



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

2015-17

***Uniform
Disciplinary Act
Biennial Report***



***Health Systems
Quality Assurance
Division***

December 2017

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Notes

The Uniform Disciplinary Act (UDA) provides the statutory legal and policy framework that sets up the parameters for the regulation and oversight of healthcare providers in Washington state. The secretary of health and 17 boards and commissions representing various health professions are charged with implementing this law. The department, and the boards and commissions develop rules to implement the UDA, and these rules are developed following the Administrative Procedures Act and have the force of administrative law. The secretary and boards/commissions are the disciplining authorities and decide whether the healthcare professional has committed unprofessional conduct, whether he or she can continue to practice with reasonable skill and safety, and under what conditions, if any.

1. This report uses legal and regulatory terms that might not be familiar to some readers. To help you understand this report, please see Appendix A for definitions.
2. The Uniform Disciplinary Act provides the legal and policy framework for the regulatory oversight of health professions. The Act can be found at RCW 18.130.
3. Further details on disciplinary information against particular providers are available to the public via the Washington State Department of Health's [Provider Credential Search](https://fortress.wa.gov/doh/providercredentialsearch/). The URL is: <https://fortress.wa.gov/doh/providercredentialsearch/>. This feature allows users to search for individual providers, businesses, or credentials licensed in Washington state for any disciplinary actions reported against them.

Introductory Summary

Health Systems Quality Assurance Division

The Health Systems Quality Assurance Division (HSQA) of the Department of Health regulates over 465,000 health care providers in 83 professions.¹

The department directly regulates 45 health professions. Thirty seven professions are fully regulated in coordination with 17 boards and commissions. The department works closely with these boards and commissions to credential health professionals, investigate complaints, and to take disciplinary action.² One board, the Board of Massage, has split authority with the department over its professions.³

**Table 1: Secretary and Board/Commission Authority
2015-17 Biennium**

Regulatory Authority	Licensure	Discipline
Secretary of Health	45	46
Boards/Commissions	38	37
Total	83	83

The department also supports the work of the health profession boards and commissions to develop rules and standards of practice that regulate the professions. In addition, it assists the boards and commissions in monitoring healthcare providers' compliance with sanctions.

This report describes regulatory activities for all professions subject to the Uniform Disciplinary Act (UDA), including emergency medical services professions. The three emergency services professions are Emergency Medical Technician, Emergency Medical Responder, and Paramedic.

¹ This count of healthcare professions considers dietitians/nutritionists and orthotists/prosthetists as single professions.

² Under House Bill 1518 (2013), the Medical Quality Assurance Commission and Nursing Care Quality Assurance Commission were granted greater authority of their credentialing, investigative, and disciplinary functions. The department continues to provide 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 While the department has licensing and disciplinary authority for massage practitioners, the Board of Massage has responsibility for evaluating and approving schools and programs of massage, overseeing examinations for massage licensure, establishing continuing education requirements, and determining which other states have substantially equivalent requirements to those of the state of Washington. The board and the department share rulemaking authority for the profession.

About the 2015-17 Uniform Disciplinary Act (UDA) Report

Because the report describes activities conducted under the authority of chapter 18.130 RCW, the Uniform Disciplinary Act, it is often referred to as the "UDA Report."

This report details the number of complaints made, investigated, and adjudicated among health professions for the period from July 1, 2015 to June 30, 2017. It also reports on the final disposition of cases and provides data on the department's background check activities and its effectiveness in identifying unqualified license holders. In addition, the report includes data on the average distribution, by health profession, of cases assigned to investigators and staff attorneys.

In 2008, the Legislature added a provision allowing health professions boards and commissions to submit supplements to this report. Their reports can cover disciplinary activity, budget concerns, and matters of rule and policy.

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. It also reviews proposed rules and recommends rule modifications for EMS and trauma care.⁴

2015-17 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. During the biennium, 24,468 complaints were filed against credentialed healthcare 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 3,548 open complaints carried over from the previous biennium for a total of 28,016 complaints.

These complaints involved around 4%, or 19,585, of the 467,358 healthcare providers licensed by Washington. Of these complaints, 2,378, or 8.5%, resulted in disciplinary sanctions. When considering all healthcare providers, less than 1% of all regulated health practitioners were disciplined.

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. All actions against healthcare provider credentials since July 1998 are available on the Internet.⁵ Tables 11, 12, and 13 in the body of the report detail the closure types after adjudication. These are broken down by profession and type of disciplinary authority (board, commission, or secretary).

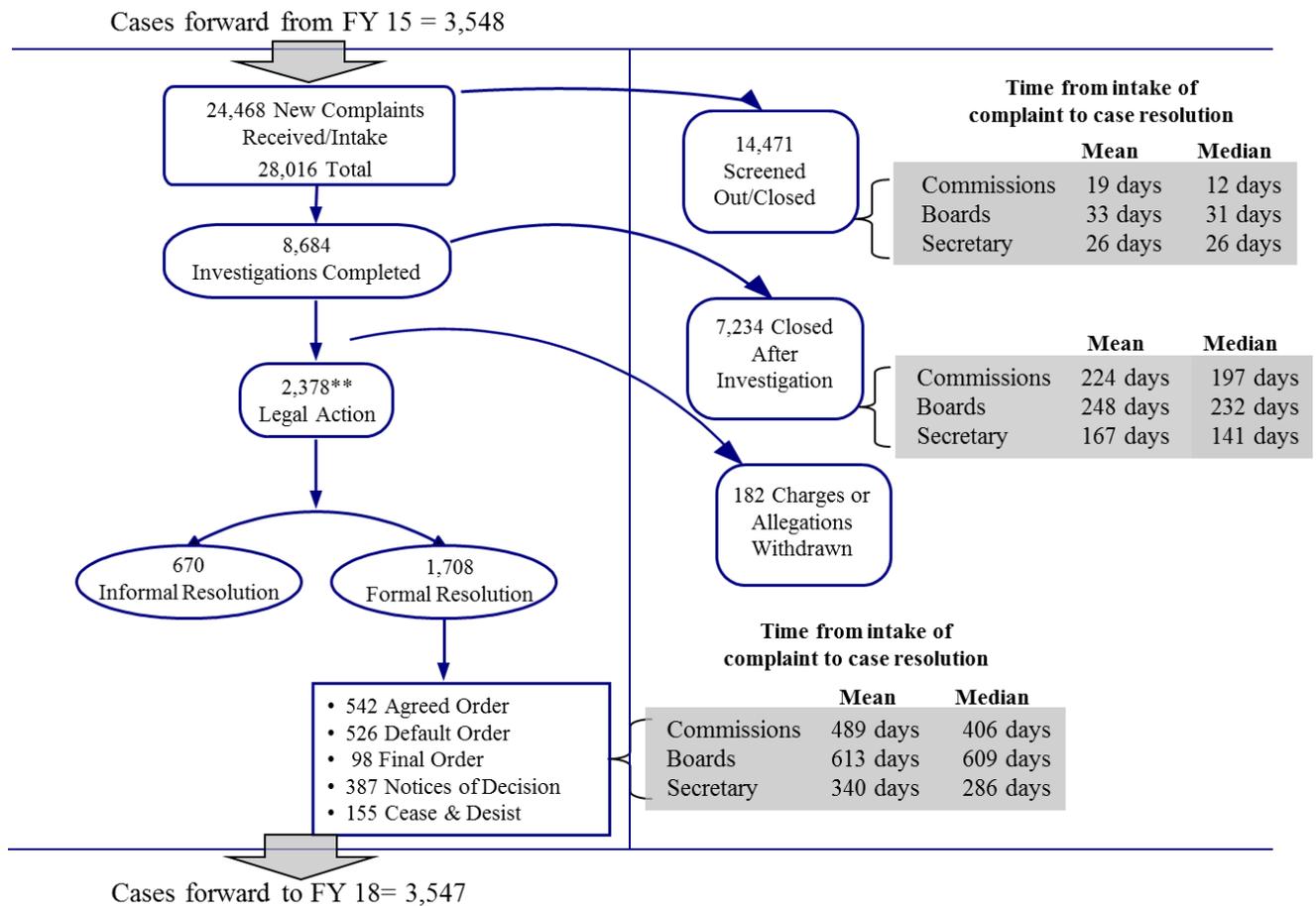
Of the 2,378 disciplinary actions in the 2015-17 biennium, about 28% were resolved with informal dispositions. The remaining actions were made up of formal resolutions. Of these formal resolutions, 23% were Agreed orders, 22% were Default orders, and 4% were Final orders after hearings. Notices of Decision on applications made up 16%, and Cease and Desist orders made up the remaining resolutions—roughly 7%. For definitions of these types of disciplinary actions, see Appendix A (pg. 94).

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

⁴ The Secretary of Health appoints members to the committee as of July 1, 2011. Until then, the governor appointed members.

⁵ 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
2015-17 Biennium**



*The small discrepancy between cases carried forward from FY15 and opened within the biennium, and cases closed within the biennium and carried forward at the end of FY17, can be explained by cases which were reopened and closed within the biennium.

** Because this report represents a snapshot of activity within the biennium, it includes cases which were already partway through this process flow when the biennium began. For example, we may have legal action on cases where investigations were completed in the previous biennium.

Common Violations of the Law

The Uniform Disciplinary Act (UDA) provides the statutory legal and policy framework that sets up the parameters for the regulation and oversight of healthcare providers in Washington state. The secretary of health and 17 boards and commissions representing various health professions are charged with implementing this law. The department, and the boards and commissions develop rules to implement the UDA, and these rules are developed following the Administrative Procedures Act (RCW 34.05) and have the force of administrative law. The secretary and boards/commissions are the disciplining authorities and decide whether the healthcare 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 the department “determines or has cause to believe that a license holder has committed a crime, [they], immediately subsequent to the issuing of Findings of Fact and a Final order, shall notify the attorney general or county prosecuting attorney” as per RCW 18.130.210.

**Table 2: Most Common Disciplinary Violations
2015-17 Biennium**

Type	Percent of Complaints*
Violation of any state statute, federal statute or administrative rule ⁶	33%
Act involving moral turpitude, dishonesty, or corruption relating to the practice of a person's profession ⁷	31%
Personal drug or alcohol abuse ⁸	22%
Incompetence, negligence, or malpractice ⁹	21%
Conviction of a gross misdemeanor or felony relating to the practice of a healthcare profession ¹⁰	15%

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

For more information about the frequency of sanctions imposed, by type and by profession, see Table 15: Sanctions Imposed 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, the average number of cases assigned and worked by the division’s staff attorneys and investigators for the 2015-17 biennium.

Unlicensed Practice

When healthcare that can be provided only by a licensed professional is offered 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 to 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 948 unlicensed practice complaints during the 2015-17 biennium, a decrease of 278 complaints (around 22%) from the 2013-15 biennium. The complete breakdown is summarized below.

⁶ RCW 18.130.180(7)

⁷ RCW 18.130.180(1)

⁸ RCW 18.130.180(6) and (23)

⁹ RCW 18.130.180(4)

¹⁰ RCW 18.130.180(17)

**Table 3: Unlicensed Practice Disciplinary Activity
2015-17 Biennium**

Total Complaints (including carry-over)	948
Closed No Action Taken Before Investigation	400
Closed No Action Taken After Investigation	302
Cease and Desist Order Issued	147
Total Closed	849
Total Carry-Over (Not Yet Closed)	99

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

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.

Types of Criminal Background Checks

The department works with several criminal and background databases to obtain criminal and disciplinary data on applicants:

- 1. Washington Access to Criminal History (WATCH) – this database is operated by the Washington State Patrol (WSP) and provides criminal conviction records for the state of Washington only. It is used for all new applicants.*
- 2. National Practitioner Data Bank (NPDB) - this national data bank is administered by the U.S. Department of Health and Human Services. The data bank acts as a central repository for disciplinary information, including adverse actions, about health professionals. It is used for all new applicants.*
- 3. FBI Fingerprint-based National Background Check- this process is conducted on all out-of-state applicants through the FBI and state patrol.*

The department processed background checks on over 138,000 applicants during the 2015-17 biennium. Checks through the Washington State Patrol’s WATCH database returned reports for 3,705 applicants. From the 3,705 returned reports, the department opened 566 investigations.¹¹ Of these investigations, 47% involved applicants who had disclosed the conviction on the application. Table 18 contains additional details about each profession.

Table 4: HSQA Background Check Activity

Total Applicants	138,401
Applicants with background reports returned	3,705
Cases opened on applicants with reports returned	566
Applicants who disclosed criminal history (% of cases opened)	266 (47%)
Applicants not disclosing criminal history (% of cases opened)	300 (53%)

The background check process also checks all new applicants against the National Practitioner Data Bank (NPDB).¹² This resource includes information about actions in other states to help determine the need for further review.

In addition, since 2009, the department now requires federal fingerprint checks for certain applicants and licensees. This test is used largely on applicants coming from outside of Washington or certain applicants with a criminal history in Washington. The checks are processed through the FBI’s Criminal Justice Information Services (CJIS) division.

¹¹ While 3,705 background reports were returned with criminal activity, many of these reports contained information either unrelated to the application or related to previous background checks (e.g. prior applications for concealed weapons permits.)

¹² Effective May 6, 2013, NPDB and HIPDB (Healthcare Integrity Protection Data Bank) 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. 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 issues a Notice of Decision indicating that the pending application is denied or granted with conditions.

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.

2015-17 Uniform Disciplinary Act Report

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 healthcare providers in Washington. This section of the report contains quantitative data on investigations, case closures, and case resolutions involving healthcare providers during the 2015-17 biennium.

Investigation

The vast majority of healthcare providers never have a complaint filed against them. About 4% of the 467,358 healthcare providers had a complaint against them in the 2015-17 biennium. Of the 28,016 complaints processed during the biennium, about 8.5%, or 2,378, resulted in discipline. When considering all healthcare providers, less than 1% of all regulated practitioners were disciplined.

During the biennium, HSQA received a total of 24,468 complaints against credentialed healthcare 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 3,548 open complaints carried over from the previous biennium. HSQA completed 8,684 investigations during the 2015-17 biennium.

**Table 5: Investigation Activity by Profession
2015-17 Biennium**

Profession	Carry Over From FY15	Complaints Received	Total Complaints	Investigations Completed	Unlicensed Practice Investigations Completed	Total Investigations Completed
Advanced Emergency Medical Technician	2	9	11	7	0	7
Advanced Registered Nurse Practitioner	38	437	475	132	1	133
Animal Massage Practitioner	1	4	5	0	4	4
Athletic Trainer	1	5	6	1	2	3
Audiologist	2	12	14	8	0	8
Cardiovascular Invasive Specialist	0	4	4	1	1	2
Chemical Dependency Professional	108	316	424	218	9	227
Chemical Dependency Professional Trainee	46	236	282	105	2	107
Chiropractic X-Ray Technician	1	4	5	1	0	1
Chiropractor	125	251	376	211	3	214
Counselor, Agency Affiliated	43	347	390	154	6	160
Counselor, Certified	13	59	72	21	5	26
Counselor, Certified Advisor	3	2	5	1	1	2
Dental Anesthesia Assistant	0	0	0	0	0	0
Dental Assistant	27	109	136	53	6	59
Dental Hygienist	11	67	78	13	0	13
Dentist	234	869	1,103	602	7	609
Denturist	14	34	48	28	0	28
Dietitian/Nutritionist	2	14	16	4	1	5
Dispensing Optician	2	13	15	0	8	8
Dispensing Optician Apprentice	0	13	13	3	0	3
East Asian Medicine Practitioner	18	49	67	29	2	31
Emergency Medical Responder	0	3	3	1	0	1
Emergency Medical Technician	23	94	117	42	0	42
Expanded Function Dental Auxiliary	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0
Health Care Assistant*	8	0	8	0	0	0
Hearing aid Specialist	1	12	13	4	0	4
Home Care Aide	85	1,116	1,201	331	13	344
Humane Society	0	0	0	0	0	0
Hypnotherapist	7	10	17	8	0	8
Licensed Practical Nurse	91	1,024	1,115	218	4	222
Marriage and Family Therapist	21	77	98	48	0	48
Marriage and Family Therapist Associate	6	20	26	9	2	11
Massage Therapist	191	693	884	187	105	292
Medical Assistant	98	534	632	231	21	252
Mental Health Counselor	81	309	390	165	9	174
Mental Health Counselor Associate	20	85	105	50	2	52
Midwife	11	31	42	22	4	26
Naturopathic Physician	57	118	175	90	11	101
Nursing Assistant	612	8,231	8,843	1,592	15	1,607
Nursing Home Administrator	46	297	343	131	1	132

Profession	Carry Over From FY15	Complaints Received	Total Complaints	Investigations Completed	Unlicensed Practice Investigations Completed	Total Investigations Completed
Nursing Pool Operator	0	11	11	5	4	9
Nursing Technician	0	3	3	1	0	1
Occupational Therapist	13	52	65	24	0	24
Occupational Therapy Assistant	6	27	33	8	0	8
Ocularist	0	2	2	2	0	2
Optometrist	8	68	76	41	1	42
Orthotics Prosthetics	2	9	11	2	1	3
Osteopathic Physician	85	219	304	149	1	150
Osteopathic Physician Assistant	3	8	11	9	0	9
Paramedic	13	30	43	23	0	23
Pharmacies and Other Pharmaceutical Firms	86	463	549	182	23	205
Pharmacist	118	491	609	293	4	297
Pharmacist Intern	4	21	25	13	0	13
Pharmacy Assistant	28	123	151	44	0	44
Pharmacy Technician	28	157	185	66	0	66
Physical Therapist	21	118	139	51	3	54
Physical Therapist Assistant	16	54	70	21	0	21
Physician	536	2,997	3,533	1,341	34	1,375
Physician Assistant	41	226	267	111	4	115
Podiatric Physician	19	61	80	40	0	40
Psychologist	43	190	233	73	8	81
Radiological Technologist	6	31	37	15	0	15
Radiologist Assistant	0	1	1	0	0	0
Recreational Therapist	0	2	2	0	0	0
Reflexologist	5	5	10	0	2	2
Registered Nurse	278	2,941	3,219	790	10	800
Respiratory Care Practitioner	9	39	48	18	0	18
Retired Volunteer Medical Worker	0	0	0	0	0	0
Sex Offender Treatment Provider	3	27	30	7	0	7
Sex Offender Treatment Provider Affiliate	0	7	7	3	0	3
Social Worker Advanced	2	30	32	6	0	6
Social Worker Associate Advanced	0	0	0	0	0	0
Social Worker Associate Independent Clinical	19	52	71	28	2	30
Social Worker Independent Clinical	20	124	144	41	2	43
Speech Language Pathologist	3	23	26	9	0	9
Speech Language Pathology Assistant	0	1	1	1	0	1
Surgical Technologist	7	25	32	10	2	12
Veterinarian	58	255	313	137	20	157
Veterinary Medication Clerk	3	6	9	1	0	1
Veterinary Technician	8	31	39	14	1	15
X-Ray Technician	8	30	38	16	1	17
Totals	3,548	24,468	28,016	8,316	368	8,684

* The Health Care Assistant credential has been abolished. It is included here due to cases carried over into the 15-17 biennium.

Percentage of Investigations Completed

The following tables compare investigations completed to the number of complaints received. The column titled “% of B/C (or Secretary) Completed Investigations to Complaints” shows investigations completed as a percentage of complaints received by the same profession. For example, 28% (133) of the 475 total complaints received for Advanced Registered Nurse Practitioners had an investigation completed.

The column titled “% of B/C (or Secretary) Investigations Completed” 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 Chiropractor investigations made up 4% (214) of the 5,039 board and commission investigations completed. Meanwhile, Nursing Assistant investigations represented 44% (1,607) of the 3,645 completed secretary profession investigations.

**Table 6: Board and Commission Professions - Percentage of Investigations Completed
2015-17 Biennium**

Profession	Carry Over From FY15	Complaints Received	Total Complaints	Licensed Practice Investigations Completed	Unlicensed Practice Investigations Completed	Total Investigations Completed	% of BC Completed Investigations to Complaints	% of BC Investigations Completed
Advanced Registered Nurse Practitioner	38	437	475	132	1	133	28%	3%
Audiologist	2	12	14	8	0	8	57%	0%
Chiropractic X-Ray Technician	1	4	5	1	0	1	20%	0%
Chiropractor	125	251	376	211	3	214	57%	4%
Dental Anesthesia Assistant	0	0	0	0	0	0	0%	0%
Dental Assistant	27	109	136	53	6	59	43%	1%
Dentist	234	869	1,103	602	7	609	55%	12%
Denturist	14	34	48	28	0	28	58%	1%
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0%	0%
Hearing aid Specialist	1	12	13	4	0	4	31%	0%
Humane Society	0	0	0	0	0	0	0%	0%
Licensed Practical Nurse	91	1,024	1,115	218	4	222	20%	4%
Naturopathic Physician	57	118	175	90	11	101	58%	2%
Nursing Home Administrator	46	297	343	131	1	132	38%	3%
Nursing Technician	0	3	3	1	0	1	33%	0%
Occupational Therapist	13	52	65	24	0	24	37%	0%
Occupational Therapy Assistant	6	27	33	8	0	8	24%	0%
Optometrist	8	68	76	41	1	42	55%	1%
Osteopathic Physician	85	219	304	149	1	150	49%	3%
Osteopathic Physician Assistant	3	8	11	9	0	9	82%	0%
Pharmacies and Other Pharmaceutical Firms	86	463	549	182	23	205	37%	4%
Pharmacist	118	491	609	293	4	297	49%	6%
Pharmacist Intern	4	21	25	13	0	13	52%	0%
Pharmacy Assistant	28	123	151	44	0	44	29%	1%
Pharmacy Technician	28	157	185	66	0	66	36%	1%
Physical Therapist	21	118	139	51	3	54	39%	1%
Physical Therapist Assistant	16	54	70	21	0	21	30%	0%
Physician	536	2,997	3,533	1,341	34	1,375	39%	27%
Physician Assistant	41	226	267	111	4	115	43%	2%
Podiatric Physician	19	61	80	40	0	40	50%	1%
Psychologist	43	190	233	73	8	81	35%	2%
Registered Nurse	278	2,941	3,219	790	10	800	25%	16%
Speech Language Pathologist	3	23	26	9	0	9	35%	0%
Speech Language Pathology Assistant	0	1	1	1	0	1	100%	0%
Veterinarian	58	255	313	137	20	157	50%	3%
Veterinary Medication Clerk	3	6	9	1	0	1	11%	0%
Veterinary Technician	8	31	39	14	1	15	38%	0%
Totals	2,041	11,702	13,743	4,897	142	5,039		

**Table 7: Secretary Professions - Percentage of Investigations Completed
2015-17 Biennium**

Profession	Carry Over From FY15	Complaints Received	Total Complaints	Licensed Practice Investigations Completed	Unlicensed Practice Investigations Completed	Total Investigations Completed	% of Secretary Completed Investigations to Complaints	% of Secretary Investigations Completed
Advanced Emergency Medical Technician	2	9	11	7	0	7	64%	0%
Animal Massage Practitioner	1	4	5	0	4	4	80%	0%
Athletic Trainer	1	5	6	1	2	3	50%	0%
Cardiovascular Invasive Specialist	0	4	4	1	1	2	50%	0%
Chemical Dependency Professional	108	316	424	218	9	227	54%	6%
Chemical Dependency Professional Trainee	46	236	282	105	2	107	38%	3%
Counselor, Agency Affiliated	43	347	390	154	6	160	41%	4%
Counselor, Certified	13	59	72	21	5	26	36%	1%
Counselor, Certified Advisor	3	2	5	1	1	2	40%	0%
Dental Hygienist	11	67	78	13	0	13	17%	0%
Dietitian/Nutritionist	2	14	16	4	1	5	31%	0%
Dispensing Optician	2	13	15	0	8	8	53%	0%
Dispensing Optician Apprentice	0	13	13	3	0	3	23%	0%
East Asian Medicine Practitioner	18	49	67	29	2	31	46%	1%
Emergency Medical Responder	0	3	3	1	0	1	33%	0%
Emergency Medical Technician	23	94	117	42	0	42	36%	1%
Genetic Counselor	0	0	0	0	0	0	--	0%
Health Care Assistant	8	0	8	0	0	0	0%	0%
Home Care Aide	85	1,116	1,201	331	13	344	29%	9%
Hypnotherapist	7	10	17	8	0	8	47%	0%
Marriage and Family Therapist	21	77	98	48	0	48	49%	1%
Marriage and Family Therapist Associate	6	20	26	9	2	11	42%	0%
Massage Therapist	191	693	884	187	105	292	33%	8%
Medical Assistant	98	534	632	231	21	252	40%	7%
Mental Health Counselor	81	309	390	165	9	174	45%	5%
Mental Health Counselor Associate	20	85	105	50	2	52	50%	1%
Midwife	11	31	42	22	4	26	62%	1%
Nursing Assistant	612	8,231	8,843	1,592	15	1,607	18%	44%
Nursing Pool Operator	0	11	11	5	4	9	82%	0%
Ocularist	0	2	2	2	0	2	100%	0%
Orthotics Prosthetics	2	9	11	2	1	3	27%	0%
Paramedic	13	30	43	23	0	23	53%	1%
Radiological Technologist	6	31	37	15	0	15	41%	0%

Profession	Carry Over From FY15	Complaints Received	Total Complaints	Licensed Practice Investigations Completed	Unlicensed Practice Investigations Completed	Total Investigations Completed	% of Secretary Completed Investigations to Complaints	% of Secretary Investigations Completed
Radiologist Assistant	0	1	1	0	0	0	0%	0%
Recreational Therapist	0	2	2	0	0	0	0%	0%
Reflexologist	5	5	10	0	2	2	20%	0%
Respiratory Care Practitioner	9	39	48	18	0	18	38%	0%
Retired Volunteer Medical Worker	0	0	0	7	0	0	--	--
Sex Offender Treatment Provider	3	27	30	3	0	7	23%	0%
Sex Offender Treatment Provider Affiliate	0	7	7	6	0	3	43%	0%
Social Worker Advanced	2	30	32	0	0	6	19%	0%
Social Worker Associate Advanced	0	0	0	28	2	0	--	0%
Social Worker Associate Independent Clinical	19	52	71	41	2	30	42%	1%
Social Worker Independent Clinical	20	124	144	10	2	43	30%	1%
Surgical Technologist	7	25	32	16	1	12	38%	0%
X-Ray Technician	8	30	38	7	0	17	45%	0%
Totals	1,507	12,766	14,273	3,419	226	3,645		

The 37 board and commission professions accounted for 58% of the 8,684 investigations completed during the biennium; the 46 secretary authority professions completed the remaining 42%.

