresh, stop, back or forward buttons on the browser and only single-click buttons within a page.

② An asterisk (*) indicates a required field. You will be alerted if the required information has not been entered.

③ For your security, all communications are encrypted and you will be logged out automatically if you are inactive for more than 60 minutes.

④ We recommend the latest version of [Microsoft Internet Explorer for Windows](#), [Mozilla Firefox for Mac or PC](#), [Apple Safari for Mac or PC](#) or [Google Chrome for Mac or PC](#) with JavaScript enabled and pop-up blocker turned off to use this site. Please see your browser's help file for more information.

Organizations

Organizations represent official groups that you have affiliation with as a WAserv user. Click the Add Organizations link below to see a complete list of organizations and select those you want to join.

Add Organizations

* Organization(s):

Account Information

Creating an account is the first step in the WAserv registration process. You will use your account username and password each time you log into WAserv.

* Username:
The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, -, and _ . Usernames are not case sensitive.

* Password:

* Confirm Password:

* Secret Question:

* Secret Answer:

✖ Password must be 10 characters or longer
✖ Password must contain a number
✖ Password must contain a special character
✖ Password must contain uppercase letter
✖ Confirmation password must match

WAserv: Convert Select Terms of Service and Privacy Policy

* Terms of Service: By checking this box, I indicate that I understand the Privacy / Disclaimer / Copyright Policy for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.

* Information Pledge: By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to WAserv and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.

Name and Address

Prefix: [input] Example: Dr., Col., Mr., Mrs., Ms.
* First Name: [input]
Middle Name: [input]
* Last Name: [input]
Suffix: [input] Example: Jr., Sr., MD., PhD, RN
* Address Line 1: [input]
Address Line 2: [input]
* City: [input]
* State/Province: Select
* County or Tribe of Residence: County Tribe
* Zip Code: [input]
Work State: Select

Contact Information

Primary Email Address
Email Address: [input]
Confirm Email Address: [input]
+ Add Email Address

Contact Method 1
* Contact Method 1: Select
* Number to Attempt: [input] x [input]
+ Add Another Contact Method

In Occupation Information – Select **Medical**

Select **your Occupation** from the drop-down list

In Professional Status for this Occupation Select either:

Licensed/Certified and Inactive for **Less Than 5 Years**

Licensed/Certified and Inactive for **More Than 5 Years**

Select **NEXT**

Occupation Information

* What is your occupation type?

* Occupation:
If your occupation does not appear in the list, please select Other.

* What is your current professional status for this occupation?

Registration Feedback

How did you hear about the site?
If Other, please specify in the comments.

Comments:

You will be brought into WAserv with this message (When finished reading, click the X)

Attention Required

Alert 1 of 1

Congratulations, you are now registered for WAserv (training).

Your initial registration for WAserv (training) is now complete. However, additional information is needed in order to make you eligible for potential deployments. Please take the time to fill out all of the sections listed in your [Profile Summary](#).

This message will appear each time you return to the Home page until all sections are completed.

There are eight (8) Categories that can be completed as shown below. You will need to provide information for three (3) of them – Identity, Contact and Occupations. Click on each category and complete the requested information.

First, click on Identity Tab

Edit Information

Be sure to enter Date of Birth and Gender

Save Changes

Second, click on: Contact Tab

Edit Information

Save Changes

Denise Miles | Log Out

Home My Profile Missions Messages Organizations

Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings

Summary

27 % Complete

In order to make you eligible for potential deployments, all profile information must be complete. Please take the time to fill out each section below.

- [Identity](#) (incomplete - required fields missing)
Your name, current address, physical characteristics, and ability to operate a licensed motor vehicle.
- [Deployment Preferences](#) (incomplete - required fields missing)
Your availability for deployments, activity preferences for deployments, and existing emergency response commitments.
- [Contact](#) (incomplete - required fields missing)
Your contact information and emergency contacts for use during a deployment.
- [Occupations](#) (incomplete - must complete occupations)
Your professional experience.
 - [Registered Nurse](#) (needs attention - page not visited)
Credentials are the formal qualifications you possess and are verified by the system.
- [Training](#) (incomplete - page not visited)
Your completed training courses.
- [Skills and Certifications](#) (incomplete - page not visited)
Your expertise to be considered for deployment eligibility and prior deployment history.
- [Medical History](#) (incomplete - page not visited)
Your health conditions that may affect deployment eligibility and your vaccination history.
- [Background Check](#) (complete)
Your background check may affect deployment eligibility.

Third, click on Occupations Tab
Click on the Occupation Name

Denise Miles | Log Out

Home My Profile Missions Messages Organizations

Summary Identity Deployment Prefs Contact Occupations Training Skills & Certifications Medical History Background Check Settings

Occupations

Add up to 4 occupations that you currently hold or have held in the past. Use the arrows in the Occupation Rank column to move the occupations up or down and determine your primary (1) and secondary (2-4) occupations.

Add Another Occupation

Occupation Name	License Last Checked	Occupation Rank
Registered Nurse	--	1

Select an action:

Click on Edit Information

The screenshot shows the WAserv user interface. At the top, there is a navigation bar with the WAserv logo and a mountain landscape. Below this is a secondary navigation bar with links for Home, My Profile, Missions, Messages, and Organizations. A third navigation bar contains links for Summary, Identity, Deployment Prefs, Contact, Occupations, Training, Skills & Certifications, Medical History, Background Check, and Settings. The main content area is titled 'Edit Registered Nurse' and is divided into two sections: 'Professional Status' and 'Professional License'. The 'Professional Status' section includes a dropdown menu for 'What is your current professional status for this occupation?' with the selected option 'Licensed/Certified and Inactive for L'. The 'Professional License' section contains several form fields and radio buttons: 'Is the name on this license the same as the name you provided in your personal information?' with 'Yes' selected; 'License Number' with an empty text box; 'Issuing State or Jurisdiction' with a dropdown menu set to 'Select'; 'Expiration Date' with an empty text box; 'Is your license in good standing?' with 'No' selected; and 'Is your license free of adverse actions and restrictions?' with 'No' selected.

Enter Your Expired License Number
Enter the Issuing State
Click Save Changes

Click Log Out; This completes your registration requirements.

If you have questions, please email waserv@doh.wa.gov