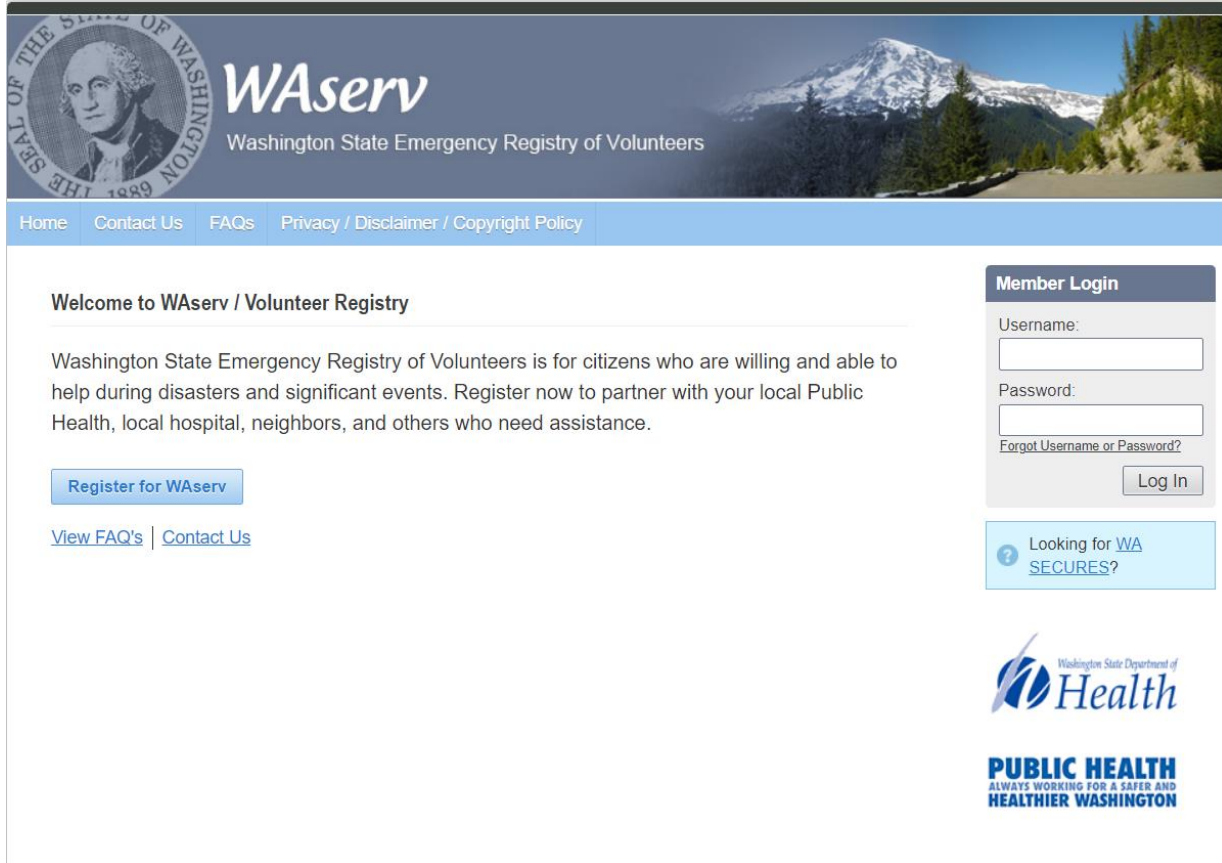


To begin the registration process, go to: [www.waserv.org](http://www.waserv.org).

**Step 1: Register for WAserv**

Select the button: **Register for WAserv**.



Click **Add Organizations**.