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 disciplinary 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, seven cases were opened under cite and fine authority, and four of these licensees were assessed a fine. Two were fined the maximum amount, \$5,000, the other two were fined \$1,000 and \$500 respectively. One was a Nursing Home Administrator, two were Dentists, and the fourth 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 without involving issues of 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, 30 cases were referred to the secretary. Of those, 9 were returned to the referring board or commission when the investigation revealed an additional concern such as criminal conviction or clinical/standard of care issue.

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 2,378 in the 2015-17 biennium. About 28% of the disciplinary actions were resolved with informal orders (see Appendix A for definitions). The remaining 72% were resolved by formal resolution, with 23% ending in Agreed orders, 22% with Default orders, and 4% with Final orders after hearings. Notices of Decision on applications made up 16%, and Cease and Desist orders made up the remainder—approximately 7%.

Investigative files and disciplinary documents are public records. Since July 1998, all actions against healthcare provider credentials are available on the Internet.¹³

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

In addition, occasionally new evidence 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.

¹³ Credential records are available through the Department's "Provider Credential Search." The URL is: <https://fortress.wa.gov/doh/providercredentialsearch/>.

**Table 8: Complaints Closed Prior to Disciplinary Action
2015-17 Biennium**

Profession	Total Complaints	Closed Prior To Investigation	Closed After Investigation	Charges or Allegations Withdrawn	Total Closed
Advanced Emergency Medical Technician	11	2	7	0	9
Advanced Registered Nurse Practitioner	475	266	102	4	372
Animal Massage Practitioner	5	0	1	0	1
Athletic Trainer	6	4	2	0	6
Audiologist	14	2	4	0	6
Cardiovascular Invasive Specialist	4	2	2	0	4
Chemical Dependency Professional	424	90	181	7	278
Chemical Dependency Professional Trainee	282	38	94	1	133
Chiropractic X-Ray Technician	5	0	3	0	3
Chiropractor	376	63	175	13	251
Counselor, Agency Affiliated	390	122	125	2	249
Counselor, Certified	72	26	30	0	56
Counselor, Certified Advisor	5	3	0	0	3
Dental Anesthesia Assistant	0	0	0	0	0
Dental Assistant	136	38	47	0	85
Dental Hygienist	78	24	48	0	72
Dentist	1,103	247	472	12	731
Denturist	48	8	23	0	31
Dietitian/Nutritionist	16	8	5	0	13
Dispensing Optician	15	5	6	0	11
Dispensing Optician Apprentice	13	2	2	0	4
East Asian Medicine Practitioner	67	26	29	1	56
Emergency Medical Responder	3	1	1	0	2
Emergency Medical Technician	117	45	42	1	88
Expanded Function Dental Auxiliary	0	0	0	0	0
Genetic Counselor	0	0	0	0	0
Health Care Assistant	8	0	0	6	6
Hearing aid Specialist	13	2	6	0	8
Home Care Aide	1,201	689	326	0	1,015
Humane Society	0	0	0	0	0
Hypnotherapist	17	1	8	1	10
Licensed Practical Nurse	1,115	738	149	2	889
Marriage and Family Therapist	98	20	50	2	72
Marriage and Family Therapist Associate	26	6	10	0	16
Massage Therapist	884	212	364	10	586
Medical Assistant	632	215	208	1	424
Mental Health Counselor	390	113	171	5	289
Mental Health Counselor Associate	105	26	43	1	70
Midwife	42	7	12	1	20
Naturopathic Physician	175	31	66	4	101
Nursing Assistant	8,843	6,476	1,300	15	7,791
Nursing Home Administrator	343	178	122	3	303
Nursing Pool Operator	11	0	9	0	9

Profession	Total Complaints	Closed Prior To Investigation	Closed After Investigation	Charges or Allegations Withdrawn	Total Closed
Nursing Technician	3	2	1	0	3
Occupational Therapist	65	27	15	0	42
Occupational Therapy Assistant	33	23	8	0	31
Ocularist	2	0	2	0	2
Optometrist	76	29	34	0	63
Orthotics Prosthetics	11	0	11	0	11
Osteopathic Physician	304	79	118	6	203
Osteopathic Physician Assistant	11	0	6	1	7
Paramedic	43	4	21	0	25
Pharmacies and Other Pharmaceutical Firms	549	272	196	5	473
Pharmacist	609	179	214	9	402
Pharmacist Intern	25	5	9	1	15
Pharmacy Assistant	151	54	45	1	100
Pharmacy Technician	185	52	66	1	119
Physical Therapist	139	60	45	1	106
Physical Therapist Assistant	70	28	23	1	52
Physician	3,533	1,442	1,137	42	2,621
Physician Assistant	267	99	88	3	190
Podiatric Physician	80	26	27	1	54
Psychologist	233	94	73	1	168
Radiological Technologist	37	15	11	0	26
Radiologist Assistant	1	1	0	0	1
Recreational Therapist	2	2	0	0	2
Reflexologist	10	1	2	0	3
Registered Nurse	3,219	1,953	553	8	2,514
Respiratory Care Practitioner	48	20	10	1	31
Retired Volunteer Medical Worker	0	0	0	0	0
Sex Offender Treatment Provider	30	16	12	0	28
Sex Offender Treatment Provider Affiliate	7	1	7	0	8
Social Worker Advanced	32	20	10	0	30
Social Worker Associate Advanced	0	0	0	0	0
Social Worker Associate Independent Clinical	71	32	22	1	55
Social Worker Independent Clinical	144	57	51	0	108
Speech Language Pathologist	26	5	7	3	15
Speech Language Pathology Assistant	1	0	1	0	1
Surgical Technologist	32	11	8	0	19
Veterinarian	313	98	128	4	230
Veterinary Medication Clerk	9	2	4	0	6
Veterinary Technician	39	12	12	0	24
X-Ray Technician	38	14	12	0	26
Totals	28,016	14,471	7,234	182	21,887

Percentage of Complaints Closed

During the biennium, HSQA closed over 21,800 cases before legal proceedings. About 47% were board and commission cases and 53% were secretary profession cases.

The following tables compare cases closed with no disciplinary action to both the total number of cases closed with no action and to the number of complaints received. The column titled “% 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. For example, 76% (106) of the 139 total complaints received for Physical Therapist cases were closed with no action.

The column titled “% 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 or commission cases closed with no action. For example, the 731 Dentist cases were 7% of the 10,219 board and commission cases closed with no action; the 424 Medical Assistant cases were 4% of the 11,668 secretary profession cases closed with no action.

**Table 9: Board and Commission Complaints Closed Prior to Adjudicative Proceedings
2015-17 Biennium**

Profession	Carry Over From FY15	Complaints Received	Total Complaints	Total Closed	% of B/C Closures to Complaints	% of B/C Closures
Advanced Registered Nurse Practitioner	38	437	475	372	78%	4%
Audiologist	2	12	14	6	43%	0%
Chiropractic X-Ray Technician	1	4	5	3	60%	0%
Chiropractor	125	251	376	251	67%	2%
Dental Anesthesia Assistant	0	0	0	0	--	0%
Dental Assistant	27	109	136	85	63%	1%
Dentist	234	869	1,103	731	66%	7%
Denturist	14	34	48	31	65%	0%
Expanded Function Dental Auxiliary	0	0	0	0	--	0%
Hearing aid Specialist	1	12	13	8	62%	0%
Humane Society	0	0	0	0	--	0%
Licensed Practical Nurse	91	1,024	1,115	889	80%	9%
Naturopathic Physician	57	118	175	101	58%	1%
Nursing Home Administrator	46	297	343	303	88%	3%
Nursing Technician	0	3	3	3	100%	0%
Occupational Therapist	13	52	65	42	65%	0%
Occupational Therapy Assistant	6	27	33	31	94%	0%
Optometrist	8	68	76	63	83%	1%
Osteopathic Physician	85	219	304	203	67%	2%
Osteopathic Physician Assistant	3	8	11	7	64%	0%
Pharmacies and Other Pharmaceutical Firms	86	463	549	473	86%	5%
Pharmacist	118	491	609	402	66%	4%
Pharmacist Intern	4	21	25	15	60%	0%
Pharmacy Assistant	28	123	151	100	66%	1%
Pharmacy Technician	28	157	185	119	64%	1%
Physical Therapist	21	118	139	106	76%	1%
Physical Therapist Assistant	16	54	70	52	74%	1%
Physician	536	2,997	3,533	2,621	74%	26%
Physician Assistant	41	226	267	190	71%	2%
Podiatric Physician	19	61	80	54	68%	1%
Psychologist	43	190	233	168	72%	2%
Registered Nurse	278	2,941	3,219	2,514	78%	25%
Speech Language Pathologist	3	23	26	15	58%	0%
Speech Language Pathology Assistant	0	1	1	1	100%	0%
Veterinarian	58	255	313	230	73%	2%
Veterinary Medication Clerk	3	6	9	6	67%	0%
Veterinary Technician	8	31	39	24	62%	0%
Totals	2,041	11,702	13,743	10,219		

**Table 10: Secretary Professions Complaints Closed Prior to Adjudicative Proceedings
2015-17 Biennium**

Profession	Carry Over From FY15	Complaints Received	Total Complaints	Total Closed	% of Secretary Closures to Complaints	% of Secretary Closures
Advanced Emergency Medical Technician	2	9	11	9	82%	0%
Animal Massage Practitioner	1	4	5	1	20%	0%
Athletic Trainer	1	5	6	6	100%	0%
Cardiovascular Invasive Specialist	0	4	4	4	100%	0%
Chemical Dependency Professional	108	316	424	278	66%	2%
Chemical Dependency Professional Trainee	46	236	282	133	47%	1%
Counselor, Agency Affiliated	43	347	390	249	64%	2%
Counselor, Certified	13	59	72	56	78%	0%
Counselor, Certified Advisor	3	2	5	3	60%	0%
Dental Hygienist	11	67	78	72	92%	1%
Dietitian/Nutritionist	2	14	16	13	81%	0%
Dispensing Optician	2	13	15	11	73%	0%
Dispensing Optician Apprentice	0	13	13	4	31%	0%
East Asian Medicine Practitioner	18	49	67	56	84%	0%
Emergency Medical Responder	0	3	3	2	67%	0%
Emergency Medical Technician	23	94	117	88	75%	1%
Genetic Counselor	0	0	0	0	--	0%
Health Care Assistant	8	0	8	6	75%	0%
Home Care Aide	85	1,116	1,201	1,015	85%	9%
Hypnotherapist	7	10	17	10	59%	0%
Marriage and Family Therapist	21	77	98	72	73%	1%
Marriage and Family Therapist Associate	6	20	26	16	62%	0%
Massage Therapist	191	693	884	586	66%	5%
Medical Assistant	98	534	632	424	67%	4%
Mental Health Counselor	81	309	390	289	74%	2%
Mental Health Counselor Associate	20	85	105	70	67%	1%
Midwife	11	31	42	20	48%	0%
Nursing Assistant	612	8,231	8,843	7,791	88%	67%
Nursing Pool Operator	0	11	11	9	82%	0%
Ocularist	0	2	2	2	100%	0%
Orthotics Prosthetics	2	9	11	11	100%	0%
Paramedic	13	30	43	25	58%	0%
Radiological Technologist	6	31	37	26	70%	0%
Radiologist Assistant	0	1	1	1	100%	0%
Recreational Therapist	0	2	2	2	100%	0%
Reflexologist	5	5	10	3	30%	0%
Respiratory Care Practitioner	9	39	48	31	65%	0%
Retired Volunteer Medical Worker	0	0	0	0	--	--
Sex Offender Treatment Provider	3	27	30	28	93%	0%
Sex Offender Treatment Provider Affiliate	0	7	7	8	114%	0%
Social Worker Advanced	2	30	32	30	94%	0%
Social Worker Associate Advanced	0	0	0	0	--	0%
Social Worker Associate Independent Clinical	19	52	71	55	77%	0%
Social Worker Independent Clinical	20	124	144	108	75%	1%
Surgical Technologist	7	25	32	19	59%	0%
X-Ray Technician	8	30	38	26	68%	0%
Totals	1,507	12,766	14,273	11,668		

Complaint Resolutions after Adjudicative Proceedings

The type of order issued to the healthcare 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. Surrender of license is used when the practitioner agrees to retire and not resume practice.

Surrender is not used if the practitioner intends to practice in another jurisdiction or if the disciplinary 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 healthcare 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 press release. They are reported in the [Provider Credential Search](#), which is Washington state's on-line searchable health provider database.

Agreed Order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and Agreed order, is a negotiated settlement between the healthcare provider and representatives of the agency. This takes place in a formal disciplinary proceeding. It states the substantiated violations of law and the sanctions being placed on the healthcare provider's credential. The healthcare 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 press release and the on-line searchable health provider database.

Default Order: A Default order is issued when the credentialed health care provider is given due notice, but either fails to answer the allegations or fails to participate in the adjudicative process as required by law. The order is reported to national data banks and the public through a press release and the on-line searchable health provider database.

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 held 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 final document identifies the proven facts, violations of law, and the sanctions being placed on the healthcare provider's credential. The healthcare 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 released to the public through a press release and the on-line searchable health provider database.

Notice of Decision (NOD): A NOD is issued pursuant to RCW 18.130.055 when the disciplinary authority decides to deny an application for licensure or grant the license with conditions. Decisions resulting in a license with conditions are reported to national data banks and released to the public through a press release and the on-line searchable health provider database. Decisions related to licensure qualifications where licensure is not granted are not reported.

**Table 11: Complaints Resolved after Adjudicative Proceedings
2015-17 Biennium**

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	Notice of Decision	Total
Advanced Emergency Medical Technician	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	6	8	3	1	3	21
Animal Massage Practitioner	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0
Audiologist	1	0	0	0	0	1
Cardiovascular Invasive Specialist	0	0	0	0	0	0
Chemical Dependency Professional	16	13	20	2	9	60
Chemical Dependency Professional Trainee	8	6	13	3	64	94
Chiropractic X-Ray Technician	0	1	1	0	0	2
Chiropractor	21	15	4	0	0	40
Counselor, Agency Affiliated	13	12	19	0	24	68
Counselor, Certified	2	0	2	0	1	5
Counselor, Certified Advisor	0	0	0	0	2	2
Dental Anesthesia Assistant	0	0	0	0	0	0
Dental Assistant	8	5	6	1	8	28
Dental Hygienist	2	0	0	0	1	3
Dentist	45	39	6	3	2	95
Denturist	2	4	1	0	1	8
Dietitian/Nutritionist	0	0	0	0	0	0
Dispensing Optician	0	0	0	0	0	0
Dispensing Optician Apprentice	0	1	0	0	4	5
East Asian Medicine Practitioner	3	1	0	0	0	4
Emergency Medical Responder	0	1	0	0	0	1
Emergency Medical Technician	4	1	7	2	2	16
Expanded Function Dental Auxiliary	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	0	0
Hearing aid Specialist	0	0	2	0	1	3
Home Care Aide	6	8	11	2	55	82
Humane Society	0	0	0	0	0	0
Hypnotherapist	1	0	0	1	1	3
Licensed Practical Nurse	25	21	16	3	11	76
Marriage and Family Therapist	3	4	0	2	0	9
Marriage and Family Therapist Associate	0	6	0	0	1	7
Massage Therapist	24	26	22	6	18	96
Medical Assistant	25	30	22	0	45	122
Mental Health Counselor	16	8	3	4	2	33
Mental Health Counselor Associate	7	0	0	0	3	10
Midwife	2	3	1	0	0	6
Naturopathic Physician	8	11	2	3	0	24
Nursing Assistant	58	84	220	30	62	454
Nursing Home Administrator	6	0	0	0	0	6

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	Notice of Decision	Total
Nursing Pool Operator	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0
Occupational Therapist	2	5	6	1	0	14
Occupational Therapy Assistant	0	0	1	0	0	1
Ocularist	0	0	0	0	0	0
Optometrist	5	1	0	0	0	6
Orthotics Prosthetics	0	0	0	0	0	0
Osteopathic Physician	2	8	1	12	1	24
Osteopathic Physician Assistant	1	0	0	0	0	1
Paramedic	7	4	1	0	0	12
Pharmacies and Other Pharmaceutical Firms	2	2	1	0	1	6
Pharmacist	44	12	11	1	3	71
Pharmacist Intern	1	0	2	0	4	7
Pharmacy Assistant	4	6	9	1	10	30
Pharmacy Technician	16	8	11	0	1	36
Physical Therapist	11	1	0	2	0	14
Physical Therapist Assistant	9	2	2	0	1	14
Physician	116	69	24	2	3	214
Physician Assistant	16	1	0	0	0	17
Podiatric Physician	2	0	0	0	0	2
Psychologist	9	6	4	1	6	26
Radiological Technologist	1	2	2	0	1	6
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	69	87	60	13	27	256
Respiratory Care Practitioner	6	3	1	0	0	10
Retired Volunteer Medical Worker	0	0	0	0	0	0
Sex Offender Treatment Provider	1	0	0	0	0	1
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0
Social Worker Advanced	1	0	0	0	0	1
Social Worker Associate Advanced	0	0	0	0	0	0
Social Worker Associate Independent Clinical	2	8	1	0	0	11
Social Worker Independent Clinical	6	4	1	0	1	12
Speech Language Pathologist	1	0	0	0	2	3
Speech Language Pathology Assistant	0	0	0	0	0	0
Surgical Technologist	0	2	3	0	1	6
Veterinarian	18	2	3	2	2	27
Veterinary Medication Clerk	1	0	0	0	1	2
Veterinary Technician	4	1	0	0	0	5
X-Ray Technician	1	0	1	0	2	4
Totals	670	542	526	98	387	2,223*

*This table (along with Tables 12 and 13) does not list Cease and Desist orders, which are covered under Unlicensed Practice (Table 14).

Percentage of Disciplinary Actions

The following tables show the percentage of disciplinary actions for each profession compared to the same profession's total complaints. For example, 22% (14) of the 65 total complaints received for Occupational Therapist cases were closed with disciplinary action.

The tables also show the percentage of disciplinary action for each profession compared to all board and commission or secretary disciplinary actions. For example, the 95 Dentist actions were 9% of the 1,080 board and commission disciplinary actions; the 60 Chemical Dependency Professional actions were 5% of the 1,143 secretary profession disciplinary actions.

**Table 12: Board and Commission Professions Complaints Resolved after
Adjudicative Proceedings
2015-17 Biennium**

Profession	Carry Over from FY15	Complaints Received	Total Complaints	Total Disciplinary Action	% of B/C Disciplinary Action to Complaints	% of All B/C Disciplinary Action
Advanced Registered Nurse Practitioner	38	437	475	21	4%	2%
Audiologist	2	12	14	1	7%	0%
Chiropractic X-Ray Technician	1	4	5	2	40%	0%
Chiropractor	125	251	376	40	11%	4%
Dental Anesthesia Assistant	0	0	0	0	--	0%
Dental Assistant	27	109	136	28	21%	3%
Dentist	234	869	1,103	95	9%	9%
Denturist	14	34	48	8	17%	1%
Expanded Function Dental Auxiliary	0	0	0	0	--	0%
Hearing aid Specialist	1	12	13	3	23%	0%
Humane Society	0	0	0	0	--	0%
Licensed Practical Nurse	91	1,024	1,115	76	7%	7%
Naturopathic Physician	57	118	175	24	14%	2%
Nursing Home Administrator	46	297	343	6	2%	1%
Nursing Technician	0	3	3	0	0%	0%
Occupational Therapist	13	52	65	14	22%	1%
Occupational Therapy Assistant	6	27	33	1	3%	0%
Optometrist	8	68	76	6	8%	1%
Osteopathic Physician	85	219	304	24	8%	2%
Osteopathic Physician Assistant	3	8	11	1	9%	0%
Pharmacies and Other Pharmaceutical Firms	86	463	549	6	1%	1%
Pharmacist	118	491	609	71	12%	7%
Pharmacist Intern	4	21	25	7	28%	1%
Pharmacy Assistant	28	123	151	30	20%	3%
Pharmacy Technician	28	157	185	36	19%	3%
Physical Therapist	21	118	139	14	10%	1%
Physical Therapist Assistant	16	54	70	14	20%	1%
Physician	536	2,997	3,533	214	6%	20%
Physician Assistant	41	226	267	17	6%	2%
Podiatric Physician	19	61	80	2	3%	0%
Psychologist	43	190	233	26	11%	2%
Registered Nurse	278	2,941	3,219	256	8%	24%
Speech Language Pathologist	3	23	26	3	12%	0%
Speech Language Pathology Assistant	0	1	1	0	0%	0%
Veterinarian	58	255	313	27	9%	3%
Veterinary Medication Clerk	3	6	9	2	22%	0%
Veterinary Technician	8	31	39	5	13%	0%
Totals	2,041	11,702	13,743	1,080		

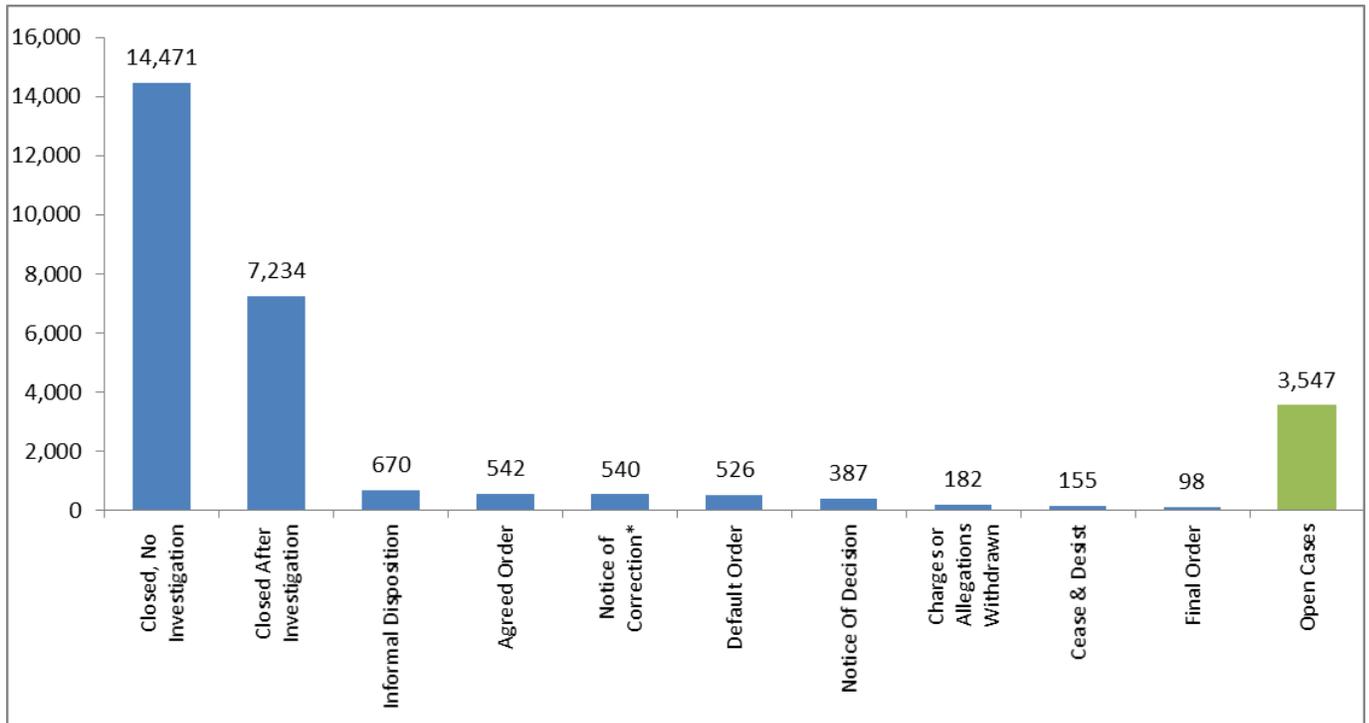
**Table 13: Secretary Professions Complaints Resolved after Adjudicative Proceedings
2015-17 Biennium**

Profession	Carry Over from FY15	Complaints Received	Total Complaints	Total Disciplinary Action	% of Secretary Disciplinary Action to Complaints	% of All Secretary Disciplinary Actions
Advanced Emergency Medical Technician	2	9	11	0	0%	0%
Animal Massage Practitioner	1	4	5	0	0%	0%
Athletic Trainer	1	5	6	0	0%	0%
Cardiovascular Invasive Specialist	0	4	4	0	0%	0%
Chemical Dependency Professional	108	316	424	60	14%	5%
Chemical Dependency Professional Trainee	46	236	282	94	33%	8%
Counselor, Agency Affiliated	43	347	390	68	17%	6%
Counselor, Certified	13	59	72	5	7%	0%
Counselor, Certified Advisor	3	2	5	2	40%	0%
Dental Hygienist	11	67	78	3	4%	0%
Dietitian/Nutritionist	2	14	16	0	0%	0%
Dispensing Optician	2	13	15	0	0%	0%
Dispensing Optician Apprentice	0	13	13	5	38%	0%
East Asian Medicine Practitioner	18	49	67	4	6%	0%
Emergency Medical Responder	0	3	3	1	33%	0%
Emergency Medical Technician	23	94	117	16	14%	1%
Genetic Counselor	0	0	0	0	--	0%
Health Care Assistant	8	0	8	0	0%	0%
Home Care Aide	85	1,116	1,201	82	7%	7%
Hypnotherapist	7	10	17	3	18%	0%
Marriage and Family Therapist	21	77	98	9	9%	1%
Marriage and Family Therapist Associate	6	20	26	7	27%	1%
Massage Therapist	191	693	884	96	11%	8%
Medical Assistant	98	534	632	122	19%	11%
Mental Health Counselor	81	309	390	33	8%	3%
Mental Health Counselor Associate	20	85	105	10	10%	1%
Midwife	11	31	42	6	14%	1%
Nursing Assistant	612	8,231	8,843	454	5%	40%
Nursing Pool Operator	0	11	11	0	0%	0%
Ocularist	0	2	2	0	0%	0%
Orthotics Prosthetics	2	9	11	0	0%	0%
Paramedic	13	30	43	12	28%	1%
Radiological Technologist	6	31	37	6	16%	1%
Radiologist Assistant	0	1	1	0	0%	0%
Recreational Therapist	0	2	2	0	0%	0%
Reflexologist	5	5	10	0	0%	0%
Respiratory Care Practitioner	9	39	48	10	21%	1%
Retired Volunteer Medical Worker	0	0	0	0	--	--
Sex Offender Treatment Provider	3	27	30	1	3%	0%
Sex Offender Treatment Provider Affiliate	0	7	7	0	0%	0%
Social Worker Advanced	2	30	32	1	3%	0%
Social Worker Associate Advanced	0	0	0	0	--	0%
Social Worker Associate Independent Clinical	19	52	71	11	15%	1%
Social Worker Independent Clinical	20	124	144	12	8%	1%
Surgical Technologist	7	25	32	6	19%	1%
X-Ray Technician	8	30	38	4	11%	0%
Totals	1,507	12,766	14,273	1,143		

Of the 2,223 disciplinary actions during the 2015-17 biennium, boards and commissions managed 49% while the secretary managed 51%.¹⁴

Figure 2 displays the distribution of the various complaint outcomes.

Figure 2: Summary of Case Dispositions and End of Biennium Open Cases



*Notice of Correction is a subset of “Closed After Investigation”

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 healthcare 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.

¹⁴ This total of disciplinary actions does not include Cease and Desist orders, which are covered under Unlicensed Practice (Table 14).

**Table 14: Unlicensed Practice Closures and Resolutions
2015-17 Biennium**

Profession	Carry Over from 2015	Cases Received	Total Cases	Closed Prior to 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	3	3	2	0	0	2
Animal Massage Practitioner	1	4	5	0	1	0	1
Athletic Trainer	1	1	2	1	1	0	2
Audiologist	0	1	1	1	0	0	1
Cardiovascular Invasive Specialist	0	2	2	1	1	0	2
Chemical Dependency Professional	5	9	14	3	8	0	11
Chemical Dependency Professional Trainee	0	2	2	0	2	0	2
Chiropractic X-Ray Technician	0	0	0	0	0	0	0
Chiropractor	0	6	6	1	3	0	4
Counselor, Agency Affiliated	1	11	12	6	6	0	12
Counselor, Certified	1	16	17	11	3	2	16
Counselor, Certified Advisor	1	0	1	1	0	0	1
Dental Anesthesia Assistant	0	0	0	0	0	0	0
Dental Assistant	2	4	6	0	4	1	5
Dental Hygienist	0	0	0	0	0	0	0
Dentist	6	7	13	0	6	4	10
Denturist	0	1	1	0	0	0	0
Dietitian/Nutritionist	1	3	4	2	1	0	3
Dispensing Optician	1	12	13	5	5	2	12
Dispensing Optician Apprentice	0	2	2	2	0	0	2
East Asian Medicine Practitioner	0	2	2	0	2	0	2
Emergency Medical Responder	0	0	0	0	0	0	0
Emergency Medical Technician	0	1	1	0	0	0	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0
Health Care Assistant	1	0	1	0	0	1	1
Hearing aid Specialist	0	0	0	0	0	0	0
Home Care Aide	2	92	94	75	14	1	90
Humane Society	0	0	0	0	0	0	0
Hypnotherapist	0	1	1	0	0	0	0
Licensed Practical Nurse	1	3	4	0	3	0	3
Marriage and Family Therapist	0	3	3	3	0	0	3
Marriage and Family Therapist Associate	0	2	2	0	2	0	2
Massage Therapist	90	211	301	100	90	98	288
Medical Assistant	10	33	43	5	20	4	29
Mental Health Counselor	5	15	20	8	8	4	20
Mental Health Counselor Associate	0	3	3	1	2	0	3
Midwife	0	3	3	0	3	0	3
Naturopathic Physician	10	11	21	5	3	9	17
Nursing Assistant	6	126	132	106	13	3	122
Nursing Home Administrator	0	2	2	1	1	0	2

Profession	Carry Over from 2015	Cases Received	Total Cases	Closed Prior to Investigation	Closed after Investigation	Cease & Desist Order Issued	Total Closed
Nursing Pool Operator	0	4	4	0	3	1	4
Nursing Technician	0	1	1	1	0	0	1
Occupational Therapist	0	0	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0	0	0
Ocularist	0	0	0	0	0	0	0
Optometrist	1	6	7	5	1	0	6
Orthotics Prosthetics	0	1	1	0	1	0	1
Osteopathic Physician	0	1	1	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	9	24	33	6	21	1	28
Pharmacist	0	5	5	1	3	0	4
Pharmacist Intern	0	0	0	0	0	0	0
Pharmacy Assistant	0	0	0	0	0	0	0
Pharmacy Technician	0	2	2	0	1	0	1
Physical Therapist	0	4	4	1	2	0	3
Physical Therapist Assistant	0	0	0	0	0	0	0
Physician	11	39	50	15	26	2	43
Physician Assistant	0	6	6	0	4	0	4
Podiatric Physician	0	0	0	0	0	0	0
Psychologist	2	16	18	6	3	0	9
Radiological Technologist	0	1	1	1	0	0	1
Radiologist Assistant	0	1	1	1	0	0	1
Recreational Therapist	0	0	0	0	0	0	0
Reflexologist	4	4	8	0	2	4	6
Registered Nurse	2	15	17	6	11	2	19
Respiratory Care Practitioner	0	1	1	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
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0	0
Social Worker Advanced	0	4	4	4	0	0	4
Social Worker Associate Advanced	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	1	2	3	3	0	0	3
Social Worker Independent Clinical	2	6	8	5	2	0	7
Speech Language Pathologist	0	0	0	0	0	0	0
Speech Language Pathology Assistant	0	0	0	0	0	0	0
Surgical Technologist	1	3	4	1	1	2	4
Veterinarian	10	18	28	1	16	5	22
Veterinary Medication Clerk	1	0	1	0	1	0	1
Veterinary Technician	0	2	2	2	1	1	4
X-Ray Technician	0	1	1	1	1	0	2
Totals	189	759	948	400	302	147	849

Violations and Sanctions

Uniform Disciplinary Act Violations

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

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

Frequent Violations

The National Practitioner Data Bank (NPDB) returned 2,225 reportable complaints. Of the 25 possible UDA violations, five accounted for 66% of the 3,826 violations across all professions. The number of violations exceeds the number of NPDB complaints because violators are often cited for more than one violation.

Violations related to RCW 18.130.180(7): Violation of any state or federal statute or administrative rule, were cited 724 times in sanctions reported to the NPDB, making these violations the most frequently reported violation.

However, violations of RCW 18.130.180(7) frequently are not the only reported issue. In fact, 81% were cited in conjunction with other violations. Thus while, this violation made up 18% of all cited violations, it was included in 33% of all complaints received.

The most frequently reported issues in these violations, other than violations of state or federal statute or administrative rule, during the 2015-17 biennium were¹⁴:

1. RCW 18.130.180(1): Act involving Moral Turpitude Dishonesty or Corruption relation to the practice of a person's profession, 700 (31%).
2. RCW 18.130.180(6) and (23): Personal drug or alcohol abuse, 482 (22%).
3. RCW 18.130.180(4): Incompetence, negligence, or malpractice, 473 (21%).
4. RCW 18.130.180(17): Conviction of a gross misdemeanor or felony relating to the practice of a healthcare profession, 344 (15%).
5. RCW 18.130.180(5): Suspension, revocation, or restriction in another jurisdiction, 291 (13%).

Sanctions Imposed

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

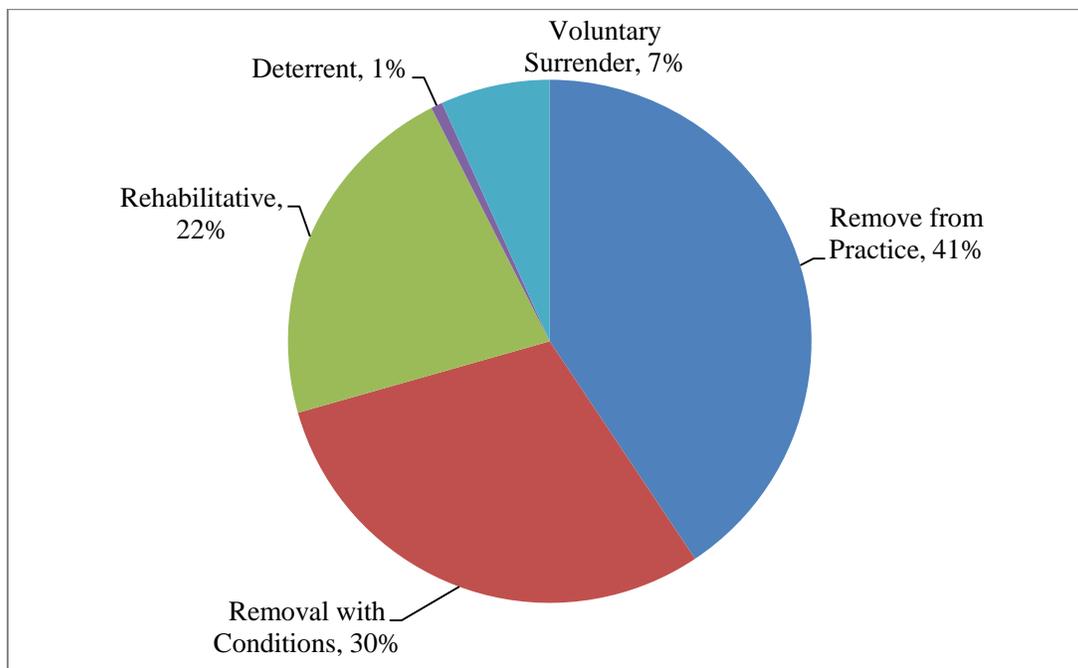
- Removal from practice
- Removal from practice with conditions
- Rehabilitative
- Deterrent
- Surrender of the credential

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

¹⁴ These statistics detail the violation name, the violation's citation count, and what percent the violation makes up of the 2,225 total complaints reported in the NPDB report. Data involving the Veterinarian Board are not included as this data is not reportable to the data bank based on federal law.

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 3: Fiscal Years 2015-17 Sanctions Breakdown
2015-17 Biennium**



Sanctions Schedule

In 2006, the department adopted sanction 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 14 boards and commissions with disciplinary authority adopted the guidelines later.¹⁵ In 2009, the guidelines were adopted in rule.

Cases sometimes arise that cannot be addressed by the guidelines. To account for these cases, compliance goals were set at 95% for secretary professions and 80% for board and commission professions.¹⁶ These goals have been largely met or exceeded for the 15-17 biennium.

Notes on Table 15

Numbers from Table 15 may not match exactly with the count of disciplinary actions in Tables 11-13 or the number of complaints/violations on page 34. Table 15 is drawn from a different data source than preceding tables where the data is grouped slightly differently. Denials, Cease and Desist actions, and Notices of Decision are not included in Table 15. Further divergence may occur because Tables 11-13 count cases closed in the last biennium, while Table 15 uses the sanction's effective date.

¹⁵At this time, there were 14 boards and commissions with disciplinary authority. By the end of FY 2015, there were 17.

¹⁶The compliance goals for the board and commission professions are set lower than the secretary professions due to their differing decision-making processes and higher levels of case complexity.

**Table 15: Sanctions Imposed by Profession
2015-17 Biennium**

Profession	Remove From Practice (Revocation, Indefinite Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative (Probation, Limitation, or Restriction)	Deterrent (Reprimand, Fine)	Voluntary Surrender	Total
Advanced Emergency Medical Technician	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	3	3	4	0	3	13
Animal Massage Practitioner	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0
Audiologist	0	1	1	0	0	2
Cardiovascular Invasive Specialist	0	0	0	0	0	0
Chemical Dependency Professional	66	17	69	0	7	159
Chemical Dependency Professional Trainee	0	0	0	0	0	0
Chiropractic X-Ray Technician	2	0	1	0	0	3
Chiropractor	5	19	6	1	4	35
Counselor, Agency Affiliated	0	0	0	0	0	0
Counselor, Certified	28	7	23	0	9	67
Counselor, Certified Advisor	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0
Dental Assistant	14	5	8	0	3	30
Dental Hygienist	0	2	1	0	0	3
Dentist	16	60	19	2	4	101
Denturist	1	5	1	0	0	7
Dietitian/Nutritionist	0	0	0	0	0	0
Dispensing Optician	1	0	0	0	0	1
Dispensing Optician Apprentice	0	0	0	0	0	0
East Asian Medicine Practitioner	1	3	0	0	0	4
Emergency Medical Responder	0	0	0	0	0	0
Emergency Medical Technician	9	4	2	1	0	16
Expanded Function Dental Auxiliary	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	0	0
Hearing aid Specialist	2	0	1	0	0	3
Home Care Aide	35	5	6	0	2	48
Humane Society	0	0	0	0	0	0
Hypnotherapist	0	0	0	0	0	0
Licensed Practical Nurse	27	22	21	0	4	74
Marriage and Family Therapist	4	3	2	0	2	11
Marriage and Family Therapist Associate	0	0	0	0	0	0
Massage Therapist	36	25	23	1	2	87
Medical Assistant	39	19	35	2	6	101
Medical Marijuana Consultant	0	0	0	0	0	0
Mental Health Counselor	8	19	4	0	4	35
Mental Health Counselor Associate	0	0	0	0	0	0
Midwife	3	3	0	0	0	6
Naturopathic Physician	4	9	4	1	2	20
Nursing Assistant	283	47	55	1	12	398

Profession	Remove From Practice (Revocation, Indefinite Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative (Probation, Limitation, or Restriction)	Deterrent (Reprimand, Fine)	Voluntary Surrender	Total
Nursing Home Administrator	0	6	0	0	2	8
Nursing Pool Operator	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0
Occupational Therapist	6	2	2	0	0	10
Occupational Therapy Assistant	1	0	0	0	0	1
Ocularist	0	0	0	0	0	0
Optometrist	0	4	1	0	1	6
Orthotics Prosthetics	0	0	0	0	0	0
Osteopathic Physician	5	2	3	0	4	14
Osteopathic Physician Assistant	0	0	0	0	0	0
Paramedic	2	5	0	0	1	8
Pharmacies and Other Pharmaceutical Firms	0	0	0	0	0	0
Pharmacist	8	39	11	1	3	62
Pharmacist Intern	2	0	1	0	1	4
Pharmacy Assistant	13	3	4	0	3	23
Pharmacy Technician	19	12	3	0	6	40
Physical Therapist	1	10	1	0	0	12
Physical Therapist Assistant	3	5	1	0	2	11
Physician	24	105	30	2	15	176
Physician Assistant	0	13	0	0	6	19
Podiatric Physician	0	2	0	0	0	2
Psychologist	3	7	3	1	3	17
Radiological Technologist	6	1	2	0	2	11
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	100	55	72	1	18	246
Respiratory Care Practitioner	4	5	1	0	1	11
Retired Volunteer Medical Worker	0	0	0	0	0	0
Sex Offender Treatment Provider	0	1	0	0	0	1
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0
Social Worker Advanced	5	9	5	0	1	20
Social Worker Associate Advanced	0	0	0	0	0	0
Social Worker Associate Independent Clinical	0	0	0	0	0	0
Social Worker Independent Clinical	0	0	0	0	0	0
Speech Language Pathologist	0	1	2	0	0	3
Speech Language Pathology Assistant	0	0	0	0	0	0
Surgical Technologist	6	1	1	0	0	8
Veterinarian	3	19	3	0	0	25
Veterinary Medication Clerk	0	1	0	0	0	1
Veterinary Technician	1	3	0	0	0	4
X-Ray Technician	0	0	0	0	0	0
Totals	799	589	432	14	133	1,967

Case Appeals Activity

A healthcare 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 healthcare professional can appeal to an appellate court. An appellate court's decision sets precedence for future decisions of the same nature. A healthcare professional may appeal an appellate court's decision to the Washington State Supreme Court, which decides the cases it will accept or decline. The following table lists all case appeals activity in the last biennium. Below are definitions for the outcomes listed.

**Table 16: Summary of Case Appeals Activity
2015-17 Biennium**

Docket Number	Profession	County	Outcome
M2010-1697	Physician	King	Affirmed
M2013-293	Dentist	King	Dismissed
M2013-514	Osteopath Physician	Thurston	Denied
M2014-826	Osteopath Physician	Thurston	Dismissed
M2015-1165	Certificate of Need	King	Dismissed
M2015-816	Denturist	Clark	Affirmed
M2015-929	Registered Nurse	Thurston	Denied

Affirmed – Superior court concluded department's decision was correct.

Reversed – Superior court reversed department's decision.

Remand – Superior court returned the case to the department to revisit previous decision.

Denied – Petition for judicial review not accepted by the superior court.

Dismissed – Petition for judicial review dismissed at superior court.

Pending – Superior court has not made a decision on the case

Stayed – Superior court stayed department's decision until the superior court rules on the matter.

Alternatives to Discipline

The department may refer practitioners to one of four different substance abuse monitoring programs. Two programs work under contracts monitored by department staff. The department operates the other two programs.

- 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 practitioners in nursing professions.
- Washington Recovery and Monitoring Program (WRAMP) is a department-run program that works with chemically impaired health professionals not served by WPHP, WHPS, 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 healthcare 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 disciplinary 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 that identities of staff attorneys and investigators be kept anonymous. Appendices D and E detail, by health professions, the average number of cases assigned and worked by the division's staff attorneys and investigators for the 2015-17 biennium.

This 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, including 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 a relatively small amount of 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:

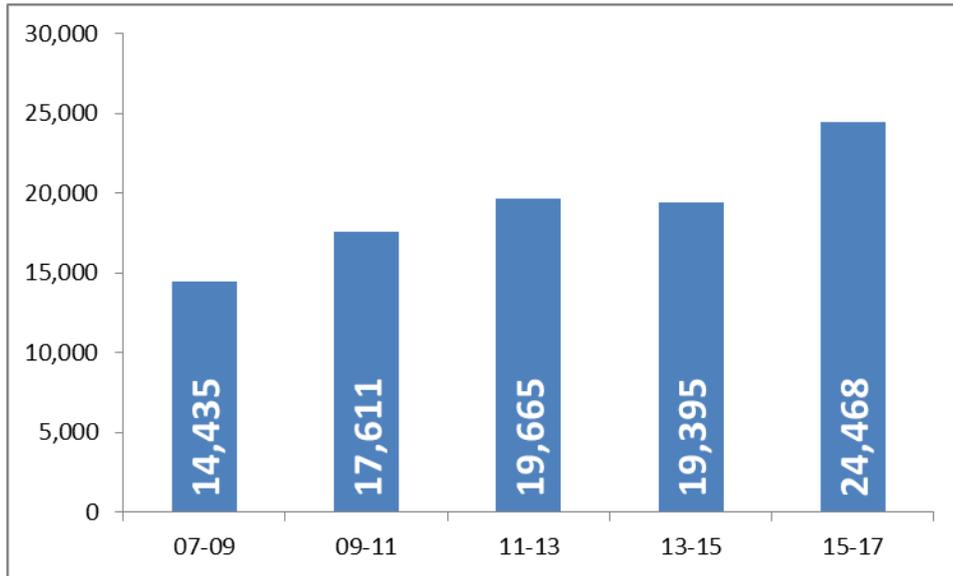
- To preserve anonymity individual staff members are indicated by a number.
- The number of cases shown includes any case worked during the biennium.
- This number of cases shown will be different than the numbers of cases received or closed as it can include cases at any point in the investigative or 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 2015-17 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 have provided 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 increased 26% from the 2013-15 biennium. This does not include carry-forward complaints from the previous biennium.

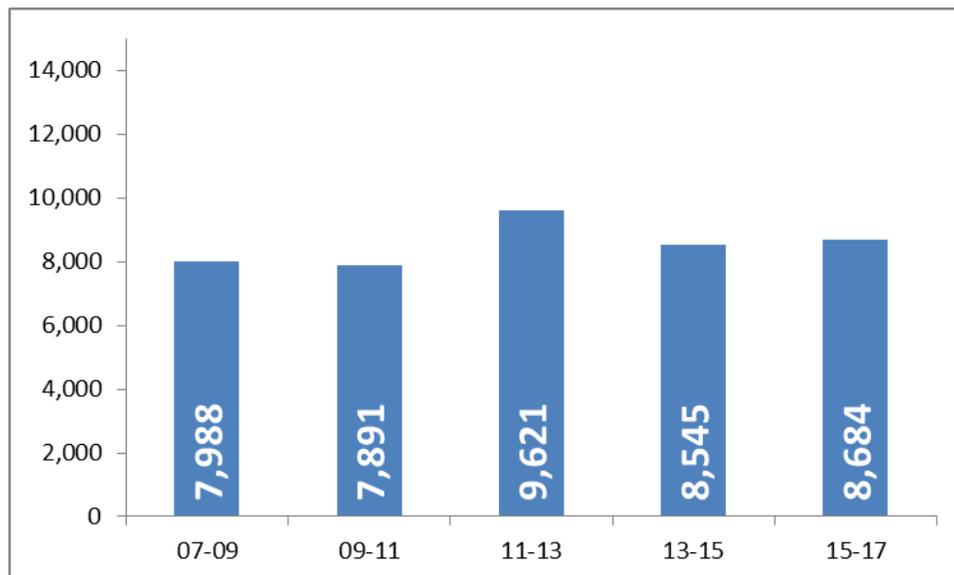
Figure 4: New Complaints Received, 2013-15 to 2015-17 Biennia



Investigations

The number of completed investigations (including unlicensed practice) increased 2% compared to last biennium.

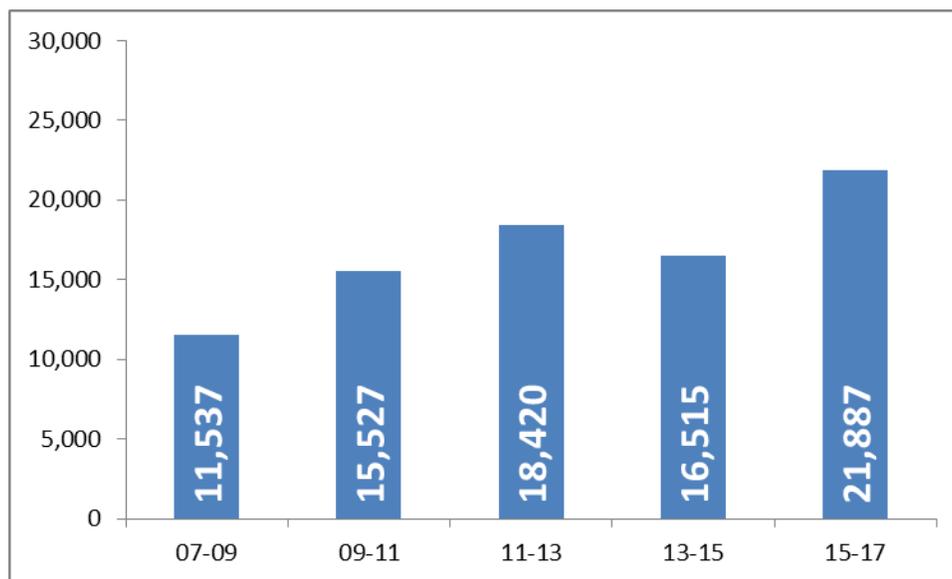
Figure 5: Investigations Completed, 2013-15 to 2015-17 Biennia



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 33% increase in closures prior to adjudicative proceedings over the last biennium.