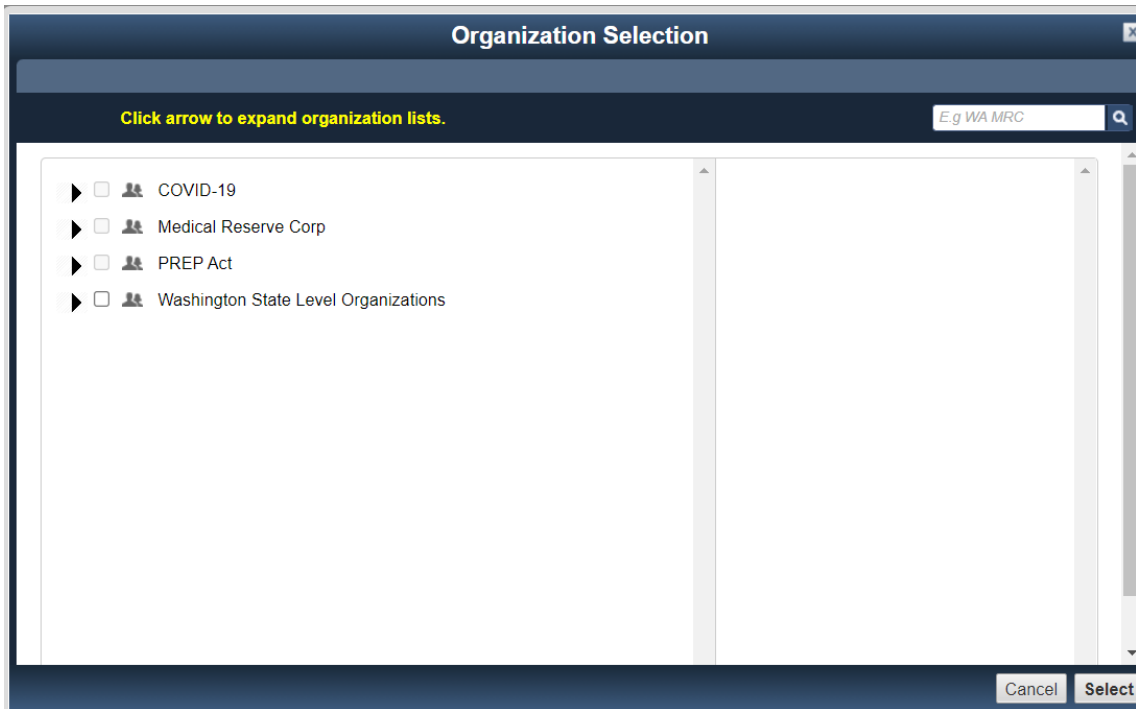
Organizations

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.

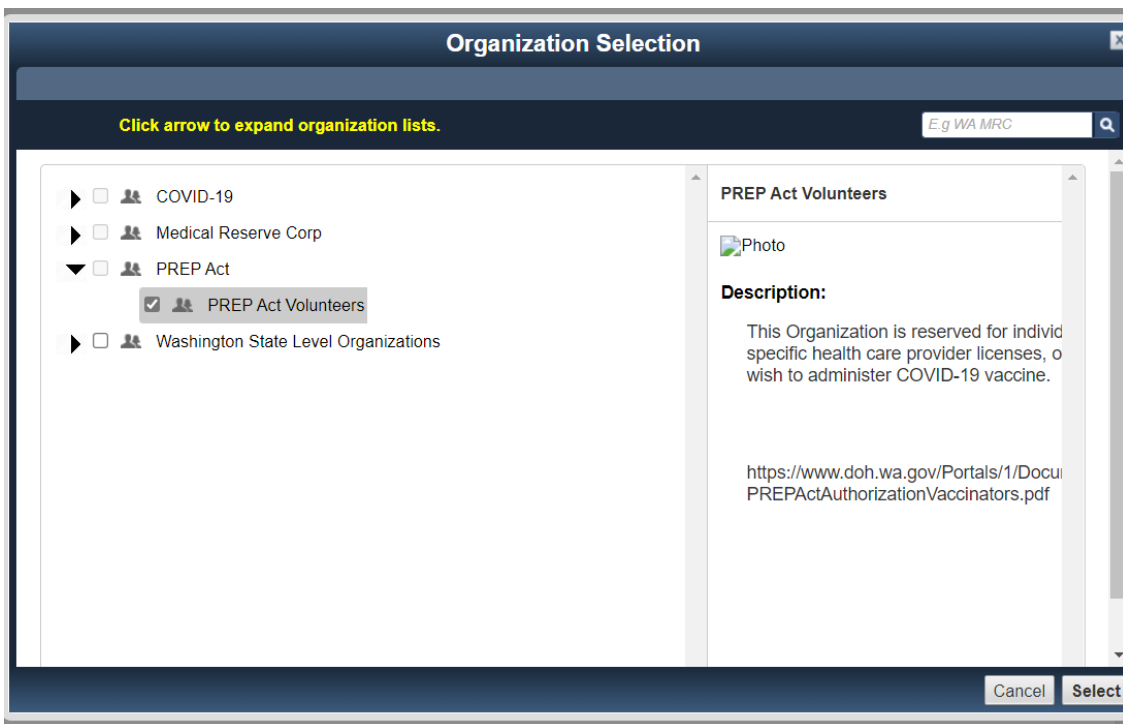
**Add Organizations**

\* Organization(s):

Click the arrow to expand **PREP Act**.




Check the **PREP Act Volunteers** box then click **Select**.



**It is important to complete all required fields of the WAserv registration. Required fields are identified with an asterisk (\*). Not completing these fields will result in delays processing your registration and receiving approval to practice.**

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


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 **Add Organizations**

\* Organization(s):

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**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:

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**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.