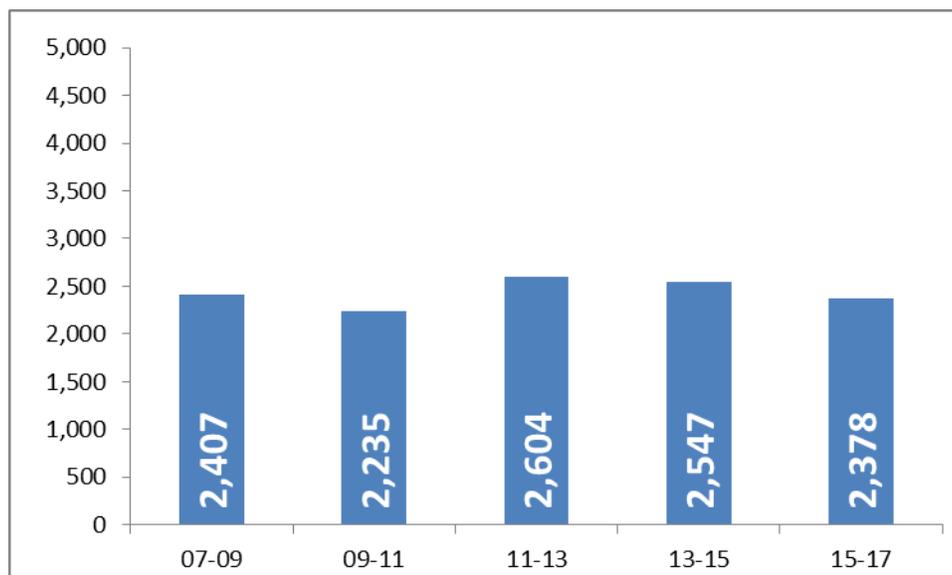
Figure 6: Complaint Closures before Adjudicative Proceedings, 2013-15 to 2015-17 Biennia



Complaint Closures after Adjudicative Proceedings

The following chart shows a 7% decrease in cases resolved with corrective or disciplinary action from the 2013-15 biennium. They include cases closed by Default orders, Informal dispositions (STID), Agreed orders, Final orders after hearing, Unlicensed Practice Cease and Desist orders, and Notices of Decision.

Figure 7: Complaint Closures after Adjudicative Proceedings, 2013-15 to 2015-17 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.

The department has checked criminal history background on new applicants for credentials since 2000. For all new applications, the background check process involves checking two separate databases: the Washington State Patrol's WATCH database and the National Practitioner Data Bank (NPDB). The WATCH database provides Washington state criminal conviction records, while the NPDB includes information about actions in other states that help determine the need for further review. Fingerprint based FBI background checks are only used on out-of-state applications or applicants with a criminal history in Washington state.

The department performed over 138,000 background checks on applications during the 2015-17 biennium. Checks through the WATCH database returned reports for 3,705 applicants.

Of the 3,705 reports (which may include unrelated items such as applications for concealed weapons permits), the department opened 566 cases on applicants based on state background check information. Of these investigations, 47% involved applicants who had disclosed a conviction on the application. The full report (Table 18) contains additional details about applicants for each profession.

**Table 17: HSQA Background Check Activity Summary
2015-17 Biennium**

Total Applicants	138,401
Applicants with returned background reports	3,705
Cases opened on applicants with returned background reports	566
Applicants who disclosed criminal history (% of cases)	266 (47%)
Applicants not disclosing criminal history (% of cases)	300 (53%)

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

Background reports using fingerprint data can reveal convictions as well as non-conviction information. Due to the 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
2015-17 Biennium**

Profession	Total Applicant Checks Made	WATCH Reports Produced	Cases Opened on Applicants	Self-Disclosed		% Disclosed	Actions Taken
				Yes	No		
Advanced Emergency Medical Technician	59	2	0	0	0	-	0
Advanced Registered Nurse Practitioner	1,906	10	0	0	0	-	0
Animal Massage Practitioner	38	2	0	0	0	-	0
Athletic Trainer	226	1	0	0	0	-	0
Audiologist	63	0	0	0	0	-	0
Cardiovascular Invasive Specialist	101	5	0	0	0	-	0
Chemical Dependency Professional	418	100	16	11	5	69%	8
Chemical Dependency Professional Trainee	1,315	255	94	60	34	64%	48
Chiropractic X-Ray Technician	107	5	1	1	0	100%	1
Chiropractor	247	7	1	0	1	0%	0
Counselor, Agency Affiliated	5,711	301	48	25	23	52%	16
Counselor, Certified	79	3	0	0	0	-	0
Counselor, Certified Advisor	1	0	0	0	0	-	0
Dental Anesthesia Assistant	91	5	0	0	0	-	0
Dental Assistant	4,469	169	18	8	10	44%	8
Dental Hygienist	776	17	3	1	2	33%	0
Dentist	914	4	4	0	4	0%	1
Denturist	19	2	0	0	0	-	0
Dietitian/Nutritionist	499	2	0	0	0	-	0
Dispensing Optician	69	0	0	0	0	-	0
Dispensing Optician Apprentice	384	13	1	0	1	0%	0
East Asian Medicine Practitioner	223	1	0	0	0	-	0
Emergency Medical Responder	97	8	1	1	0	100%	0
Emergency Medical Technician	2,848	77	11	10	1	91%	1
Expanded Function Dental Auxiliary	41	4	0	0	0	-	0
Genetic Counselor	127	0	0	0	0	-	0
Health Care Assistant	0	0	0	0	0	-	0
Hearing aid Specialist	44	6	2	1	1	50%	0
Home Care Aide	15,602	228	72	10	62	14%	27
Humane Society	0	0	0	0	0	-	0
Hypnotherapist	211	4	1	0	1	0%	0
Licensed Practical Nurse	2,310	36	5	4	1	80%	2
Marriage and Family Therapist	276	1	2	0	2	0%	0
Marriage and Family Therapist Associate	395	10	1	1	0	100%	0
Massage Therapist	2,304	88	22	11	11	50%	12
Medical Assistant	14,697	762	75	49	26	65%	23
Mental Health Counselor	1,224	25	5	0	5	0%	1
Mental Health Counselor Associate	1,192	21	2	2	0	100%	1

Profession	Total Applicant Checks Made	WATCH Reports Produced	Cases Opened on Applicants	Self-Disclosed		% Disclosed	Actions Taken
				Yes	No		
Midwife	36	0	0	0	0	-	0
Naturopathic Physician	228	2	0	0	0	-	0
Nursing Assistant	29,501	1,011	119	44	75	37%	51
Nursing Home Administrator	121	2	1	0	1	0%	0
Nursing Pool Operator	0	0	1	0	1	0%	0
Nursing Technician	726	1	0	0	0	-	0
Occupational Therapist	680	3	1	0	1	0%	0
Occupational Therapy Assistant	259	6	0	0	0	-	0
Ocularist	3	0	0	0	0	-	0
Optometrist	210	1	0	0	0	-	0
Orthotics Prosthetics	41	0	0	0	0	-	0
Osteopathic Physician	704	0	0	0	0	-	0
Osteopathic Physician Assistant	57	0	0	0	0	-	0
Paramedic	425	8	0	0	0	-	0
Pharmacies and Other Pharmaceutical Firms	0	0	0	0	0	-	0
Pharmacist	1,259	12	5	0	5	0%	0
Pharmacist Intern	1,250	8	5	2	3	40%	0
Pharmacy Assistant	5,578	159	24	15	9	63%	4
Pharmacy Technician	1,339	31	5	0	5	0%	0
Physical Therapist	1,282	7	0	0	0	-	0
Physical Therapist Assistant	514	10	1	1	0	100%	1
Physician	5,092	5	0	0	0	-	0
Physician Assistant	945	3	0	0	0	-	0
Podiatric Physician	52	0	0	0	0	-	0
Psychologist	433	1	1	0	1	0%	0
Radiological Technologist	912	29	2	1	1	50%	1
Radiologist Assistant	1	0	0	0	0	-	0
Recreational Therapist	38	2	0	0	0	-	0
Reflexologist	27	0	0	0	0	-	0
Registered Nurse	21,233	93	6	2	4	33%	6
Respiratory Care Practitioner	537	14	1	0	1	0%	0
Retired Volunteer Medical Worker	0	0	0	0	0	-	0
Sex Offender Treatment Provider	11	0	0	0	0	-	0
Sex Offender Treatment Provider Affiliate	13	0	0	0	0	-	0
Social Worker Advanced	52	0	0	0	0	-	0
Social Worker Associate Advanced	128	3	0	0	0	-	0
Social Worker Associate Independent Clinical	922	13	2	1	1	50%	0
Social Worker Independent Clinical	640	8	1	0	1	0%	0
Speech Language Pathologist	881	3	2	2	0	100%	2
Speech Language Pathology Assistant	74	0	0	0	0	-	0

Profession	Total Applicant Checks Made	WATCH Reports Produced	Cases Opened on Applicants	Self-Disclosed		% Disclosed	Actions Taken
				Yes	No		
Surgical Technologist	696	28	2	1	1	50%	1
Veterinarian	552	3	1	1	0	100%	1
Veterinary Medication Clerk	706	19	1	1	0	100%	0
Veterinary Technician	375	3	0	0	0	-	0
X-Ray Technician	785	43	1	0	1	0%	1
Totals	138,401	3,705	567	266	301	47%	217

Board and Commission Supplemental Reports

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

The following reports were prepared by the 17 boards and commissions with regulatory authority for health professions. Note that the Board of Massage is a dual authority board, where certain licensing and/or examination functions are the authority of the board, while disciplinary authority resides with the department.

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 the types of disciplinary case outcomes for each board or commission over the past four years, by fiscal year.
- 3) The third illustrates the number of summary actions that have been taken by the board or commission over the last four years, by fiscal year. Summary actions immediately suspend or restrict the practitioner's credential pending the outcome of a final hearing and are only used 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 (CQAC) protects the public by credentialing and disciplining chiropractors and chiropractic x-ray technicians. The commission regulates the professions by developing rules, policies, and guidelines. CQAC is made up of 11 chiropractors, and 3 public members, appointed by the governor. Chiropractic commission members must have been licensed to practice chiropractic in Washington for a period of five years before appointment.

Four Year Disciplinary Summary

<p>Complaints</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>175</td> <td>105</td> <td>85</td> <td>145</td> </tr> <tr> <td>FY15</td> <td>160</td> <td>120</td> <td>135</td> <td>125</td> </tr> <tr> <td>FY16</td> <td>140</td> <td>100</td> <td>105</td> <td>225</td> </tr> <tr> <td>FY17</td> <td>115</td> <td>75</td> <td>105</td> <td>135</td> </tr> </tbody> </table> <p>Legend: Complaints Received (Blue), Investigations Authorized (Red), Investigations Completed (Green), Average Investigative Days (Line with asterisk)</p>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	175	105	85	145	FY15	160	120	135	125	FY16	140	100	105	225	FY17	115	75	105	135	<p>The number of complaints received decreased slightly in FY16 and again in FY17.</p> <p>The average investigative days increased significantly in FY16 but decreased again in FY17.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	175	105	85	145																						
FY15	160	120	135	125																						
FY16	140	100	105	225																						
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Fiscal Year	Informal	Agreed	Default	Final																						
FY14	4	6	4	2																						
FY15	13	11	2	1																						
FY16	10	5	3	0																						
FY17	11	11	2	0																						
<p>Summary Actions</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>1</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Legend: Conduct (Blue), Standard (Red), Mandatory (Green)</p>	Fiscal Year	Conduct	Standard	Mandatory	FY14	1	0	0	FY15	1	0	0	FY16	0	0	0	FY17	1	0	0	<p>There were no summary actions in FY16 and one in FY17. This is consistent with prior years.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	1	0	0																							
FY15	1	0	0																							
FY16	0	0	0																							
FY17	1	0	0																							

Rulemaking and Policy Activity

Legislation

The Chiropractic Quality Assurance Commission (Commission) had no legislative activity in Fiscal years 2016 and 2017.

Rules and Policies

The Chiropractic Quality Assurance Commission's purpose under RCW [18.25.0151](#) is to regulate the competency and quality of chiropractors and chiropractic X-ray technicians by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. The rules, policies, and procedures developed by the Commission must promote the delivery of quality health care to the residents of the state. Individual rule sections in chapter 246-808 WAC have been amended over the years to adhere to new requirements and changes in law. However, a thorough review of the entire chiropractic chapter has not been conducted since 1996. As part of the rules chapter review, the Commission identified areas for improvement, as well as categories of rules (initial licensing requirements, temporary practice permits, requirements to return an expired license to active status, billing, preceptor/supervising, definitions, etc.), that needed to be combined because the requirements were contained in more than one rule. This streamline approach will assist stakeholders with finding information they are seeking, and avoid unnecessary correspondence and delays due to confusion and submitting incorrect information.

This rulemaking included:

- Initially identifying 55 rules that potentially needed revisions
- 30 rules are actually being revised
 - Chiropractic colleges/accreditation of colleges/Educational standards
 - Chiropractic licensure and temporary practice permits
 - Reactivation requirements for an expired, inactive, and suspended credential
 - Preceptor/supervisor rules, including delegation of duties to supervised staff
 - Billing
 - Advertising
 - Radiographic standards
 - Sexual misconduct
 - Definitions
 - Mandatory reporting
 - Continuing education, including suicide screening and referral and the Department of Health's model list.

- 21 rules are being repealed
 - Some of the rules and the rule language that is being repealed is being placed into another rule to maintain all of the qualifications in one rule instead of several. For example, the Commission is placing three separate rules pertaining to “temporary practice licenses,” and all of their requirements, into one rule making it easier and more efficient for stakeholders to find and to determine what type of temporary license they need.

- Created 8 new rules
 - Temporary practice license for military spouse or registered domestic partners
 - Soliciting new patients through accident reports
 - Early Remediation Program (3 new rules)
 - A new avenue to remediate health care providers with complaints that involve minor misconduct or technical errors, and the complaint does not involve patient safety concerns. Remediation plan sanctions can include education or training, but cannot include restrictions, suspension or revocation. Currently, the commission’s options are to issue a Stipulation to Informal Disposition (STID), a formal Statement of Charges (SOC), or close the case.
 - Independent Chiropractic Examination (3 new rules)

- Fee reduction effective January 1, 2016 to include:
 - Chiropractic application fee was \$530, reduced to \$380
 - Separated the jurisprudence examination fee of \$100 from the initial application fee to be able to charge applicants for reexaminations and in disciplinary related matters.
 - Chiropractic license renewal fee was \$482, reduced to \$432
 - Chiropractic late renewal penalty was \$302, reduced to \$216

- Fee reduction effective August 1, 2017 to include:
 - Chiropractic application fee was \$380, reduced to \$330
 - Chiropractic license renewal fee was \$432, reduced to \$380
 - Chiropractic late renewal penalty was \$216, reduced to \$190

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, 2 expanded-function dental auxiliaries, and 2 public members. All serve four-year terms.

Four Year Disciplinary Summary

<p>Complaints</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>640</td> <td>330</td> <td>290</td> <td>145</td> </tr> <tr> <td>FY15</td> <td>480</td> <td>330</td> <td>300</td> <td>185</td> </tr> <tr> <td>FY16</td> <td>500</td> <td>300</td> <td>300</td> <td>190</td> </tr> <tr> <td>FY17</td> <td>480</td> <td>320</td> <td>370</td> <td>135</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	640	330	290	145	FY15	480	330	300	185	FY16	500	300	300	190	FY17	480	320	370	135	<p>Complaints received, investigations authorized and completed have been consistent over 2015-17 biennium. Investigative days has reduced significantly due to increased investigative staff.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	640	330	290	145																						
FY15	480	330	300	185																						
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Fiscal Year	Informal	Agreed	Default	Final																						
FY14	43	21	5	1																						
FY15	25	18	3	5																						
FY16	33	24	10	0																						
FY17	30	27	3	5																						
<p>Summary Actions</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>FY15</td> <td>4</td> <td>2</td> <td>1</td> </tr> <tr> <td>FY16</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>2</td> <td>0</td> <td>1</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	0	0	1	FY15	4	2	1	FY16	2	0	0	FY17	2	0	1	<p>Conduct summaries in FY 2015 were due to two infection control cases and two mental health issues. FYs 2016 and 2017 maintain a consistent average of actions.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	0	1																							
FY15	4	2	1																							
FY16	2	0	0																							
FY17	2	0	1																							

Rulemaking and Policy Activity

Legislation

The Dental Quality Assurance Commission (commission) evaluated 20 legislative bills in FY 2017 and 14 legislative bills in FY 2016. The commission is implementing four of the five legislative bills that passed in FY 2017.

Engrossed Substitute House Bill 1427 – Opioids – Prescribing – Monitoring – Treatment.

The bill directs the following five boards and commissions to adopt rules establishing requirements for prescribing opioid drugs for seven health professions:

- Podiatric Medical Board
- Dental Quality Assurance Commission
- Board of Osteopathic Medicine and Surgery
- Medical Quality Assurance Commission
- Nursing Care Quality Assurance Commission

The bill allows exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment. The bill also requires the boards and commissions to consider the agency medical directors' group and the centers for disease control guidelines, and to work in consultation with the department of health, the University of Washington, and the professional associations for each health profession

Substitute House Bill 1411 – Licensure by residency in lieu of examination.

The bill modified RCW 18.32.040 (3)(c) by changing the dentist license eligibility by residency in lieu of examination from approved community based residencies to all Commission on Dental Accreditation (CODA) general practice residency, advanced education in general dentistry residency, and pediatric residency programs. The commission is proposing rule amendments to delete “approved by or administered under the direction of DQAC” in amended WAC 246-817-110, 160, and 220 and repeal WAC 246-817-155 as is it no longer necessary.

Substitute Senate Bill 5322 – Dentist and third parties.

The bill amends RCW 18.32.675 to allow unlicensed persons or entities to own or lease assets (excluding patient records), employ non-credentialed staff, provide business support, and receive fees for the services provided from the dentist owner. The bill also adds two new sections to chapter 18.32 RCW to set parameters for dentists and persons not licensed as dentists:

- Setting requirements to prevent interference by persons not licensed as a dentist with identified clinical decisions;
- Setting requirements for dentists related to preventing patient abandonment.

Engrossed Second Substitute House Bill 1612 – Suicide prevention education.

The bill amends RCW 43.70.442 directing the commission to adopt rules to establish a one-time continuing education and training requirement for dentists on suicide prevention education. The commission may determine in rule three or six hour requirement for suicide prevention education to include assessment of issues related to imminent harm by lethal means. RCW 43.70.442 directs members of several healthcare professions to complete suicide prevention training. Some professions may complete the training one time, while others must complete training every six years. Trainings must meet minimum requirements in the law, and must be from a "model list" of suicide prevention trainings maintained by the department.

Substitute Senate Bill 5079 Dental health services in tribal settings.

This bill authorizes dental health aide therapist services provided by Indian tribes and tribal organizations at tribal reservation clinics. The bill requires these dental health aide therapists would be certified by a federal community health aide program certification board or by a federally recognized Indian tribe with certification standards that are federally equivalent. The bill requires that the Health Care Authority (HCA) coordinate with the Centers for Medicare and Medicaid Services (CMS) to ensure dental health aide therapist services are eligible for federal funding.

Rules and Policies

The commission is considering amendments to WAC 246-817-440 to clarify existing continuing education (CE) requirements. Amendments will clarify appropriate CE subject matter, minimum/maximum number of hours in specified subject matter, methods to obtain CE including web-based options, determine if hours in ethics will be mandatory, consider continued competency mechanisms, and standard housekeeping.

The commission is considering amendments to WAC 246-817-601, 610, 620, and 630 for infection control. The commission has determined current dental infection control standards may be outdated and amendments are necessary to ensure standards are followed to prevent disease transmission in oral healthcare.

The commission is considering amendments to WAC 246-817-120 to clarify that a complete clinical examination from one organization is required for dentist licensure. Additionally, the commission approved Canada's OSCE examination as acceptable for state licensure clinical examination.

The commission is considering an interpretive statement for Dentist Standard of Care-Radiographs. The commission is frequently asked by patients and dentists whether radiographs are required to be taken as part of a dental examination. An interpretive statement will provide guidance to dentists regarding the use of radiographs as part of a dental examination.

The commission's Dental Collaboration Committee has been discussing adoption of a teledentistry guideline. The commission is developing a guideline to describe how teledentistry is to be defined, supervised, regulated and disciplined by the commission consistent with existing statutes governing the practice of dentistry within the state of Washington.

The commission completed and implemented the following rule amendments:

- **WAC 246-817-760 Moderate sedation with parenteral agents.** The commission finalized rule amendments to WAC 246-817-760 to include specific requirements and exceptions for dentists when sedating pediatric patients consistent with the American Academy of Pediatric Dentists 2011 “Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.” April 2017.
- **WAC’s 246-817-510, 520, 525, 540, and 545 Dentists delegation to dental assistants and expanded function dental auxiliaries.** The commission finalized rule amendments to these delegations to clarify tasks and eliminate confusion. March 2017.
- **WAC 246-817-550 and 560 Dentist delegation to dental hygienists.** The commission finalized rule amendments to WAC 246-817-550 and 560 to update the listing of allowable duties a dentist may delegate to a licensed dental hygienist under general and close supervision. The Dental Hygiene Examining Committee (hygiene committee) requested the Dental Quality Assurance Commission (commission) to move specific tasks from close supervision to general supervision and add new tasks for dental hygienists. Specifically, administration of local anesthetic agents was added to allowable delegation under general supervision when certain patient conditions have been met. January 2017.
- **WAC 246-817-340 Recording requirement for all prescription drugs - Repealed.** The commission implemented new rule WAC 246-817-305 on April 17, 2016. WAC 246-817-305 (3)(i)(i) through (iv) duplicates all requirements listed in WAC 246-817-340. October 2016.
- **WAC 246-817-160 Graduates of non-accredited dental schools.** The adopted rule ensures clinical education is obtained and to specifically identify when examination eligibility can be met. September 2016.
- **WAC’s 246-817-130, 135, and 140 License without examination requirements.** The adopted rule provides all license requirements in a single rule to eliminate confusion with the current three rules. Additionally, the adopted rule defines "state", "currently engaged in the practice of dentistry", removes the unnecessary requirements, and adds two standard licensure requirements. August 2016.
- **WAC 246-817-110 and 246-817-150** – The commission removed the notarization requirement on applications authorized by 2015 Engrossed Substitute Senate Bill 5810. February 2016.
- **WAC 246-817-740, 745, 755, 760, and 772** – The commission updated the monitoring and equipment requirements to align with the American Dental Association (ADA), the American Association of Oral and Maxillofacial Surgeons (AAOMS), and the American

Society of Anesthesiology (ASA) national standards currently being used by dentists.
March 2016.

- **WAC 246-817-310, Maintenance and Retention of Records.** – The commission updated the retention requirements and created new sections, WAC 246-817-304, 305, and 315 to provide clarity in what should be contained in dental records. Treatment record requirements are necessary to evaluate standard of care for treatment provided.
March 2016.

Budget

A preliminary positive fund balance for May 31, 2017 of \$4,002,532 from a beginning balance of \$4,467,765 on July 1, 2015.

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 7 board members – 4 denturists, 1 dentist and 2 public members. Neither public member may be affiliated with a health care profession or facility. At least one of the public members must be over the age of 65 representing the senior population.

Four Year Disciplinary Summary

<p>Complaints</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>29</td> <td>18</td> <td>21</td> <td>165</td> </tr> <tr> <td>FY15</td> <td>26</td> <td>16</td> <td>18</td> <td>200</td> </tr> <tr> <td>FY16</td> <td>13</td> <td>8</td> <td>15</td> <td>195</td> </tr> <tr> <td>FY17</td> <td>21</td> <td>14</td> <td>13</td> <td>110</td> </tr> </tbody> </table> <p>Legend: Complaints Received (Blue), Investigations Authorized (Red), Investigations Completed (Green), Average Investigative Days (Line with asterisk)</p>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	29	18	21	165	FY15	26	16	18	200	FY16	13	8	15	195	FY17	21	14	13	110	<p>Complaints received declined in the 15-17 biennium, as did average investigative days.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	29	18	21	165																						
FY15	26	16	18	200																						
FY16	13	8	15	195																						
FY17	21	14	13	110																						
<p>Cases</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>3</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>3</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>FY16</td> <td>2</td> <td>2</td> <td>1</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Legend: Informal (Blue), Agreed (Red), Default (Green), Final (Purple)</p>	Fiscal Year	Informal	Agreed	Default	Final	FY14	3	1	1	0	FY15	3	1	0	1	FY16	2	2	1	0	FY17	0	2	0	0	<p>The board has continued to conclude disciplinary cases through settlement by informal resolutions known as Stipulations to Informal Disposition (STID) and Agreed orders.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	3	1	1	0																						
FY15	3	1	0	1																						
FY16	2	2	1	0																						
FY17	0	2	0	0																						
<p>Summary Actions</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Legend: Conduct (Blue), Standard (Red), Mandatory (Green)</p>	Fiscal Year	Conduct	Standard	Mandatory	FY14	0	0	0	FY15	0	0	0	FY16	0	0	0	FY17	0	0	0	<p>There were no summary action during the 15-17 biennium. This is normal for the profession</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	0	0																							
FY15	0	0	0																							
FY16	0	0	0																							
FY17	0	0	0																							

Rulemaking and Policy Activity

Legislation

There has been no legislation passed that affects the Denturist profession.

Rules and Policies

The board did not work on any rules and/or policies in the 15-17 biennium.

The board schedules two practical (clinical) exams a year however they require a minimum of five applicants in order to administer the practical exams. From July 1, 2015 through July 30, 2017, the board administered three practical exams and staff administered six written (computerized) exams.

The graph below depicts a five-year exam summary based on a fiscal year.

Fiscal Year	# of applicants for written exam	# passing written exam	# of applicants for practical exam	# passing practical exam
2013	4	4	0	0
2014	18	16	17	14
2015	7	7	8	7
2016	1	1	0	0
2017	14	14	14	11

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 aid specialists, 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 aid specialists, two speech-language pathologists, three public members, one advisory medical physician, and one non-voting speech-language pathology assistant.

Four Year Disciplinary Summary

<p>Complaints</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>17</td> <td>2</td> <td>7</td> <td>150</td> </tr> <tr> <td>FY15</td> <td>20</td> <td>7</td> <td>7</td> <td>150</td> </tr> <tr> <td>FY16</td> <td>21</td> <td>9</td> <td>12</td> <td>150</td> </tr> <tr> <td>FY17</td> <td>27</td> <td>14</td> <td>10</td> <td>100</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	17	2	7	150	FY15	20	7	7	150	FY16	21	9	12	150	FY17	27	14	10	100	<p>The number of complaints and investigations authorized has increased slightly. This is due to the growth of the professions regulated by the board.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	17	2	7	150																						
FY15	20	7	7	150																						
FY16	21	9	12	150																						
FY17	27	14	10	100																						
<p>Cases</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>1</td> <td>0</td> <td>1</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	0	1	0	0	FY15	1	0	0	0	FY16	1	0	1	0	FY17	1	0	1	0	<p>Most cases are settled through a Stipulation to Informal Disposition (STID), an informal resolution, or 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 order.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	0	1	0	0																						
FY15	1	0	0	0																						
FY16	1	0	1	0																						
FY17	1	0	1	0																						
<p>Summary Actions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>FY17</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	0	0	0	FY15	0	0	0	FY16	0	0	1	FY17	0	0	0	<p>There were no summary actions during the 15-17 biennium. This is normal for the profession.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	0	0																							
FY15	0	0	0																							
FY16	0	0	1																							
FY17	0	0	0																							

Rulemaking and Policy Activity

Legislation

There was no legislation that passed during the 15-17 biennium that required action by the board.

Rules and Policies

The board is currently clarifying rules to make minor updates.

Board of Massage

The Board of Massage protects the public’s health and safety by regulating the competency and quality of licensed massage therapists. The governor appoints 4 massage therapists and 1 public member to four-year terms. The professional members must have at least three years of experience as a massage practitioner immediately preceding appointment. The public member cannot be an employee of the state or a present or former member of another licensing board.

Four Year Disciplinary Summary

<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Complaints Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>400</td> <td>220</td> <td>180</td> <td>170</td> </tr> <tr> <td>FY15</td> <td>720</td> <td>250</td> <td>350</td> <td>100</td> </tr> <tr> <td>FY16</td> <td>400</td> <td>150</td> <td>150</td> <td>150</td> </tr> <tr> <td>FY17</td> <td>280</td> <td>100</td> <td>120</td> <td>100</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	400	220	180	170	FY15	720	250	350	100	FY16	400	150	150	150	FY17	280	100	120	100	<p>The number of complaints received and the number of authorized investigations have both decreased by more than half since FY15.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	400	220	180	170																						
FY15	720	250	350	100																						
FY16	400	150	150	150																						
FY17	280	100	120	100																						
<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Cases Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>4</td> <td>11</td> <td>8</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>4</td> <td>19</td> <td>6</td> <td>3</td> </tr> <tr> <td>FY16</td> <td>13</td> <td>18</td> <td>11</td> <td>5</td> </tr> <tr> <td>FY17</td> <td>11</td> <td>8</td> <td>11</td> <td>1</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	4	11	8	0	FY15	4	19	6	3	FY16	13	18	11	5	FY17	11	8	11	1	<p>The disciplining authority of the massage profession falls under the Secretary of the Department of Health.</p> <p>There has been a decrease in complaints leading to a decrease in disciplinary action.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	4	11	8	0																						
FY15	4	19	6	3																						
FY16	13	18	11	5																						
FY17	11	8	11	1																						
<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Summary Actions Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>2</td> <td>0</td> <td>1</td> </tr> <tr> <td>FY15</td> <td>6</td> <td>0</td> <td>2</td> </tr> <tr> <td>FY16</td> <td>1</td> <td>0</td> <td>3</td> </tr> <tr> <td>FY17</td> <td>2</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	2	0	1	FY15	6	0	2	FY16	1	0	3	FY17	2	0	0	<p>Due to the nature of the profession, the majority of summary actions are based on cases of sexual misconduct.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	2	0	1																							
FY15	6	0	2																							
FY16	1	0	3																							
FY17	2	0	0																							

Rulemaking and Policy Activity

Legislation

SHB 1189 Concerning exemptions from the massage therapy law, passed in the 2017 legislative session. The bill amended RCW 18.108.050 Exemptions, to add a definition of the term “somatic education,” and exempts practitioners of ortho-bionomy and the Feldenkrais method of somatic education from a massage license.

Rules and Policies

The Board of Massage wrapped up a three year rulemaking process and the new rules became effective July 30, 2017. The new rules added to the chapter include draping, recordkeeping, breast massage, and standard of practice limitations. The board also adopted a rule regarding transfer of training hours in response to HB 2781 and codified as RCW 18.108.028.

The board granted a rules petition on July 7, 2017 to open up thirteen sections of the chapter.

Medical Quality Assurance Commission

The Medical Quality Assurance Commission (“Medical Commission” or MQAC) promotes patient safety and enhances the integrity of the profession through licensing, discipline, rule making, and education. The Governor appoints 21 commission members to four-year terms: thirteen physicians, two physician assistants and six public members to pursue work furthering the Governor’s goal of healthy and safe communities.

Four Year Disciplinary Summary

<p>This bar chart displays the number of complaints received, investigations authorized, and investigations completed from FY14 to FY17. A line graph with asterisks represents the average investigative days. The left y-axis represents the number of complaints (0 to 2000), and the right y-axis represents the average investigative days (0 to 200). Complaints received show a slight upward trend from approximately 1550 in FY14 to 1600 in FY17. Investigations authorized and completed remain relatively stable, with authorized investigations slightly decreasing from 900 to 600. The average investigative days increase from 100 in FY14 to 150 in FY17.</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>1550</td> <td>900</td> <td>900</td> <td>100</td> </tr> <tr> <td>FY15</td> <td>1500</td> <td>800</td> <td>850</td> <td>125</td> </tr> <tr> <td>FY16</td> <td>1600</td> <td>750</td> <td>800</td> <td>140</td> </tr> <tr> <td>FY17</td> <td>1600</td> <td>600</td> <td>700</td> <td>150</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	1550	900	900	100	FY15	1500	800	850	125	FY16	1600	750	800	140	FY17	1600	600	700	150	<p>The number of complaints has historically been around 1,500. FY17 saw an increase of .6% in the number of complaints received. The Medical Commission authorized about the same number of complaints for an investigation (48% in FY16 and 37% in FY17). On average it took 146 days to complete an investigation this biennium, which is a month less than the mandated timeline.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	1550	900	900	100																						
FY15	1500	800	850	125																						
FY16	1600	750	800	140																						
FY17	1600	600	700	150																						
<p>This bar chart shows the number of cases categorized by type from FY14 to FY17. The y-axis represents the number of cases (0 to 80). Informal cases are the most frequent, peaking at 75 in FY16. Agreed cases fluctuate between 20 and 30. Default cases are consistently low, around 10-15. Final cases are the least frequent, with only one case in FY16.</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>35</td> <td>30</td> <td>5</td> <td>8</td> </tr> <tr> <td>FY15</td> <td>50</td> <td>20</td> <td>10</td> <td>5</td> </tr> <tr> <td>FY16</td> <td>75</td> <td>25</td> <td>12</td> <td>1</td> </tr> <tr> <td>FY17</td> <td>50</td> <td>10</td> <td>5</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	35	30	5	8	FY15	50	20	10	5	FY16	75	25	12	1	FY17	50	10	5	0	<p>The Medical Commission issues an average rate of 82 formal and informal disciplinary orders per fiscal year. FY16 was an irregularity with 38% more orders issued, compared to the historical average. Informal orders continue to be the leading type of discipline issued, comprising 54% of the Medical Commission’s total orders.**</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	35	30	5	8																						
FY15	50	20	10	5																						
FY16	75	25	12	1																						
FY17	50	10	5	0																						
<p>This stacked bar chart illustrates the total number of summary actions and their composition from FY14 to FY17. The y-axis represents the number of summary actions (0 to 16). Conduct actions are the most common, followed by Standard and Mandatory actions. The total number of actions peaks in FY16 at 14.</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>7</td> <td>2</td> <td>2</td> </tr> <tr> <td>FY15</td> <td>6</td> <td>2</td> <td>3</td> </tr> <tr> <td>FY16</td> <td>7</td> <td>1</td> <td>6</td> </tr> <tr> <td>FY17</td> <td>5</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	7	2	2	FY15	6	2	3	FY16	7	1	6	FY17	5	1	2	<p>The Medical Commission takes summary action at an average rate of 11 actions per year.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	7	2	2																							
FY15	6	2	3																							
FY16	7	1	6																							
FY17	5	1	2																							

** The number and type of disciplinary orders presented in this supplemental report do not match the numbers reported in tables 11 and 12 of the UDA report. This is a result of the Medical Commission tracking disciplinary orders based on a respondent, rather than a complaint.

Rulemaking and Policy Activity

Legislation

Budget Decision Package: MQAC Discipline Enhancement: The Medical Commission was granted additional spending authority for the purpose of addressing growing discipline costs related to expert witness and prosecution functions.

Interstate Medical Licensure Compact (HB 1337): Creates a new process to expedite licensing for highly qualified physicians interested in practicing in multiple states at a time of physician shortages. Passed in the house 94-3 and passed in the Senate 49-0. Signed by the Governor on May 5, 2017. Implementation efforts are underway and the Medical Commission should be able to issue first licenses by the end of September, 2017.

Physician Limited Licenses (SB 5413): This bill amends physician limited license laws to update two commission license types and provides technical fixes to existing language. The bill amends language that cites the University of Washington as the sole medical program in Washington and removes the two year limitation on fellowship licenses. Passed in the Senate 49-0 and passed in the house 91-6. Governor signed on April 17, 2017. Effective July 23, 2017.

Rules and Policies

Policies

The Medical Commission has issued or revised the following policies, procedures and guidelines.

GUI2017-03	Revised	Sexual Misconduct
GUI2017-02	Revised	Retention of Medical Records
DUI2017-01	New	Death Certificate Guidelines
MD2016-04	New	Communication Guidelines
MD2016-03	New	Processing Complaints Against Licensees Enrolled in WPHP
GUI2016-02	New	Communicating Test Results to Patients
GUI2016-01	New	Simultaneous and Overlapping Elective Surgeries
MD2016-01-IS	New	Continuing Medical Education Requirement for Physicians with Retired Active Licenses
PRO2017-08	Revised	Complainant Request for Reconsideration - Closed Cases
PRO2017-07	Revised	Delegation of Signature Authority
PRO2017-06	Revised	Newsletter Review
PRO2017-05	Revised	Impact Statement
PRO2017-04	New	Panel Composition
PRO2017-03	New	Policy Development
PRO2017-02	Revised	Referral of Sexual Misconduct Cases
PRO2017-01	New	Sexual Misconduct Analysis Review Team
MD2016-06	New	Pro Tem Appointments Procedure
MD2016-02	Revised	Compensation for Commission Duties

SMART Policy

In an effort to bring expertise to every area of regulatory decision-making, the Medical Commission initiated the Sexual Misconduct Analysis Review Team policy. This requires clinical and public members of the Commission to receive specialized training on sexual assault victim interview training and defines the roles and gender of Reviewing Commission Members assigned to complaints involving sexual misconduct allegations containing clinical elements. The new

policy further defines the panel composition of an administrative hearing involving allegations of sexual misconduct.

Rulemaking

Suicide Prevention: The Medical Commission revised physician and physician assistant rules to incorporate the mandatory training in suicide assessment, treatment and management. The adopted new rule implements provisions of RCW 43.70.442 that require allopathic physicians and physician assistants (among other professions) to complete training in suicide assessment, treatment, and management. The adopted rule also incorporates an allowance for the Medical Commission to define licensed allopathic physicians and physician assistants who are exempt from the training. Adopted 1/13/2017.

Maintenance of Licensure: The Medical Commission amended rules and adopted a new section of rule regarding license renewal and continuing medical education (CME) requirements to ensure continuing competency for allopathic physicians. Physicians licensed with the Medical Commission now have four options for satisfying their four year CME requirements. Adopted 5/11/2016.

Board of Naturopathy

The Board of Naturopathy (board) protects public health, enhances patient safety, and fosters the integrity of the naturopathic physician profession through licensing, disciplinary action, rulemaking, and education. The governor appoints 7 board members – 5 naturopathic physicians and 2 public members. Neither public member may be affiliated with a health care profession or facility.

Four Year Disciplinary Summary

<p>Complaints</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>65</td> <td>55</td> <td>48</td> <td>195</td> </tr> <tr> <td>FY15</td> <td>48</td> <td>38</td> <td>58</td> <td>185</td> </tr> <tr> <td>FY16</td> <td>65</td> <td>52</td> <td>45</td> <td>195</td> </tr> <tr> <td>FY17</td> <td>50</td> <td>32</td> <td>52</td> <td>190</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	65	55	48	195	FY15	48	38	58	185	FY16	65	52	45	195	FY17	50	32	52	190	<p>There was a significant increase in the number of complaints received during the last biennium. It appears that the number received has leveled off and seems to have remained fairly consistent during the last four years. The average number of days to complete an investigation has remained consistent.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	65	55	48	195																						
FY15	48	38	58	185																						
FY16	65	52	45	195																						
FY17	50	32	52	190																						
<p>Cases</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>8</td> <td>6</td> <td>1</td> <td>1</td> </tr> <tr> <td>FY15</td> <td>3</td> <td>10</td> <td>1</td> <td>5</td> </tr> <tr> <td>FY16</td> <td>4</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FY17</td> <td>4</td> <td>10</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	8	6	1	1	FY15	3	10	1	5	FY16	4	1	2	3	FY17	4	10	0	0	<p>The increased number of actions are due to the settling and completion of the sharp increase in complaints that were received in the last biennium. There were a few final hearings but most were generally settled with either a Stipulation to Informal Disposition (STID) or an Agreed order.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	8	6	1	1																						
FY15	3	10	1	5																						
FY16	4	1	2	3																						
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<p>Summary Actions</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>1</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	1	1	0	FY15	0	0	0	FY16	1	0	0	FY17	1	0	0	<p>The board issued four summary actions this biennium. The board has the ability to issue summary suspensions and/or restrictions if they feel that there is immediate risk to the public.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	1	1	0																							
FY15	0	0	0																							
FY16	1	0	0																							
FY17	1	0	0																							

Rulemaking and Policy Activity

Legislation

The Washington Association of Naturopathic Physicians (WANP) introduced Senate Bill 5369 during the 2017 legislative session that, if passed, would have increased the prescribing authority for naturopathic physicians and changed the definition of “minor office procedures” to that which would be developed by the board in rule. The bill did not get voted out of the senate rules committee. The board supported this bill, has encouraged WANP to run the bill again in the 2018 session, and will support those efforts.

Rules and Policies

- The board amended WAC 246-836-080 to address the one-time, six-hour requirement for naturopathic physicians to obtain training in suicide assessment, treatment, and management as determined by Engrossed Substitute House Bill 2315 (Laws of 2014) and updated by Engrossed Substitute House Bill 1424 (Laws of 2015). This rule became effective March 20, 2016.
- The board is considering modification to WACs 246-836-010 and 210 to clarify the types of nonsurgical cosmetic procedures that may or may not be performed by naturopathic physicians.
- The board is considering modifications to WACs 246-836-080 to clarify acceptable continuing education (CE) by identifying approved providers and providing additional ways for naturopathic physicians to satisfy the requirements, such as allowing a portion to be fulfilled through courses relevant to other health professions. The proposed modifications would also change the CE reporting cycle, with a corresponding increase in the required number of hours.
- The board is adding WACs 246-836-700 to establish the process and criteria for temporary practice permits for military spouses or state-registered domestic partner applicants. This rule project is to implement Engrossed Substitute Senate Bill 5969 (laws of 2011) that directs state agencies to reduce the impact of relocation to military families by reducing the time to obtain professional licenses and to authorize temporary practice permits.
- The board is considering repealing WACs 246-836-330, -340, -350, -360, -370, -380, and -390. These rule sections are redundant to the mandatory reporting requirements in RCW 18.130.070 and chapter 246-16 WAC.
- The board is considering modification to WACs 246-836-150 to streamline the process for nationally accredited colleges of naturopathic medicine to maintain board approval.
- The board adopted professional practice standard guidelines for licensed naturopathic physicians who authorize medical marijuana under Washington State law. The guidelines were the result of the board’s participation in a workgroup directed to create the shared guidelines with the Medical Quality Assurance Commission, Nursing Care Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgery. The board is considering adopting the professional practice standards in rule.

Nursing Care Quality Assurance Commission

The Nursing Care Quality Assurance Commission (NCQAC) protects the public’s health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians. The purpose of the NCQAC includes establishing, monitoring, and enforcing licensing, consistent standards of practice, continuing competency mechanisms, and discipline. The Governor appoints 15 commission members to four-year terms: three licensed practical nurses, seven registered nurses, two advanced registered nurse practitioners, and three public members.

Four Year Disciplinary Summary

<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Complaints Data (FY14-FY17)</caption> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>1550</td> <td>650</td> <td>650</td> <td>115</td> </tr> <tr> <td>FY15</td> <td>1550</td> <td>550</td> <td>500</td> <td>135</td> </tr> <tr> <td>FY16</td> <td>2050</td> <td>650</td> <td>500</td> <td>165</td> </tr> <tr> <td>FY17</td> <td>2250</td> <td>650</td> <td>650</td> <td>195</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	1550	650	650	115	FY15	1550	550	500	135	FY16	2050	650	500	165	FY17	2250	650	650	195	<p>Complaints received in FY16 and FY17 continued to trend upward. The cases also increased in complexity due to opioid prescribing.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	1550	650	650	115																						
FY15	1550	550	500	135																						
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Fiscal Year	Informal	Agreed	Default	Final																						
FY14	85	75	90	25																						
FY15	65	85	75	15																						
FY16	65	75	45	10																						
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Fiscal Year	Conduct	Standard	Mandatory																							
FY14	1	4	27																							
FY15	7	2	21																							
FY16	3	1	23																							
FY17	4	0	23																							

Washington Health Professional Services (WHPS)
2015–17 Biennium

Profession	Total Mandated	Total Voluntary	Total Enrolled in Biennium	Successful Completions
Registered Nurse	266	19	285	96
Licensed Practical Nurse	28	1	29	15
Advanced Registered Nurse Practitioner	10	2	12	8
Certified Registered Nurse Anesthetist	1	0	1	3

Nursing Education

The NCQAC approves and reviews all nursing education programs in the state of Washington and out-of-state distance learning programs that have clinical practice experiences. This includes nursing assistant training programs, alternative nursing assistant training programs, refresher courses, professional vocational relationship courses, undergraduate and graduate nursing education programs.

The total number of nursing education programs (746) includes:

❖ In-state

- 8 LPN
- 27 ADN
- 11 BSN
- 15 RNB
- 51 Post BSN Programs
- 8 Refresher Course Programs
- 2 Professional Vocational Relationship Courses

❖ Out-of-state programs/tracks

- 20 RN to BSN
- 2 LPN to BSN
- 411 Other graduate and undergraduate tracks

❖ In-state

- 181 Traditional Nursing Assistant (NA) programs
- 15 Home Care Aide to NA programs
- 9 Medication Assistant to NA programs
- 4 Medication Assistant-Certified training programs

Rulemaking and Policy Activity

Legislation

Engrossed Substitute House Bill 1427 Concerning opioid treatment programs.

The legislation requires that the Nursing Commission and other disciplining authorities who oversee prescribing professionals to write rules. The rules must establish standards for prescription of opioid drugs. The rules must consider the Agency Medical Directors' Group and the Centers for Disease Control Guidelines when writing the rules. The legislation allows the Nursing Commission to consult with the Department of Health, ARNPS United of Washington, and Washington Association of Nurse Anesthetists when writing the rules. The Nursing Commission is working on coordinated rule writing with other disciplining authorities.

House Bill 1721 Concerning obtaining required clinical experience for licensed practical nurses who complete a nontraditional registered nurse program.

The legislation repealed the statute in the 2017 legislative session regarding the non-traditional nursing education programs and the requirements to complete supervised practice. Non-traditional education programs are schools with “a curriculum which does not include a faculty supervised teaching and learning component in clinical settings.” The Nursing Commission is currently working on rule writing to implement the legislation.

Rules and Policies

Rule Sections	Title	Status
WAC 246-840-010, WAC 246-840-020, WAC 246-840-300 through WAC 246-840-420	Clinical Nurse Specialist	Effective April 30, 2016
WAC 246-840-302	Clinical Nurse Specialist	Effective July 18, 2016.
WAC 246-840-045, 246-840-090, 246-840-130, 246-840-455, and 246-840-500 through 246-840-575	Nursing Education	Effective September 17, 2016
WAC 246-841 & WAC 246-842	Nursing Assistants	The commission will be vacating the CR 101 and will not pursue rules at this time.
WAC 246-840-730, WAC 246-840-750 –WAC 246-840-780.	Substance Use and Mandatory Reporting	Effective June 24, 2017
WAC 246-840-015	Demographic Data	In Process
WAC 246-840-095	Temporary Practice Permits	In Process
WAC 246-840-048, WAC 246-840-XXX	Interim-Practice Permits	In Process
WAC 246-840-035	Non-Traditional Programs	In Process
WAC 246-840	Opioid Prescribing Rules	In Process

Board of Nursing Home Administrators

The mission and purpose of the Board of Nursing Home Administrators is to protect the health of the people of Washington through the proper licensing of nursing home administrators, and through the objective enforcement of the nursing home administrators practice act or other laws governing the professional behavior of its licensees. The board consists of 4 licensed nursing home administrators, 4 health care professionals and 1 public member, all of which serve five-year terms.

Four Year Disciplinary Summary

<p>Complaints</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>85</td> <td>25</td> <td>30</td> <td>175</td> </tr> <tr> <td>FY15</td> <td>125</td> <td>45</td> <td>30</td> <td>145</td> </tr> <tr> <td>FY16</td> <td>150</td> <td>70</td> <td>55</td> <td>170</td> </tr> <tr> <td>FY17</td> <td>140</td> <td>45</td> <td>70</td> <td>120</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	85	25	30	175	FY15	125	45	30	145	FY16	150	70	55	170	FY17	140	45	70	120	<p>The number of complaints received has been increasing steadily since FY 14, but dropped slightly in FY 17. The complaints have been received from a number of sources, including individuals, other health care professionals and other state agencies.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	85	25	30	175																						
FY15	125	45	30	145																						
FY16	150	70	55	170																						
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Fiscal Year	Informal	Agreed	Default	Final																						
FY14	4	0	0	0																						
FY15	4	0	0	0																						
FY16	2	0	0	0																						
FY17	4	0	0	0																						
<p>Summary Actions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	0	0	0	FY15	0	0	0	FY16	0	0	0	FY17	0	0	0	<p>There were no summary actions during the 15-17 biennium. This is normal for the nursing home administrator profession.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	0	0																							
FY15	0	0	0																							
FY16	0	0	0																							
FY17	0	0	0																							

Rulemaking and Policy Activity

Legislation

There was no legislation that passed during the 15-17 biennium that required action by the board.

Rules and Policies

The Board of Nursing Home Administrators revised rules and they went into effect September, 2016. Changes in the rules focused on continuing education requirements, the administrator in training (AIT) process, qualification requirements for consideration of any reduction in the AIT program. Most notably, the board included recognition of military service and military training in coursework as considerations.

The board also focused on providing training regarding the board's work for their constituency. Board members have presented at association meetings and new administrator training classes.

The board also provided technical assistance to Eastern Washington University (EWU) in their endeavor to be accredited by the National Association of Long-Term Care Administrator Boards (NAB.) In June of this year, at NAB's annual meeting, EWU received a certificate of accreditation through 2022.

The Board also began work in this biennium that will continue into the 2017-19 biennium, including development of an on-line newsletter and opening rules to allow applicants to use NAB's new health services executive as another option to meet licensure requirements. The board will also continue to look at ways to deal with increasing complaints, including complaints coming from the continuum of care environments that comprise assisted living facilities, adult family homes and home based services.

Board of Occupational Therapy Practice

The mandate of the Occupational Therapy Practice 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 healthcare providers under its jurisdiction. The board accomplishes this mandate through a variety of activities working with the Department of Health, Health Systems Quality Assurance division. The board is made up of 3 occupational therapists, 1 occupational therapist assistant and 1 public member appointed by the governor. The professional members must have been in active practice in occupational therapy for at least five years immediately preceding appointment. All members must be residents of Washington State.