For Occupation type: Select **Medical**.

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

For Professional Status select either:

- Licensed/Certified and Active** or
- Licensed/Certified and Inactive for Less Than 5 Years** or
- Licensed/Certified and Inactive for More Than 5 Years**

Select **NEXT**.

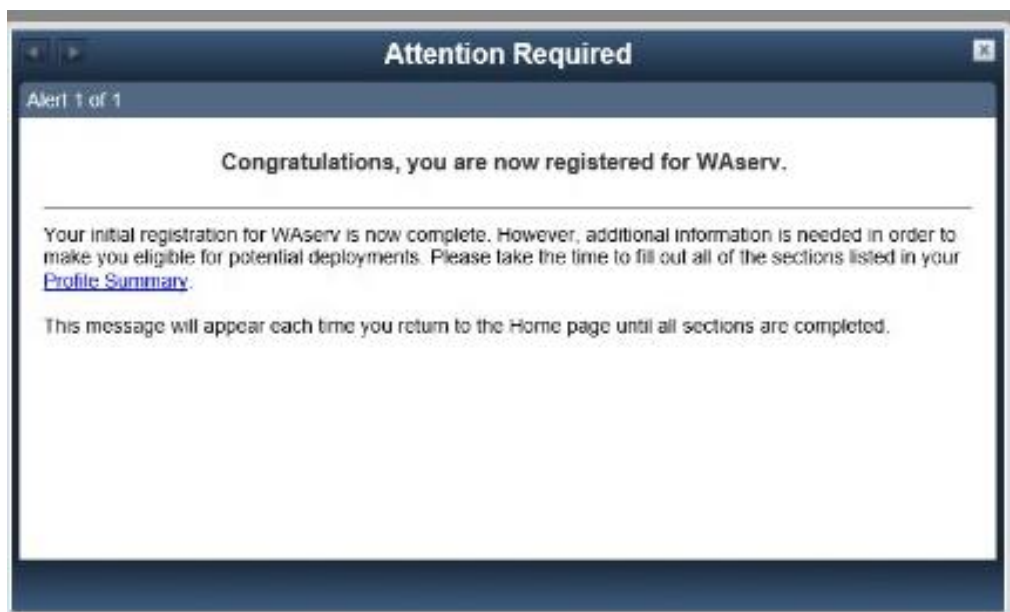
The screenshot shows a registration form with the following sections and fields:

- Occupation Information** (Section Header)
- Field: \* What is your occupation type? (Dropdown menu: Medical)
- Field: \* Occupation: (Dropdown menu: Licensed Practical Nurse)  
If your occupation does not appear in the list, please select Other.
- Field: \* What is your current professional status for this occupation? (Dropdown menu: Select)
- Registration Feedback** (Section Header)
- Field: How did you hear about the site? (Text input)
- Field: Comments: (Text area)

The dropdown menu for Professional Status is open, showing the following options:

- Select
- Licensed/Certified and Active
- Licensed/Certified and Active Part-Time
- Licensed/Certified and Inactive for Less than 5 Years
- Licensed/Certified and Inactive for More than 5 Years
- Non-Licensed and Active
- Non-Licensed and Retired
- Non-Licensed and Student

Upon completion of Step 1, you will receive this message (When finished reading, click the X).



## **Step 2: Manage Profile on WAserv**

Click on the tab **My Profile** then select **Occupations**.

Complete the **Occupation Information** and **Professional License** sections with your current **License Number, Issuing State or Jurisdiction and Expiration Date** as well as any additional licenses you hold or have held for this occupation. Add all occupations for which you have ever held a license and the license information for each occupation.

Occupation Information

\* What is your occupation type? Medical

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

\* What is your current professional status for this occupation? Licensed/Certified and Active

Professional License

◆ Please provide the responder's license information for the occupation above

Is the name on the responder's license the same as the name provided in his or her personal information?  Yes  No

License Number:   
*Professional License number, exactly as it appears on the license.*

Issuing State or Jurisdiction: Select  
*State or jurisdiction in which this license was issued.*

Expiration Date:

Is the responder's license in good standing?  Yes  No

Is the responder's license free of adverse actions and restrictions?  Yes  No

- The word **“complete”** will appear by categories that are complete, and the word **“attention”** will appear by categories that are not complete. Please update your profile as completely as possible. Click **Save** when you are finished.
- WAserv will be the primary method of communication about opportunities that arise for volunteering. Be sure to accept WAserv as a “safe sender” and check your spam box frequently so you don’t miss communications.

The State of Washington appreciates your willingness to help our communities meet current and emerging needs during the response to COVID-19. Thank you!

Questions?

Please email: [waserv@doh.wa.gov](mailto:waserv@doh.wa.gov)