Four Year Disciplinary Summary

<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Complaints and Investigative Days Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>34</td> <td>16</td> <td>18</td> <td>155</td> </tr> <tr> <td>FY15</td> <td>41</td> <td>14</td> <td>12</td> <td>135</td> </tr> <tr> <td>FY16</td> <td>42</td> <td>14</td> <td>18</td> <td>185</td> </tr> <tr> <td>FY17</td> <td>37</td> <td>10</td> <td>14</td> <td>135</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	34	16	18	155	FY15	41	14	12	135	FY16	42	14	18	185	FY17	37	10	14	135	<p>The number of complaints and authorized investigations have fallen the past two years.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	34	16	18	155																						
FY15	41	14	12	135																						
FY16	42	14	18	185																						
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Fiscal Year	Informal	Agreed	Default	Final																						
FY14	4	1	0	0																						
FY15	8	1	2	2																						
FY16	1	4	1	1																						
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Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	0	0																							
FY15	1	0	0																							
FY16	0	0	1																							
FY17	1	0	0																							

Rulemaking and Policy Activity

Legislation

Legislation was passed in 2016 that requires training on suicide prevention for occupational therapists and occupational therapy assistants to be taken from the model list of approved programs as listed on the department's website. The Board of Occupational Therapy Practice developed rules to implement the legislation. The training may be counted toward the licensee's continuing education requirement.

Rules and Policies

In 2014, the board began working on various parts of the chapter that were opened in 2008, prior to the rules moratorium of 2010. Once the board started reviewing the opened rule sections and proposed draft language, the board decided to withdraw the 2008 CR 101 form and start a new form to reflect current board members. The board is proposing to modify the Occupational Therapy chapter by amending, repealing and adding new sections that will:

- Establish rules on telehealth and military equivalency;
- Revise definitions, continuing education, and licensing requirements;
- Revise requirements for applicants that have not recently practiced;
- Repeal redundant language regarding consulting capacity of practitioners; and
- Add language to sections on professional conduct and sexual misconduct.

Board of Optometry

The Board of Optometry protects the public by credentialing and disciplining optometrists. The board regulates the profession by developing rules, policies, and guidelines.

The governor appoints six members – five licensed optometrists and one public member – to serve three-year terms.

Four Year Disciplinary Summary

<p>This bar chart displays disciplinary metrics from FY14 to FY17. The left y-axis represents the number of complaints (0-50), and the right y-axis represents the average number of investigative days (0-250). Complaints received (blue bars) show a significant increase in FY17. Investigations authorized (red bars) and completed (green bars) also show an upward trend in FY17. The average investigative days (black line with asterisks) shows a steady decline from FY14 to FY17.</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>29</td> <td>10</td> <td>17</td> <td>210</td> </tr> <tr> <td>FY15</td> <td>28</td> <td>9</td> <td>8</td> <td>155</td> </tr> <tr> <td>FY16</td> <td>24</td> <td>9</td> <td>10</td> <td>150</td> </tr> <tr> <td>FY17</td> <td>44</td> <td>28</td> <td>32</td> <td>75</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	29	10	17	210	FY15	28	9	8	155	FY16	24	9	10	150	FY17	44	28	32	75	<p>The number of complaints has dropped since FY 2014, until FY 2017, when complaints peaked due a single complainant filing reports on behalf of almost 20 complainants. The number of investigations increased due to these complaints. The investigations were performed efficiently, decreasing the average investigative days. The board provided a technical assistance letter to all optometrists relating to the issue that predicated the increase in complaints.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	29	10	17	210																						
FY15	28	9	8	155																						
FY16	24	9	10	150																						
FY17	44	28	32	75																						
<p>This bar chart shows the number of cases resolved from FY14 to FY17. The y-axis represents the number of cases (0-5). Informal cases (blue bars) are the most common, with a notable increase in FY17. Agreed cases (red bars) and Default cases (green bars) are also present in various years.</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>4</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	2	0	0	0	FY15	0	0	1	0	FY16	1	1	0	0	FY17	4	0	0	0	<p>The board has taken few enforcement actions and cases rarely go to hearing. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an Agreed order. The uptick in informal enforcement in FY 2017 relates to the complaint issue described above. Both the STID and Agreed order are subject to national data bank reporting.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	2	0	0	0																						
FY15	0	0	1	0																						
FY16	1	1	0	0																						
FY17	4	0	0	0																						
<p>This bar chart illustrates the number of summary actions taken from FY14 to FY17. The y-axis represents the number of summary actions (0-2). A single Conduct action (blue bar) was issued in FY15.</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	0	0	0	FY15	1	0	0	FY16	0	0	0	FY17	0	0	0	<p>The board can issue summary (immediate) actions 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 one summary action.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	0	0																							
FY15	1	0	0																							
FY16	0	0	0																							
FY17	0	0	0																							

Rulemaking and Policy Activity

Legislation

Substitute Senate Bill 5411

In the 2017 Legislative session, Substitute Senate Bill 5411 was proposed to restrict the use of remote technology that provides patients prescriptions for corrective lenses (other than over-the-counter magnifying lenses) without in-person patient-provider interaction and prescription. The bill did not pass out of the Senate.

Rules and Policies

The following rules were adopted by the Board of Optometry between July 1, 2015 and June 30, 2017:

- **WAC 246-851-090 through WAC 246-851-230 Continuing education rules.** These rules were developed to provide an updated framework for optometrists to follow when selecting continuing education courses. The rule groups continuing course types into five clearly defined categories. These rules also discontinued the board's sponsorship of an annual post-graduate seminar and discontinued the board's case-by-case approval of continuing education courses.
- **WAC 246-851-580 Drug list and WAC 246-851-590 Guidelines for the use of oral Schedule III through V controlled substances and legend drugs.** These rules implemented Substitute Senate Bill (SSB) 5293 (Chapter 113, Laws of 2015), which authorizes optometrists to use, prescribe, dispense, purchase, or possess Schedule II controlled substances that are hydrocodone combination products.
- **WAC 246-851-545 Retired active credential.** This rule added a new section establishing a retired active credential for licensed optometrists.

Board of Osteopathic Medicine and Surgery

The mission and purpose of the Washington State Board of Osteopathic Medicine and Surgery 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 8 practicing osteopathic physicians, 1 practicing osteopathic physician assistant and 2 public members, all of which serve five-year terms.

Four Year Disciplinary Summary

<p>This bar chart displays disciplinary metrics from FY14 to FY17. The left y-axis represents the number of complaints (0-150), and the right y-axis represents the average number of investigative days (0-200). Complaints received (blue bars) show a peak in FY15 at approximately 140. Investigations authorized (red bars) peaked in FY15 at about 95. Investigations completed (green bars) peaked in FY17 at about 90. Average investigative days (black line with asterisks) peaked in FY16 at about 175 days.</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>115</td> <td>55</td> <td>55</td> <td>165</td> </tr> <tr> <td>FY15</td> <td>140</td> <td>95</td> <td>85</td> <td>155</td> </tr> <tr> <td>FY16</td> <td>105</td> <td>60</td> <td>65</td> <td>175</td> </tr> <tr> <td>FY17</td> <td>120</td> <td>75</td> <td>90</td> <td>165</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	115	55	55	165	FY15	140	95	85	155	FY16	105	60	65	175	FY17	120	75	90	165	<p>The number of complaints received and investigations authorized reached a high in FY 2015. The increased number of complaints could be explained by the growth of the profession, which has more than tripled since the board was created in 1979. Washington’s only osteopathic medical school graduated its first class in 2012.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	115	55	55	165																						
FY15	140	95	85	155																						
FY16	105	60	65	175																						
FY17	120	75	90	165																						
<p>This bar chart shows the number of cases resolved by different methods from FY14 to FY17. The y-axis represents the number of cases (0-8). Informal cases (blue bars) were highest in FY14 at 5. Agreed cases (red bars) peaked in FY14 at 6. Default cases (green bars) were highest in FY17 at 1. Final orders (purple bars) were highest in FY17 at 7.</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>5</td> <td>6</td> <td>0</td> <td>2</td> </tr> <tr> <td>FY15</td> <td>4</td> <td>4</td> <td>3</td> <td>5</td> </tr> <tr> <td>FY16</td> <td>1</td> <td>3</td> <td>0</td> <td>3</td> </tr> <tr> <td>FY17</td> <td>2</td> <td>5</td> <td>1</td> <td>7</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	5	6	0	2	FY15	4	4	3	5	FY16	1	3	0	3	FY17	2	5	1	7	<p>The board generally has few formal hearings and Final orders. Prior to FY 2015 – 17, cases were mostly settled through informal stipulations. However, in the last biennium, more Final orders were issued than Informal or Agreed orders.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	5	6	0	2																						
FY15	4	4	3	5																						
FY16	1	3	0	3																						
FY17	2	5	1	7																						
<p>This bar chart illustrates the number of summary actions issued from FY14 to FY17. The y-axis represents the number of actions (0-4). Conduct actions (blue bars) were issued in FY14 (1), FY15 (1), and FY17 (2). Standard actions (red bars) were 0. Mandatory actions (green bars) were issued in FY15 (3).</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>1</td> <td>0</td> <td>3</td> </tr> <tr> <td>FY16</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>2</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	1	0	0	FY15	1	0	3	FY16	0	0	0	FY17	2	0	0	<p>The board issued two summary actions this biennium. The board has the ability to issue summary suspensions or restrictions if they feel that there is an immediate risk to the public.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	1	0	0																							
FY15	1	0	3																							
FY16	0	0	0																							
FY17	2	0	0																							

Rulemaking and Policy Activity

Legislation

House Bill 1431 (2017) Increasing the number of members on the osteopathic board

The Board of Osteopathic Medicine and Surgery (board) currently consists of six licensed osteopathic physicians and one public member. The bill adds two more licensed osteopathic physicians, a licensed osteopathic physician assistant, and one public member, increasing the size of the board from seven members to eleven members. The bill also reclassifies the board as a class five group from a class three group, as defined under chapter 43.03 RCW, increasing board member compensation from \$50 a day to \$250 a day.

House Bill 1337 (2017) Creating the Interstate medical licensure compact

This bill establishes a process for the issuance of expedited licenses for allopathic and osteopathic physicians who are licensed in a member state to receive a license in another member state. The Interstate Compact is governed by a commission that includes two representative from each member state. A physician must meet specific requirements to be eligible to participate in the compact. Washington is the 20th state to join the medical licensure compact.

House Bill 1427 (2017) Concerning opioids

This bill directs the board, as well as the Dental Quality Assurance Commission, Medical Quality Assurance Commission, Nursing Care Quality Assurance Commission, and Podiatric Medical Board, to adopt rules for prescribing opioids. The boards and commissions must consider the revised Agency Medical Directors Group and Centers for Disease Control guidelines; and consult with their professions' associations, the Department of Health (department), and the University of Washington.

In addition to requiring the boards and commissions to adopt rules for prescribing opioids, the bill:

- Expands access to Prescription Monitoring Program (PMP) data to government, including personnel within the department, the Health Care Authority, and local health offices;
- Authorizes sharing of PMP data with health care facilities and groups of at least five prescribers;
- Allows hospitals to receive PMP data through their continuous quality improvement programs;
- Directs the department to develop an overdose-event letter to be sent to prescribers when these events occur; and
- Requires a feedback reporting mechanism to be created for providers comparing their prescribing practices to others in similar practice specialties.

Rules and Policies

State Auditor's Office performance audit

A performance audit was initiated in 2014 and focused on whether the board and the Medical Quality Assurance Commission (commission) were meeting their statutory obligations to protect the public. The audit report found that that the board was meeting their statutory obligations.

However, the report recommended that the board be dissolved and three osteopathic physicians be added to the commission. The agency response noted that the recommendation was not within the scope of the audit, that the audit report did not provide any evidence to suggest that such a merger would promote efficiency, cost savings, or patient safety, and that such a major change in physician regulation would have to be subject to a full debate, involving all stakeholders, in the legislative arena. During the 2017 legislative session, no legislation was introduced in response to these audit recommendations.

Amendments to the board's sexual misconduct rules

The board amended their rules to clarify what forcible or nonconsensual acts are within the definition of sexual misconduct for osteopathic physicians and osteopathic physician assistants. The intent of the changes is to help licensees under the board's jurisdiction to understand that sexual misconduct includes conduct with any person including people who are not patients, clients, or key third parties that involves force, intimidation, lack of consent, or a conviction of a sex offense listed in RCW 9.94A.030.

Experience with investigations and enforcement under the previous rule raised the need to clarify what acts constitute sexual misconduct. The rule changes are consistent with changes that have been made to sexual misconduct rules by other boards and commissions and by the department.

Mandatory one time training in suicide assessment, treatment, and management

The board adopted rules to implements provisions of RCW 43.70.442. This law requires osteopathic physicians and osteopathic physician assistants to complete a one-time, six-hour training in suicide assessment, treatment, and management. This requirement must be completed by the end of the first full continuing education (CE) reporting period after January 1, 2016, or the first full CE reporting period after initial licensure, whichever is later. The CE reporting period for osteopathic physicians is three years in length and one year in length for osteopathic physician assistants. Beginning July 1, 2017, suicide prevention training must be taken from the Secretary of Health's model list.

The rules are meant to address the suicide epidemic by requiring health care providers under the board's jurisdiction to be trained to recognize the warning signs of suicide, and know what treatment to pursue, or where to refer a person who may have suicidal ideation.

Model death certificate guidelines

The department's Center for Health Statistics developed model guidelines for medical certifiers to follow when completing death certificates. Medical certifiers include allopathic and osteopathic physicians, physician assistants, advanced registered nurse practitioners, chiropractors, coroners and medical examiners. These guidelines were adopted by the department, and the Center for Health Statistics asked the regulatory boards and commissions whose licensees are medical certifiers to adopt the model guidelines. The board adopted the model guidelines at their March 10, 2017 business meeting.

Presentation to osteopathic students

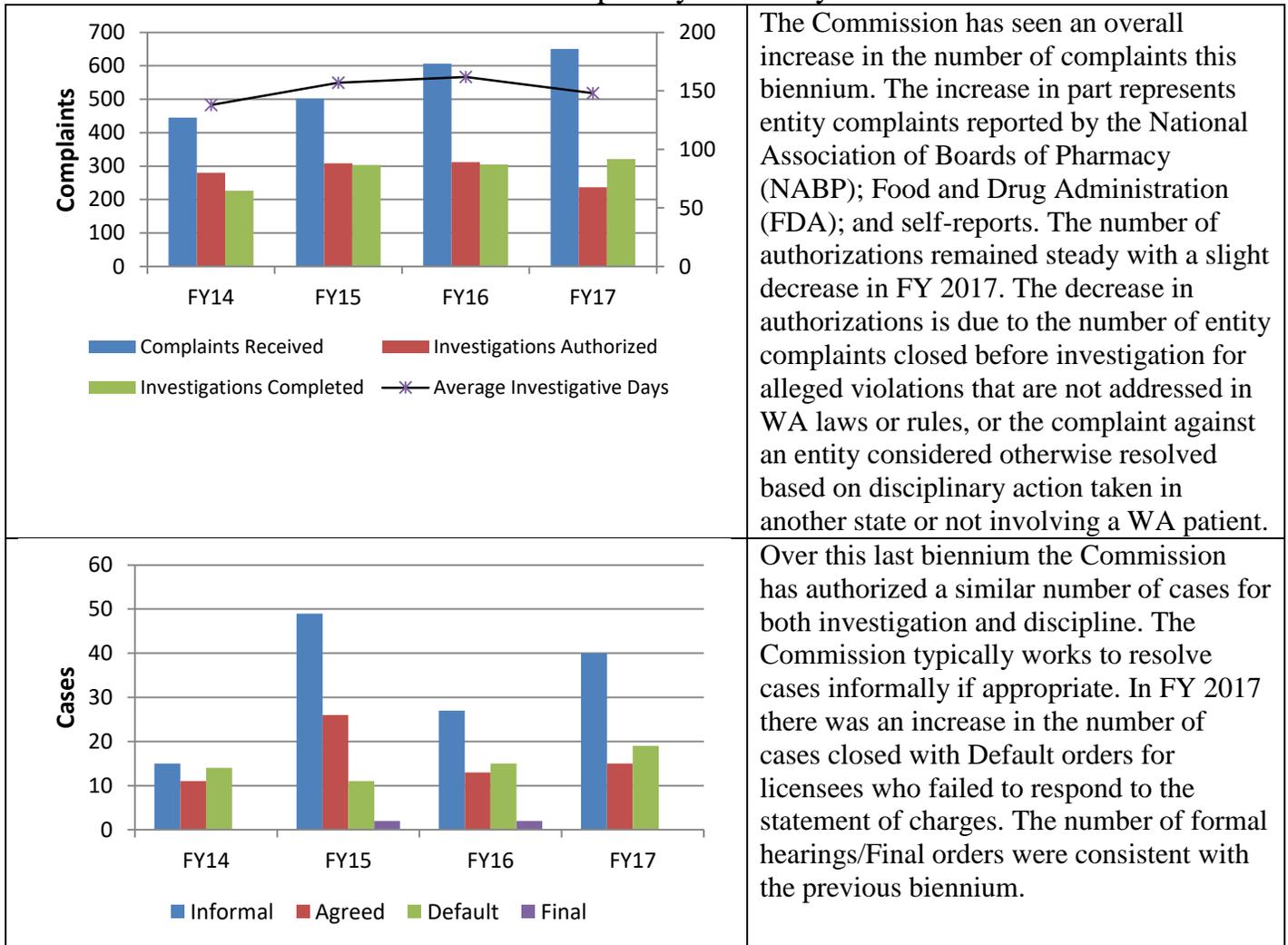
Each year, the board presents to the osteopathic students at the Pacific University of Health Sciences to discuss the scope of the board's work, as well as licensing and disciplinary issues as they relate to osteopathic physicians.

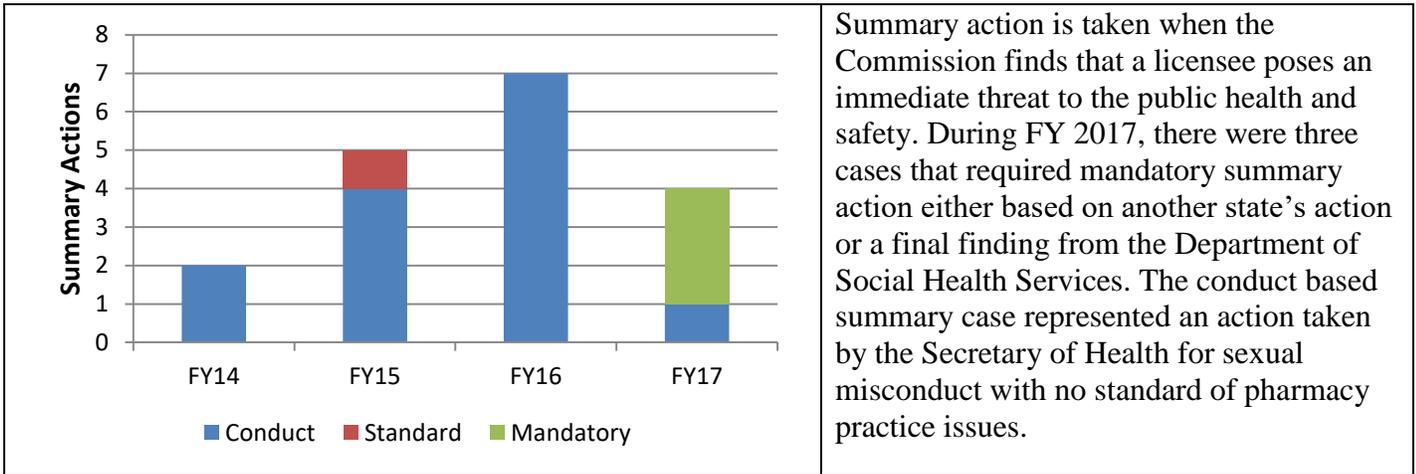
Pharmacy Quality Assurance Commission

The Pharmacy Quality Assurance Commission (Commission) protects public health, safety, and welfare through licensing, regulations, and discipline of pharmacists, pharmacy interns, pharmacy technicians, and pharmacy assistants as well as a variety of pharmaceutical firms. The Commission regulates the profession by adopting rules to establish qualifications, competencies, and standard of practice for dispensing, distribution, delivery, wholesaling, and manufacturing of drugs and devices.

The practice of pharmacy has evolved significantly in the last 20 years, most significantly with the use of new technology in the delivery of health care. The Commission has been challenged with developing guidance documents for the use of innovative technology or pharmacy practices that are not specifically addressed in law or rule. Some requests may be slight variations of previous approvals. The Commission plans to move forward in the 2017-19 biennium re-writing pharmacy rules to effectively allow pharmacists to provide care that improves patient outcomes and protect patient safety, while being broad and flexible enough to not create barriers to innovation in pharmacy practice.

Four Year Disciplinary Summary





Summary action is taken when the Commission finds that a licensee poses an immediate threat to the public health and safety. During FY 2017, there were three cases that required mandatory summary action either based on another state’s action or a final finding from the Department of Social Health Services. The conduct based summary case represented an action taken by the Secretary of Health for sexual misconduct with no standard of pharmacy practice issues.

Rulemaking and Policy Activity

Legislation

Engrossed Substitute House Bill 2458 (chapter 69.70 RCW) Access to Prescription Drugs. The law adds individual persons and their representatives to the types of donors who may donate unused drugs to a pharmacy for redistribution through prescription drug donation programs.

Second Substitute House Bill 2681 (RCW 18.64.008) Contraceptive availability awareness. The law’s intent is to make the public aware that self-administered hormonal contraceptives may be available at neighborhood pharmacies. The law required the Pharmacy Commission to develop a sign/sticker that pharmacies may post if they have a pharmacist on staff with a collaborative drug therapy agreement to prescribe self-administered hormonal contraceptives.

Engrossed Substitute Senate Bill 6203 (chapters 18.64.550 thru 590, 69.41, and 69.50 RCW and RCW 74.42.230) the law establishes provisions for pharmacy practice in long-term care (LTC) facilities. Rules are being considered as part of the larger rule re-write project beginning in September of 2017.

Substitute Senate Bill 6421 (RCW 70.54.440) Epinephrine Autoinjectors – the law permits prescribing health care practitioners to prescribe epinephrine autoinjectors to authorized entities, to include but not limited to: restaurants, recreation camps, youth sports leagues, amusement parks, colleges, universities, and sports arenas. Pharmacists, advanced registered nurse practitioners and physicians may dispense epinephrine autoinjectors in compliance with a prescription issued in the name of an authorized entity.

Rules and Policies

WAC 246-873-060 Establishes a provision of an emergency department to dispense discharge medications when pharmacy services are unavailable. Implements portions of Substitute Senate Bill 6558- Hospital Pharmacy License and Engrossed Substitute Senate Bill 5460- Emergency Medications. (RCW 70.41.480)

WAC 246-886-180 Added additional approved legend drugs for Washington State Department of Fish and Wildlife chemical capture programs for use by its agents and biologists.

WAC 246-869-105 Pharmacy Continuity of Care Refills in Proclaimed Emergencies. Establishes provisions that allows a pharmacist to provide medications during a governor proclaimed emergency when the patient may not have access to their medications or regular pharmacy.

Chapter 246-874 WAC New Chapter titled Pharmacy and Technology (Automated Drug Dispensing Devices) establishing standards for the use of automated drug dispensing devices.

WAC 246-861-105 Suicide prevention education rules establishes a one-time three hour training requirement on suicide screening and referral and allows those hours to be counted toward the fifteen continuing education credit hours due during the renewal cycle for which the training was completed. Implements Engrossed Second Substitute House Bill 2793.

WAC 246-901-080 Pharmacy assistant registration – the rule establishes that pharmacy assistants must renew in accordance with WAC 246-907-0301, which sets a fee for the original and annual renewal for a pharmacy assistant registration. Implements Senate Bill 5549. (RCW 18.64A)

Chapter 246-873A WAC Hospital Pharmacy Associated Clinics – Emergency rules adopted to establish standards supporting services, inspection, and investigation of pharmacy services provided in individual practitioner offices and multi-practitioner clinics owned and operated by a hospital based on a level of risk and the type of pharmacy services provided at a particular location. Implements portions of Substitute Senate Bill 6558- Hospital Pharmacy License and Engrossed Substitute Senate Bill 5460 (RCW 70.41.490, RCW 18.64.011, RCW 18.64.043)

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 healthcare 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 4 physical therapists, 1 physical therapist assistant, and 1 public member appointed by the governor. The board typically meets every 8 weeks.

Four Year Disciplinary Summary

<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Disciplinary Statistics (FY14-FY17)</caption> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>95</td> <td>50</td> <td>35</td> <td>100</td> </tr> <tr> <td>FY15</td> <td>85</td> <td>30</td> <td>42</td> <td>170</td> </tr> <tr> <td>FY16</td> <td>90</td> <td>35</td> <td>35</td> <td>100</td> </tr> <tr> <td>FY17</td> <td>80</td> <td>30</td> <td>40</td> <td>100</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	95	50	35	100	FY15	85	30	42	170	FY16	90	35	35	100	FY17	80	30	40	100	<p>For the last four fiscal years, the average duration of an investigation has been less than the Department’s target of 170 days for the investigative stage of the disciplinary process.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	95	50	35	100																						
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<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Cases Closed by Type (FY14-FY17)</caption> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>2</td> <td>1</td> <td>2</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>3</td> <td>0</td> <td>1</td> </tr> <tr> <td>FY16</td> <td>14</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>6</td> <td>1</td> <td>0</td> <td>2</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	2	1	2	0	FY15	0	3	0	1	FY16	14	2	2	0	FY17	6	1	0	2	<p>Cases closed with informal action have increased substantially from the previous biennium.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	2	1	2	0																						
FY15	0	3	0	1																						
FY16	14	2	2	0																						
FY17	6	1	0	2																						
<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Summary Actions (FY14-FY17)</caption> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	0	0	0	FY15	0	0	0	FY16	1	0	0	FY17	0	0	0	<p>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. The board typically does not have to take summary action against licensees.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	0	0																							
FY15	0	0	0																							
FY16	1	0	0																							
FY17	0	0	0																							

Rulemaking and Policy Activity

Legislation

On April 25, 2017, Gov. Inslee signed HB 1278, making Washington the 10th state to enact the Physical Therapy Licensure Compact, or PTLC. The legislation is intended to facilitate interstate practice of physical therapy by allowing physical therapists and physical therapist assistants licensed in Washington state to obtain a practice privilege in any and all other states that are legally joined in the PTLC.

The purpose of the Physical Therapy Licensure Compact is to improve public access to physical therapy services, while preserving the regulatory authority of participating states. The PTLC will allow well-qualified physical therapists and physical therapist assistants to obtain expedited practice privileges across any or all compact member states. The goal of the PTLC is to promote license portability and facilitate telehealth, which will provide greater access to physical therapy services, especially in rural and underserved areas in Washington. As the 10th state to enact the PTLC, the compact's provisions are now in effect, and this includes creating an interstate commission, to which Washington will send a delegate to provide oversight to the compact.

Rules and Policies

Chapter 246-915 WAC—Physical Therapists and Physical Therapist Assistants was opened to clarify, streamline, and update the regulations of licensed physical therapists and licensed physical therapist assistants in Washington State.

In addition, RCW 43.70.041, enacted in 2013, requires the Department of Health (department) to review all of its existing rules every five years to identify ways to clarify or simplify existing rules. As a result, a comprehensive review of the chapter was conducted in response to this legislative directive. The proposed rules are designed to reflect current best practices in the physical therapy profession in response to the intent of RCW 43.70.041.

The board is updating sexual misconduct rules and is also adding a provision for temporary practice permits for military spouses.

Podiatric Medical Board

The mission and purpose of the Podiatric Medical 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 4 practicing podiatric physicians and 1 public member, all of which serve five year terms and may not serve more than two consecutive terms.

Four Year Disciplinary Summary

<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Complaints and Investigative Days Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>26</td> <td>12</td> <td>12</td> <td>150</td> </tr> <tr> <td>FY15</td> <td>32</td> <td>19</td> <td>19</td> <td>220</td> </tr> <tr> <td>FY16</td> <td>28</td> <td>15</td> <td>16</td> <td>160</td> </tr> <tr> <td>FY17</td> <td>33</td> <td>16</td> <td>24</td> <td>160</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	26	12	12	150	FY15	32	19	19	220	FY16	28	15	16	160	FY17	33	16	24	160	<p>The number of complaints the board receives has consistently increased since FY 2014. The average investigative days hit a peak in FY 2015.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	26	12	12	150																						
FY15	32	19	19	220																						
FY16	28	15	16	160																						
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Fiscal Year	Informal	Agreed	Default	Final																						
FY14	3	0	0	0																						
FY15	1	0	0	4																						
FY16	1	0	0	0																						
FY17	1	0	0	0																						
<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Summary Actions Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY17</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	0	0	0	FY15	0	0	0	FY16	0	0	0	FY17	0	0	0	<p>The board has the ability to issue summary suspensions and/or restrictions if they feel that there is immediate risk to the public. The board did not issue any summary actions this biennium.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	0	0																							
FY15	0	0	0																							
FY16	0	0	0																							
FY17	0	0	0																							

Rulemaking and Policy Activity

Legislation

The Washington State Podiatric Medical Association (WSPMA) introduced House Bill 1198 during the 2017 legislative session that moved the authority to approve substance abuse programs from the broad authority contained under the Uniform Disciplinary Act in RCW 18.130.175 to specific authority to the board under chapter 18.22. RCW. This bill also increased the impaired practitioner surcharge for podiatric physicians from \$25 to \$50.

Rules and Policies

- The board adopted rules in December 2015 that changed the continuing medical education (CME) requirement from 50 hours every two years to 100 hours every two years. The adopted rules also now provide for several new options for earning CME. The board postponed the effective date of these rule changes to October 1, 2017, to allow ample time for podiatric physicians to earn the additional hours mandated by the new rules.
- The board is considering repealing WACs 246-922-130, -140, -150, -160, -170, -180, and -190. These rule sections are redundant to the mandatory reporting requirements in RCW 18.130.070 and chapter 246-16 WAC. The board is also considering repeal of WAC 246-922-045 as it is obsolete because it refers to behavior during state-administered licensure examinations and the board stopped administering a state licensure exam many years ago.
- The board is considering modification to WACs 246-922-010, -120, and -240 to remove irrelevant information, as well as the addition of a specific statutory reference.
- The board is considering amendments to WACs 246-922-001 and -055 to correct invalid information.
- The board is adding WACs 246-922-036 establish the process and criteria for temporary practice permits for military spouses or state-registered domestic partner applicants. This rule project is to implement Engrossed Substitute Senate Bill 5969 (laws of 2011) that directs state agencies to reduce the impact of relocation to military families by reducing the time to obtain professional licenses and to authorize temporary practice permits.

Examining Board of Psychology

The mission of the board is to protect the public. This mission is accomplished through licensing and disciplining psychologists. The board also develops rules, policies, and guidelines regulating the practice of psychology. The Governor appoints 9 board members to serve five year terms. The board consists of 7 psychologists and 2 public members.

Four Year Disciplinary Summary

<table border="1"> <caption>Complaints and Investigations Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>80</td> <td>45</td> <td>50</td> <td>175</td> </tr> <tr> <td>FY15</td> <td>95</td> <td>45</td> <td>48</td> <td>150</td> </tr> <tr> <td>FY16</td> <td>85</td> <td>30</td> <td>35</td> <td>200</td> </tr> <tr> <td>FY17</td> <td>105</td> <td>45</td> <td>45</td> <td>100</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	80	45	50	175	FY15	95	45	48	150	FY16	85	30	35	200	FY17	105	45	45	100	<p>The number of complaints and investigations has risen through FY 2017. The increased investigations is due to new board members and complaints due to the growth of the profession.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	80	45	50	175																						
FY15	95	45	48	150																						
FY16	85	30	35	200																						
FY17	105	45	45	100																						
<table border="1"> <caption>Cases Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>4</td> <td>8</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>1</td> <td>9</td> <td>4</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>3</td> <td>1</td> <td>2</td> <td>1</td> </tr> <tr> <td>FY17</td> <td>6</td> <td>5</td> <td>2</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	4	8	0	0	FY15	1	9	4	0	FY16	3	1	2	1	FY17	6	5	2	0	<p>The board has few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), informal resolution, or through an Agreed order. Both the STID and Agreed order are subject to national data bank reporting. Psychology cases tend to require expert witnesses.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	4	8	0	0																						
FY15	1	9	4	0																						
FY16	3	1	2	1																						
FY17	6	5	2	0																						
<table border="1"> <caption>Summary Actions Data</caption> <thead> <tr> <th>Fiscal Year</th> <th>Conduct</th> <th>Standard</th> <th>Mandatory</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>FY15</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>FY16</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>FY17</td> <td>0</td> <td>0</td> <td>1</td> </tr> </tbody> </table>	Fiscal Year	Conduct	Standard	Mandatory	FY14	0	1	0	FY15	0	0	1	FY16	1	0	1	FY17	0	0	1	<p>The board has the ability to issue summary suspensions and/or restrictions if they feel that there is an immediate risk to the public. A mandatory summary action, based on orders from other states, is required. Over the last four years, the board has ordered 5 summary actions.</p>					
Fiscal Year	Conduct	Standard	Mandatory																							
FY14	0	1	0																							
FY15	0	0	1																							
FY16	1	0	1																							
FY17	0	0	1																							

Rulemaking and Policy Activity

Legislation

- The Examining Board of Psychology (EBOP) has adopted rules to be consistent with the 2015 amendments to RCW 43.70.442. The amendment requires psychologists, by July 1, 2017, to take suicide prevention continuing education training only from approved training programs listed on the Department of Health's model list.

Rules and Policies

- **WAC 246-924-255** Amending the continuing education requirements for suicide assessment training standards for psychologist to align with RCW 43.70.442.
- **WAC 246-924-358** adopts rules implementing and update to clarify sexual misconduct establishing clearer standards of conduct for psychology health care providers. The board's experience with investigating and enforcing the current rule has raised the need to clarify what acts constitute sexual misconduct by psychology health care providers. Updating the sexual misconduct rule will establish clearer standards of conduct and will help the board be consistent in its enforcement activities to more fully comply with RCW 18.130.0062 and Executive Order 06-03.

Veterinary Board of Governors

The Veterinary Board of Governors protects the public by credentialing and disciplining veterinarians, veterinary technicians, and veterinary medication clerks. The board regulates the professions by developing rules, policies, and guidelines.

The governor appoints seven members – five licensed veterinarians, one licensed veterinary technician, and one public member – to serve five-year terms.

Four Year Disciplinary Summary

<p>Complaints</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Fiscal Year</th> <th>Complaints Received</th> <th>Investigations Authorized</th> <th>Investigations Completed</th> <th>Average Investigative Days</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>138</td> <td>72</td> <td>72</td> <td>152</td> </tr> <tr> <td>FY15</td> <td>122</td> <td>70</td> <td>76</td> <td>188</td> </tr> <tr> <td>FY16</td> <td>152</td> <td>84</td> <td>82</td> <td>166</td> </tr> <tr> <td>FY17</td> <td>142</td> <td>72</td> <td>94</td> <td>128</td> </tr> </tbody> </table>	Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days	FY14	138	72	72	152	FY15	122	70	76	188	FY16	152	84	82	166	FY17	142	72	94	128	<p>The number of complaints received and investigated has varied slightly from year to year over the past four years. Average investigative days have steadily decreased over the past three years.</p>
Fiscal Year	Complaints Received	Investigations Authorized	Investigations Completed	Average Investigative Days																						
FY14	138	72	72	152																						
FY15	122	70	76	188																						
FY16	152	84	82	166																						
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<p>Cases</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Fiscal Year</th> <th>Informal</th> <th>Agreed</th> <th>Default</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>FY14</td> <td>11</td> <td>17</td> <td>1</td> <td>12</td> </tr> <tr> <td>FY15</td> <td>5</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>FY16</td> <td>10</td> <td>0</td> <td>0</td> <td>2</td> </tr> <tr> <td>FY17</td> <td>13</td> <td>3</td> <td>3</td> <td>0</td> </tr> </tbody> </table>	Fiscal Year	Informal	Agreed	Default	Final	FY14	11	17	1	12	FY15	5	3	0	0	FY16	10	0	0	2	FY17	13	3	3	0	<p>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.</p>
Fiscal Year	Informal	Agreed	Default	Final																						
FY14	11	17	1	12																						
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Fiscal Year	Conduct	Standard	Mandatory																							
FY14	1	0	0																							
FY15	0	0	0																							
FY16	0	0	0																							
FY17	0	0	0																							

Rulemaking and Policy Activity

Legislation

House Bill 1361

In the 2017 Legislative session, House Bill 1361 was introduced to, in part, exempt horse teeth floaters (individuals who file down horse teeth) from veterinary practice regulations (RCW 18.92.060). Teeth floaters would be required to register with the Department of Licensing (DOL) via a web portal to enable clients to provide feedback on their performance. The bill did not pass out of the House.

Rules and Policies

The following rules were adopted by the Veterinary Board of Governors between July 1, 2015 and June 30, 2017:

- **WAC 246-933-200 Veterinary-client-patient relationship (VCPR).** This rule establishes the requirement of a valid VCPR prior to a veterinarian treating a patient. The VCPR is a nationally recognized standard providing the basis for interaction between veterinarians and their clients and animal patients. The VCPR assumes that the veterinarian is responsible for the health of the patient, has current knowledge of the patient's condition, and is available for follow up evaluation or has arranged for emergency coverage.
- **WAC 246-933-340 Practice Management.** This rule amends the existing practice management rule to require an expiration date on all labels for legend drugs dispensed by a veterinarian.
- **WAC 246-933-350 Release of a veterinary prescription.** This new rule requires a veterinarian to release a veterinary prescription to a client upon request. Alternatively, if the client requests the prescription be transmitted electronically to the Washington-license pharmacy of their choice, the veterinarian must fulfill the request. Honoring a client's request for a prescription in lieu of dispensing is a provision of the American Veterinary Medicine Association Principals of Veterinary Medical Ethics.
- **WAC 246-933-460 Organizations, institutions or individuals approved by the veterinary board to provide continuing education courses.** This amended rule adds the Registry of Alternative and Integrative Veterinary Medical Education (RAIVE) in the list of approved continuing education courses.
- **WAC 246-933-990, Veterinarian fees and renewal cycle.** This rule implemented fee changes for veterinarians to implement House Bill 2432 (chapter 42, laws of 2016) by increasing the impaired practitioner program license surcharge for these professions and providing some reduced credential fees to offset the surcharge increase.
- **WAC 246-934-100 Sexual Misconduct.** This amended rule clarifies what forcible or nonconsensual acts are within the definition of sexual misconduct by a veterinary provider.

- **WAC 246-935-050 Animal health care tasks.** This amended rule requires licensed veterinarians to directly supervise licensed veterinary technicians and unregistered assistants when administering veterinary biologic injections (vaccines) for diseases listed in Washington State Department of Agriculture (WSDA) WAC 16-42-026(1), including rabies. This rule-making aligns the board's rule with the WSDA rule.
- **WAC 246-935-290 Qualified organizations approved by the Veterinary Board of Governors.** This amended rule updates the list of approved veterinary technician continuing education (CE) organizations to include colleges of veterinary medicine.

Appendices

Appendix A: Definitions is a glossary of terms used throughout this report, including clarifications and abbreviated versions of longer terms.

Appendix B: Licensee Counts by Professions details the number of licensees for each profession over the last seven fiscal years, as well as a compounded annual growth rate over four years whenever possible.

Appendix C: Alternative Programs – Chemically Impaired Practitioners depicts enrollment, both voluntary and mandatory, of health practitioners into substance abuse monitoring programs.

Appendix D: Distribution of Staff Attorney Workload provides an anonymized breakdown of the number of cases per staff attorney and by profession. It also includes the number of months each attorney worked within the biennium.

Appendix E: Distribution of Investigator Workload provides an anonymized breakdown of the number of cases per investigator and by profession. It also includes the number of months each investigator worked within the biennium.

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 press release.

Board or Commission: A board or commission is a part-time, statutory entity which has rule-making 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 also 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, someone 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 held 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 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 to appeal to a superior court. The order is reported to national data banks, and released to the public through a press 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): This document 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.

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 press 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
2015-17 Biennium**

Profession	2011	2012	2013	2014	2015	2016	2017	Annual Growth Rate
Advanced Emergency Medical Technician	398	395	391	367	362	352	367	-1.6%
Advanced Registered Nurse Practitioner	5,035	5,291	5,530	5,975	6,404	6,983	7,759	8.8%
Animal Massage Practitioner	-	13	29	45	59	67	81	29.3%
Athletic Trainer	460	499	520	548	587	642	669	6.5%
Audiologist	396	403	399	399	409	419	430	1.9%
Cardiovascular Invasive Specialist	-	90	166	188	224	253	292	15.2%
Chemical Dependency Professional	2,821	2,843	2,852	2,868	2,878	2,877	2,919	0.6%
Chemical Dependency Professional Trainee	1,452	1,462	1,457	1,503	1,446	1,510	1,619	2.7%
Chiropractic X-Ray Technician	227	215	210	204	209	223	218	0.9%
Chiropractor	2,334	2,328	2,359	2,383	2,467	2,536	2,534	1.8%
Counselor, Agency Affiliated	6,060	5,939	6,334	6,615	7,611	8,322	9,354	10.2%
Counselor, Certified	728	735	717	692	630	579	550	-6.4%
Counselor, Certified Advisor	10	10	4	2	3	5	3	-6.9%
Dental Anesthesia Assistant	-	-	-	4	117	146	174	21.9%
Dental Assistant	11,036	11,709	12,698	13,220	13,692	14,095	14,510	3.4%
Dental Hygienist	5,562	5,696	5,810	5,901	6,056	6,158	6,332	2.2%
Dentist	6,155	6,080	6,048	6,170	6,355	6,430	6,647	2.4%
Denturist	151	138	147	160	143	144	145	-0.3%
Dietitian/Nutritionist	1,541	1,559	1,450	1,484	1,733	1,887	2,065	9.2%
Dispensing Optician	990	1,006	1,019	1,025	1,048	1,002	1,012	-0.2%
Dispensing Optician Apprentice	1,049	1,028	990	968	966	1,056	1,051	1.5%
East Asian Medicine Practitioner	1,262	1,253	1,296	1,345	1,387	1,425	1,537	4.4%
Emergency Medical Responder	628	551	468	405	394	376	371	-5.6%
Emergency Medical Technician	14,095	13,838	13,466	12,932	12,870	12,965	13,032	-0.8%
Expanded Function Dental Auxiliary	114	161	188	192	212	220	240	6.3%
Genetic Counselor	61	83	105	114	136	172	220	20.3%
Health Care Assistant	17,880	18,515	21,207	-	-	-	-	0.0%
Hearing Aid Specialist	-	-	-	-	302	308	316	2.3%
Hearing Instrument Fitter and Dispenser	285	290	296	300	-	-	-	0.0%
Home Care Aide	-	15	2,941	6,570	10,708	14,151	18,034	57.4%

Profession	2011	2012	2013	2014	2015	2016	2017	Annual Growth Rate
Humane Society	13	17	19	19	18	18	19	0.0%
Hypnotherapist	683	692	690	713	788	751	749	2.1%
Licensed Practical Nurse	13,975	13,380	13,060	12,433	11,944	11,893	11,768	-2.6%
Marriage and Family Therapist	1,237	1,239	1,286	1,378	1,486	1,516	1,603	5.7%
Marriage and Family Therapist Associate	297	345	393	434	466	540	569	9.7%
Massage Therapist	13,864	13,927	13,708	13,759	13,656	13,812	13,889	0.3%
Medical Assistant Registered	-	-	-	4,618	6,227	7,144	7,697	18.6%
Medical Assistant Certified	-	-	-	22,739	25,030	25,826	27,915	7.1%
Mental Health Counselor	5,099	5,312	5,515	5,765	6,059	6,406	6,803	5.4%
Mental Health Counselor Associate	1,233	1,329	1,482	1,656	1,789	1,788	1,813	5.2%
Midwife	108	116	123	140	161	165	175	9.2%
Naturopathic Physician	1,035	1,096	1,146	1,186	1,231	1,293	1,398	5.1%
Nursing Assistant	74,975	75,715	75,555	75,346	76,056	76,175	76,173	0.2%
Nursing Home Administrator	453	460	459	439	441	423	441	-1.0%
Nursing Pool Operator	187	172	157	147	158	164	189	4.7%
Nursing Technician	415	360	331	355	396	504	488	10.2%
Occupational Therapist	2,876	2,966	3,078	3,174	3,271	3,390	3,565	3.7%
Occupational Therapy Assistant	625	694	762	873	956	1,024	1,090	9.4%
Ocularist	8	9	7	7	8	9	10	9.3%
Ocularist Apprentice	-	-	3	3	2	1	1	-24.0%
Optometrist	1,395	1,428	1,486	1,513	1,547	1,623	1,637	2.4%
Orthotics Prosthetics	283	291	301	313	330	310	334	2.6%
Osteopathic Physician	1,261	1,328	1,437	1,598	1,769	1,915	2,194	11.2%
Osteopathic Physician Assistant	50	48	52	53	59	72	88	14.1%
Paramedic	2,318	2,464	2,525	2,548	2,568	2,629	2,662	1.3%
Pharmacies and Other Pharmaceutical Firms	3,384	3,501	4,306	4,024	4,190	4,532	4,544	9.6%
Pharmacist	8,861	8,983	9,289	9,391	9,627	9,877	10,232	2.4%
Pharmacist Intern	1,236	1,314	1,419	1,413	1,394	1,476	1,579	2.7%
Pharmacy Assistant	8,364	9,059	9,284	9,658	10,299	10,494	10,546	3.2%
Pharmacy Technician	9,257	9,521	9,482	9,108	8,867	8,863	8,910	-1.5%
Physical Therapist	5,577	5,615	5,798	5,966	6,188	6,455	6,795	4.0%
Physical Therapist Assistant	1,531	1,631	1,779	1,866	1,971	2,098	2,271	6.8%
Physician	25,783	26,167	26,536	27,044	27,692	28,732	29,532	2.7%
Physician Assistant	2,472	2,569	2,691	2,814	3,018	3,260	3,587	7.4%

Profession	2011	2012	2013	2014	2015	2016	2017	Annual Growth Rate
Podiatric Physician	328	334	317	335	353	359	377	4.4%
Psychologist	2,422	2,498	2,579	2,673	2,796	2,908	2,996	3.8%
Radiological Technologist	5,830	6,008	5,975	6,071	6,200	6,397	6,415	1.8%
Radiologist Assistant	3	6	7	8	8	7	8	3.4%
Recreational Therapist	139	134	134	134	146	135	144	1.8%
Registered Nurse	83,381	84,258	86,091	87,359	87,097	95,786	99,474	3.7%
Reflexologist	-	-	-	174	248	257	255	13.6%
Respiratory Care Practitioner	2,516	2,593	2,657	2,692	2,794	2,860	2,915	2.3%
Retired Volunteer Medical Worker	6	7	7	4	4	3	2	-26.9%
Sex Offender Treatment Provider**	149	146	138	135	129	100	123	-2.8%
Social Worker Advanced	96	98	100	114	119	121	139	8.6%
Social Worker Associate Advanced	174	181	207	207	201	228	210	0.4%
Social Worker Associate Independent Clinical	773	873	974	1,114	1,346	1,515	1,632	13.8%
Social Worker Independent Clinical	3,322	3,448	3,578	3,736	3,858	4,051	4,173	3.9%
Speech Language Pathologist	1,841	1,912	2,113	2,377	2,508	2,637	2,835	6.6%
Speech Language Pathology Assistant	151	204	206	206	209	214	230	2.8%
Surgical Technologist	3,041	2,952	2,923	2,898	2,980	3,017	3,062	1.2%
Veterinarian	3,343	3,416	3,417	3,481	3,586	3,697	3,843	3.0%
Veterinary Medication Clerk	542	597	656	739	825	926	1,086	13.4%
Veterinary Technician	1,610	1,699	1,817	1,886	2,027	2,105	2,183	4.7%
X-Ray Technician	1,837	1,711	1,567	1,551	1,580	1,563	1,509	-0.9%
Total	381,089	386,968	398,716	412,961	428,116	449,367	467,358	3.8%

* The Health Care Assistant credential has been abolished. See Medical Assistant counts.

**Sex Offender Treatment Provider Counts include both the Provider and Affiliate practitioners

**Appendix C: Alternative Programs – Chemically Impaired Practitioners
2015-17 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	10	2	12	8
Animal Massage Practitioner	WRAMP	0	0	0	0
Athletic Trainer	WRAMP	0	0	0	0
Audiologist	WRAMP	0	0	0	0
Cardiovascular Invasive Specialist	WRAMP	0	0	0	0
Certified Registered Nurse Anesthetist	WHPS	1	0	1	3
Chemical Dependency Professional/ Trainee	WRAMP	59	1	60	30
Chiropractor X-Ray Technician	WRAMP	0	0	0	0
Chiropractor	WRAMP	1	1	2	2
Counselor, Agency Affiliated	WRAMP	12	1	13	2
Counselor, Certified	WRAMP	0	0	0	2
Dental Anesthesia Assistant	WRAMP	0	0	0	0
Dental Assistant	WRAMP	2	1	3	2
Dental Hygienist	WRAMP	1	0	1	0
Dentist	WPHP	0	6	6	11
Denturist	WRAMP	0	0	0	0
Dietitian/ Nutritionist	WRAMP	0	0	0	0
Dispensing Optician/ Apprentice	WRAMP	0	0	0	2
East Asian Medicine Practitioner	WRAMP	0	0	0	0
Emergency Medical Responder	WRAMP	0	0	0	0
Emergency Medical Technician	WRAMP	1	2	3	1
Expanded Function Dental Auxiliary	WRAMP	0	0	0	0
Genetic Counselor	WRAMP	0	0	0	0
Hearing Aid Specialist	WRAMP	1	0	1	0
Home Care Aide	WRAMP	5	0	5	1
Hypnotherapist	WRAMP	1	0	1	0
Licensed Practical Nurse	WHPS	28	1	29	15
Marriage and Family Therapist/ Associate	WRAMP	0	0	0	0
Massage Therapist	WRAMP	8	0	8	4
Medical Assistant/ Health Care Assistant	WRAMP	20	3	23	5
Mental Health Counselor/ Associate	WRAMP	2	1	3	2
Midwife	WRAMP	0	0	0	0

Profession	Program	Total Mandated	Total Voluntary*	Total Enrolled in Biennium	Successful Completions
Naturopathic Physician	WRAMP	0	0	0	0
Nursing Assistant	WRAMP	17	1	18	11
Nursing Home Administrator	WRAMP	0	0	0	0
Nursing Pool Operator	WRAMP	0	0	0	0
Nursing Technician	WRAMP	0	0	0	0
Occupational Therapist/ Assistant	WRAMP	2	0	2	0
Ocularist	WRAMP	0	0	0	0
Optometrist	WRAMP	0	0	0	0
Orthotics Prosthetics	WRAMP	0	0	0	0
Osteopathic Physician/ Assistant	WPHP	2	8	10	4
Paramedic	WRAMP	0	1	1	0
Pharmacist	WRAPP	17	16	33	10
Pharmacist Intern	WRAPP	0	0	0	0
Pharmacy Assistant	WRAPP	0	0	0	0
Pharmacy Technician	WRAPP	8	35	43	6
Physical Therapist/ Assistant	WRAMP	4	0	4	2
Physician	WPHP	0	110	110	98
Physician Assistant	WPHP	0	8	8	8
Podiatric Physician	WPHP	0	1	1	1
Psychologist	WRAMP	0	0	0	0
Radiological Technologist	WRAMP	0	1	1	3
Radiologist Assistant	WRAMP	0	0	0	0
Recreational Therapist	WRAMP	0	0	0	0
Reflexologist	WRAMP	0	0	0	0
Registered Nurse	WHPS	266	19	285	96
Respiratory Care Practitioner	WRAMP	3	0	3	1
Sex Offender Treatment Provider/ Affiliate	WRAMP	0	0	0	0
Social Worker	WRAMP	0	1	1	0
Speech Language Pathologist/ Assistant	WRAMP	1	0	1	0
Surgical Technologist	WRAMP	1	0	1	1
Veterinarian	WPHP	1	7	8	4
Veterinary Medication Clerk/ Technician	WRAMP	1	1	2	1
X-Ray Technician	WRAMP	0	0	0	0
Totals		475	228	703	336

* Includes Voluntary and In-lieu of Discipline enrollments

**Appendix D: Distribution of Staff Attorney Workload
2015-17 Biennium**

Profession	Attorney											
	1	2	3	4	5	6	7	8	9	10	11	12
Advanced Emergency Medical Technician	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	30	0	0	0	0	0	0	23	0	0	0	3
Animal Massage Practitioner	0	0	0	0	0	0	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0	0	0	0	0	0	0
Audiologist	0	0	0	0	0	0	1	0	0	0	0	2
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional	0	1	1	5	16	7	11	0	0	10	0	9
Chemical Dependency Professional Trainee	1	3	4	7	19	5	13	2	0	11	0	16
Chiropractic X-Ray Technician	0	0	0	0	0	0	1	0	0	1	0	0
Chiropractor	0	0	0	82	2	9	1	2	0	39	0	0
Counselor, Agency Affiliated	0	2	2	3	5	1	13	0	0	4	0	10
Counselor, Certified	0	0	1	0	0	1	1	0	0	0	0	0
Counselor, Certified Advisor	0	0	0	0	0	0	0	0	0	0	0	0
Counselor, Registered	0	0	0	0	1	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0	0	0	0	0	0
Dental Assistant	0	1	1	0	0	5	6	0	0	7	0	0
Dental Hygienist	0	0	0	0	0	0	1	0	0	1	0	0
Dentist	0	4	5	0	1	66	45	0	0	73	0	0
Denturist	0	0	0	0	0	1	14	0	0	4	0	0
Dietitian/Nutritionist	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician	0	0	1	0	0	1	0	0	0	0	0	0
Dispensing Optician Apprentice	0	0	0	0	1	0	0	0	0	0	0	0
East Asian Medicine Practitioner	0	0	0	0	1	0	0	0	0	1	0	0
Emergency Medical Responder	0	0	0	0	1	0	0	0	0	0	0	0
Emergency Medical Technician	0	0	0	0	18	0	0	0	0	0	0	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	9	0	1	0	0	2	0	0
Hearing aid Specialist	0	0	0	0	0	0	0	0	0	0	0	0
Home Care Aide	0	3	16	1	35	1	9	2	0	14	0	0
Humane Society	0	0	0	0	0	0	0	0	0	0	0	0
Hypnotherapist	0	0	0	0	0	0	1	0	0	0	0	1
Licensed Practical Nurse	69	0	0	0	2	0	0	48	0	1	0	22
Marriage and Family Therapist	0	0	0	0	1	0	5	0	0	1	0	1
Marriage and Family Therapist Associate	0	0	0	1	0	0	0	0	0	1	0	0
Massage Therapist	0	1	32	0	12	5	65	1	0	14	0	3
Medical Assistant	0	2	10	3	13	1	19	3	0	3	0	14
Mental Health Counselor	1	1	1	2	6	1	6	1	0	2	0	15
Mental Health Counselor Associate	0	0	0	0	1	2	2	0	0	1	0	4
Midwife	0	0	0	0	0	0	0	3	0	5	0	7
Naturopathic Physician	0	4	0	0	0	1	0	0	0	47	0	0
Nursing Assistant	0	16	84	5	183	0	61	12	0	69	0	1

Profession	1	2	3	4	5	6	7	8	9	10	11	12
Nursing Home Administrator	0	0	40	0	0	0	0	3	0	0	0	30
Nursing Pool Operator	0	0	0	0	0	0	2	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	16	0	7	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0	0	2	0	0	0	0	0
Ocularist	0	0	0	0	0	0	0	0	0	0	0	0
Optometrist	0	0	25	0	0	0	0	0	0	0	0	0
Orthotics Prosthetics	0	0	0	0	0	0	0	0	0	0	0	0
Osteopathic Physician	0	0	0	0	32	0	0	0	0	0	0	0
Osteopathic Physician Assistant	0	0	0	0	2	0	0	0	0	0	0	0
Paramedic	0	0	0	0	10	0	0	0	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	0	0	34	32	0	54	0	0	0	0	0	18
Pharmacist	0	0	38	92	0	53	0	0	0	0	0	52
Pharmacist Intern	0	0	0	0	0	3	0	0	0	0	0	8
Pharmacy Assistant	0	0	9	17	0	6	0	1	0	0	0	9
Pharmacy Technician	0	0	15	22	0	9	0	0	0	0	0	17
Physical Therapist	0	0	0	0	29	0	15	0	0	0	0	0
Physical Therapist Assistant	0	0	0	0	7	0	4	0	0	2	0	0
Physician	1	0	0	0	3	2	0	0	58	0	178	0
Physician Assistant	0	0	0	0	0	0	0	0	5	0	12	0
Podiatric Physician	0	0	0	0	2	0	0	0	0	0	0	5
Psychologist	0	0	0	0	0	0	35	3	0	0	0	0
Radiological Technologist	0	0	0	0	5	0	1	0	0	0	0	1
Radiologist Assistant	0	0	0	0	0	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0	0	0	0	0	0
Reflexologist	0	0	1	0	0	0	3	0	0	0	0	0
Registered Nurse	196	0	1	0	1	0	0	168	0	2	0	21
Respiratory Care Practitioner	0	0	1	0	0	0	2	1	0	1	0	4
Retired Volunteer Medical Worker	0	0	0	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	0	3	0	0	0	0	0	0	0
Sex Offender Treatment Provider Affiliate	0	0	0	0	1	0	0	0	0	0	0	1
Social Worker Advanced	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	0	0	0	0	6	0	2	0	0	0	0	1
Social Worker Independent Clinical	0	2	1	0	5	1	1	0	0	0	0	1
Speech Language Pathologist	0	0	0	0	0	0	0	2	0	0	0	2
Speech Language Pathology Assistant	0	0	0	0	0	0	0	0	0	0	0	1
Surgical Technologist	0	0	1	1	3	0	0	0	0	1	0	1
Veterinarian	0	7	0	0	15	9	0	12	0	0	0	39
Veterinary Medication Clerk	0	0	0	0	0	0	0	1	0	0	0	2
Veterinary Technician	0	1	0	0	0	0	0	0	0	0	0	5
X-Ray Technician	0	0	0	0	1	0	2	0	0	0	0	0
Totals	298	48	324	273	468	244	352	288	63	317	190	326
Months Worked In Biennium	24	4	18	24	24	24	24	18	7	21	20	24

Profession	13	14	15	16	17	18	19	20	21	22	23	24
Advanced Emergency Medical Technician	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	0	0	0	0	0	0	30	0	0	0	0	0
Animal Massage Practitioner	0	2	0	0	0	0	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0	0	0	0	0	0	0
Audiologist	0	0	0	0	0	6	0	0	0	0	0	1
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional	11	1	10	0	31	32	0	5	0	8	0	4
Chemical Dependency Professional Trainee	7	2	21	0	33	20	1	7	0	10	0	8
Chiropractic X-Ray Technician	0	0	0	0	0	0	0	0	0	0	0	0
Chiropractor	0	10	0	0	0	0	0	45	0	0	0	13
Counselor, Agency Affiliated	9	3	14	0	14	14	1	3	0	6	0	4
Counselor, Certified	2	0	3	0	5	2	0	0	0	1	0	0
Counselor, Certified Advisor	0	0	0	0	0	1	0	0	0	1	0	0
Counselor, Registered	0	0	0	0	0	0	0	1	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0	0	0	0	0	0
Dental Assistant	3	1	9	0	0	0	0	9	4	0	0	4
Dental Hygienist	0	0	2	0	0	0	0	0	0	1	0	0
Dentist	24	23	52	0	2	1	0	74	38	0	0	14
Denturist	0	1	1	0	0	0	0	6	7	0	0	0
Dietitian/Nutritionist	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician	0	0	0	0	0	3	0	0	1	0	0	0
Dispensing Optician Apprentice	0	0	0	0	1	1	0	0	0	0	0	0
East Asian Medicine Practitioner	0	0	1	0	1	0	0	3	0	4	0	0
Emergency Medical Responder	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medical Technician	0	0	11	0	0	0	0	0	0	0	0	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0	0	0	0	0	0
Health Care Assistant	0	0	1	0	0	2	0	1	0	0	0	0
Hearing aid Specialist	0	0	1	0	0	3	0	0	0	0	0	3
Home Care Aide	7	4	17	0	0	0	0	20	0	0	0	0
Humane Society	0	0	0	0	0	0	0	0	0	0	0	0
Hypnotherapist	1	0	0	0	1	1	0	0	0	0	0	0
Licensed Practical Nurse	0	0	0	0	0	1	49	1	0	0	0	0
Marriage and Family Therapist	1	0	1	0	16	3	0	1	0	2	0	0
Marriage and Family Therapist Associate	0	0	4	0	5	2	0	1	0	0	0	4
Massage Therapist	21	6	72	0	24	3	3	8	1	20	0	2
Medical Assistant	12	5	17	0	13	16	0	8	0	27	0	3
Mental Health Counselor	11	0	11	0	36	17	0	2	0	3	0	3
Mental Health Counselor Associate	3	0	1	0	3	6	0	0	0	1	0	1
Midwife	0	2	1	0	0	9	0	0	0	1	0	0
Naturopathic Physician	0	1	8	0	1	0	0	21	0	42	0	0
Nursing Assistant	35	8	62	0	3	5	0	101	0	0	0	0
Nursing Home Administrator	0	0	41	0	0	0	0	0	0	0	0	17
Nursing Pool Operator	0	0	0	0	1	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	11	0	0	0	0	0	0	0

Profession	13	14	15	16	17	18	19	20	21	22	23	24
Occupational Therapy Assistant	0	0	0	0	7	0	0	0	0	0	0	0
Ocularist	0	0	0	0	0	0	0	0	0	0	0	0
Optometrist	1	0	0	0	1	15	0	0	0	0	0	0
Orthotics Prosthetics	0	0	0	0	0	0	0	0	0	0	0	0
Osteopathic Physician	0	0	0	0	22	76	0	2	0	0	0	26
Osteopathic Physician Assistant	0	0	0	0	1	4	0	0	0	0	0	0
Paramedic	0	0	3	0	0	0	0	0	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	31	3	0	0	1	0	0	0	0	0	0	1
Pharmacist	54	2	0	0	1	0	0	0	0	0	0	0
Pharmacist Intern	1	0	0	0	0	0	0	0	0	0	0	0
Pharmacy Assistant	15	1	0	0	0	0	0	0	0	0	0	0
Pharmacy Technician	13	1	0	0	0	0	0	0	0	0	0	0
Physical Therapist	0	0	0	0	17	0	0	1	0	0	0	0
Physical Therapist Assistant	0	0	0	0	14	0	0	0	0	0	0	0
Physician	0	1	1	123	1	0	0	3	0	9	150	0
Physician Assistant	0	0	0	15	0	0	0	0	0	4	4	0
Podiatric Physician	0	0	0	0	0	0	0	0	0	36	0	1
Psychologist	0	0	0	0	0	0	0	0	0	48	0	5
Radiological Technologist	1	1	2	0	1	0	0	0	0	0	0	2
Radiologist Assistant	0	0	0	0	0	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0	0	0	0	0	0
Reflexologist	0	0	0	0	0	0	0	0	0	0	0	0
Registered Nurse	0	0	2	0	0	4	176	2	0	0	0	0
Respiratory Care Practitioner	0	0	3	0	1	1	0	2	0	4	0	1
Retired Volunteer Medical Worker	0	0	0	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	0	1	0	0	0	0	0	0	0
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0	0	0	0	1	0	0
Social Worker Advanced	0	0	0	0	0	1	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	1	0	2	0	4	1	0	0	0	1	0	3
Social Worker Independent Clinical	1	1	1	0	12	1	0	3	0	0	0	2
Speech Language Pathologist	0	0	0	0	0	9	0	0	0	0	0	0
Speech Language Pathology Assistant	0	0	0	0	0	0	0	0	0	0	0	0
Surgical Technologist	1	0	0	0	0	0	0	0	0	2	0	1
Veterinarian	0	0	0	0	39	0	1	0	2	58	0	0
Veterinary Medication Clerk	0	0	0	0	3	0	1	1	0	0	0	0
Veterinary Technician	0	0	0	0	1	0	1	0	0	8	0	0
X-Ray Technician	0	0	1	0	4	0	0	1	0	5	0	0
Totals	266	79	376	138	332	260	263	332	53	303	154	123
Months Worked In Biennium	24	3	24	6	24	24	24	24	3	24	18	11

Profession	25	26	27	28	29	30	31	32
Advanced Emergency Medical Technician	0	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	29	0	0	0	0	0	0	0
Animal Massage Practitioner	0	0	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0	0	0
Audiologist	0	0	0	0	0	0	0	0
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0	0
Chemical Dependency Professional	0	0	0	0	0	0	0	0
Chemical Dependency Professional Trainee	0	0	0	0	0	0	0	0
Chiropractic X-Ray Technician	0	0	0	0	0	0	0	0
Chiropractor	0	0	0	0	0	0	0	0
Counselor, Agency Affiliated	0	0	0	0	0	0	0	0
Counselor, Certified	0	0	0	0	0	0	0	0
Counselor, Certified Advisor	0	0	0	0	0	0	0	0
Counselor, Registered	0	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0	0
Dental Assistant	0	0	0	0	0	0	0	0
Dental Hygienist	0	0	0	0	0	0	0	0
Dentist	0	0	0	0	0	0	0	0
Denturist	0	0	0	0	0	0	0	0
Dietitian/Nutritionist	0	0	0	0	0	0	0	0
Dispensing Optician	0	0	0	0	0	0	0	0
Dispensing Optician Apprentice	0	0	0	0	0	0	0	0
East Asian Medicine Practitioner	0	0	0	0	0	0	0	0
Emergency Medical Responder	0	0	0	0	0	0	0	0
Emergency Medical Technician	0	0	0	0	0	0	0	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	0	0	0	0
Hearing aid Specialist	0	0	0	0	0	0	0	0
Home Care Aide	0	0	0	0	0	0	0	0
Humane Society	0	0	0	0	0	0	0	0
Hypnotherapist	0	0	0	0	0	0	0	0
Licensed Practical Nurse	60	0	0	0	0	0	0	0
Marriage and Family Therapist	0	0	0	0	0	0	0	0
Marriage and Family Therapist Associate	0	0	0	0	0	0	0	0
Massage Therapist	1	0	0	0	0	0	0	0
Medical Assistant	0	0	0	0	0	0	0	0
Mental Health Counselor	0	0	0	0	0	0	0	0
Mental Health Counselor Associate	0	0	0	0	0	0	0	0
Midwife	0	0	0	0	0	0	0	0
Naturopathic Physician	0	0	0	0	0	0	0	0
Nursing Assistant	0	0	0	0	0	0	0	0
Nursing Home Administrator	0	0	0	0	0	0	0	0
Nursing Pool Operator	0	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0	0

Profession	25	26	27	28	29	30	31	32
Occupational Therapist	0	0	0	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0	0	0	0
Ocularist	0	0	0	0	0	0	0	0
Optometrist	0	0	0	0	0	0	0	0
Orthotics Prosthetics	0	0	0	0	0	0	0	0
Osteopathic Physician	0	0	0	0	0	0	0	0
Osteopathic Physician Assistant	0	0	0	0	0	0	0	0
Paramedic	0	0	0	0	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	0	0	0	0	0	0	0	0
Pharmacist	0	0	0	0	0	0	0	0
Pharmacist Intern	0	0	0	0	0	0	0	0
Pharmacy Assistant	0	0	0	0	0	0	0	0
Pharmacy Technician	0	0	0	0	0	0	0	0
Physical Therapist	0	0	0	0	0	0	0	0
Physical Therapist Assistant	0	0	0	0	0	0	0	0
Physician	0	306	170	55	9	103	83	45
Physician Assistant	0	26	22	8	0	11	5	4
Podiatric Physician	0	0	0	0	0	0	0	0
Psychologist	0	0	0	0	0	0	0	0
Radiological Technologist	0	0	0	0	0	0	0	0
Radiologist Assistant	0	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0	0
Reflexologist	0	0	0	0	0	0	0	0
Registered Nurse	191	0	0	0	0	0	0	0
Respiratory Care Practitioner	0	0	0	0	0	0	0	0
Retired Volunteer Medical Worker	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0	0	0
Social Worker Advanced	0	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	0	0	0	0	0	0	0	0
Social Worker Independent Clinical	0	0	0	0	0	0	0	0
Speech Language Pathologist	0	0	0	0	0	0	0	0
Speech Language Pathology Assistant	0	0	0	0	0	0	0	0
Surgical Technologist	0	0	0	0	0	0	0	0
Veterinarian	0	0	0	0	0	0	0	0
Veterinary Medication Clerk	0	0	0	0	0	0	0	0
Veterinary Technician	0	0	0	0	0	0	0	0
X-Ray Technician	0	0	0	0	0	0	0	0
Totals	281	332	192	63	9	114	88	49
Months Worked In Biennium	24	24	23	8	24	12	7	5

Appendix E: Distribution of Investigator Workload
2015-17 Biennium

Profession	Investigator														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Advanced Emergency Medical Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Animal Massage Practitioner	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional	3	6	5	6	5	5	0	3	1	0	0	0	0	0	2
Chemical Dependency Professional Trainee	1	1	1	4	3	1	0	4	1	0	1	0	0	0	0
Chiropractic X-Ray Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chiropractor	4	6	1	10	4	18	0	11	0	0	0	0	0	0	4
Counselor, Agency Affiliated	4	9	4	4	2	8	1	6	3	0	3	0	0	0	2
Counselor, Certified	0	0	0	0	0	0	0	2	0	0	0	0	0	0	1
Counselor, Certified Advisor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Assistant	1	1	5	1	0	3	0	2	0	0	0	0	0	0	0
Dental Hygienist	1	0	0	0	0	0	0	1	2	0	0	0	0	0	0
Dentist	1	28	32	5	5	22	4	18	4	0	5	0	0	0	7
Denturist	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Dietitian/Nutritionist	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician Apprentice	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East Asian Medicine Practitioner	0	1	2	0	0	4	0	0	0	0	0	0	0	0	0
Emergency Medical Responder	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Emergency Medical Technician	1	0	0	1	0	5	0	1	2	0	1	0	0	0	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hearing aid Specialist	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Home Care Aide	12	4	6	4	5	6	3	6	21	0	23	0	0	0	2
Humane Society	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypnotherapist	1	3	0	1	0	0	0	0	0	0	0	0	0	0	0
Licensed Practical Nurse	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Marriage and Family Therapist	1	6	0	2	1	4	0	1	0	0	0	0	0	0	0
Marriage and Family Therapist Associate	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0
Massage Therapist	5	6	7	17	15	12	5	11	7	0	3	0	0	0	8
Medical Assistant	2	11	5	2	5	10	1	12	7	0	8	0	0	0	2
Mental Health Counselor	3	14	0	7	1	16	0	6	0	0	0	0	0	0	1
Mental Health Counselor Associate	1	6	1	2	0	4	0	1	0	0	0	0	0	0	0
Midwife	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Naturopathic Physician	0	17	3	3	0	4	0	3	0	0	0	0	0	0	0

Profession	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Nursing Assistant	66	17	27	32	44	55	5	46	52	0	100	0	0	0	15
Nursing Home Administrator	0	2	2	1	1	7	0	5	16	0	2	0	0	0	4
Nursing Pool Operator	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Ocularist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optometrist	0	0	1	1	0	1	0	2	0	0	0	0	0	0	2
Orthotics Prosthetics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Osteopathic Physician	1	7	1	2	2	6	1	5	0	0	0	0	0	0	0
Osteopathic Physician Assistant	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
Paramedic	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	1	0	0	1	1	0	0	0	0	13	0	20	22	6	0
Pharmacist	2	0	0	0	0	0	0	0	0	23	0	25	33	21	0
Pharmacist Intern	0	0	0	0	0	0	0	0	0	2	0	1	1	1	0
Pharmacy Assistant	0	0	0	0	0	0	0	0	0	0	0	1	7	2	0
Pharmacy Technician	0	0	0	0	0	0	0	0	0	5	0	1	11	4	0
Physical Therapist	1	2	0	0	3	0	0	5	0	0	1	0	0	0	2
Physical Therapist Assistant	1	0	2	0	2	0	0	0	1	0	0	0	0	0	0
Physician	0	2	0	0	0	2	0	0	1	0	0	0	0	0	0
Physician Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Podiatric Physician	1	1	0	0	1	0	0	1	0	0	1	0	0	0	0
Psychologist	0	5	1	0	0	3	0	1	1	0	1	0	0	0	1
Radiological Technologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Radiologist Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reflexologist	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Registered Nurse	0	1	0	1	2	1	0	0	1	0	0	0	0	0	0
Respiratory Care Practitioner	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Retired Volunteer Medical Worker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Social Worker Advanced	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2
Social Worker Independent Clinical	2	3	1	2	1	1	0	2	0	0	0	0	0	0	0
Speech Language Pathologist	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Speech Language Pathology Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgical Technologist	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Veterinarian	8	4	2	5	0	12	3	3	1	0	0	0	0	0	1
Veterinary Medication Clerk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veterinary Technician	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
X-Ray Technician	0	1	0	0	0	0	0	2	0	0	0	0	0	0	1
Grand Total	125	172	114	118	104	221	24	166	122	43	150	48	74	34	63
Months Worked	21	24	24	24	21	24	3	21	2	24	24	22	24	24	14

Profession	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Advanced Emergency Medical Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Animal Massage Practitioner	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiologist	2	1	0	1	0	0	0	0	3	0	0	0	0	0	0
Cardiovascular Invasive Specialist	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional	6	1	3	10	3	8	0	1	5	0	14	6	5	15	11
Chemical Dependency Professional Trainee	3	1	0	1	3	3	0	0	1	2	7	2	2	10	0
Chiropractic X-Ray Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chiropractor	5	1	3	4	2	8	0	2	0	0	1	4	1	7	6
Counselor, Agency Affiliated	9	3	2	5	0	4	0	0	4	5	3	10	3	5	4
Counselor, Certified	1	2	0	2	0	3	0	0	0	0	0	0	0	0	0
Counselor, Certified Advisor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Assistant	4	3	1	1	2	0	0	0	1	2	2	1	1	2	0
Dental Hygienist	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Dentist	22	37	7	23	15	17	0	6	6	6	5	6	13	15	16
Denturist	0	1	0	0	0	1	0	0	1	0	1	0	0	2	1
Dietitian/Nutritionist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician	0	0	0	0	0	0	0	0	2	0	0	0	0	2	0
Dispensing Optician Apprentice	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
East Asian Medicine Practitioner	0	1	0	0	0	3	0	0	1	1	0	0	1	0	0
Emergency Medical Responder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medical Technician	1	3	1	2	0	2	0	0	3	2	1	0	0	1	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hearing aid Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Home Care Aide	4	4	7	16	3	15	0	0	10	3	10	18	15	17	8
Humane Society	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypnotherapist	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Licensed Practical Nurse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marriage and Family Therapist	0	2	0	2	1	0	0	0	0	0	1	0	1	1	0
Marriage and Family Therapist Associate	0	4	0	0	0	0	0	0	0	0	0	0	0	0	1
Massage Therapist	2	2	5	6	23	4	0	8	10	5	5	1	4	4	13
Medical Assistant	9	5	2	8	5	13	0	4	12	3	1	9	5	4	7
Mental Health Counselor	6	4	3	4	6	5	0	0	1	0	0	1	4	5	4
Mental Health Counselor Associate	7	2	0	0	0	2	0	1	0	0	1	0	0	0	2
Midwife	2	0	0	4	8	0	0	0	1	0	0	1	0	1	0
Naturopathic Physician	6	3	0	0	3	1	0	3	1	1	2	0	3	0	2
Nursing Assistant	34	25	22	38	23	30	0	17	36	24	42	49	37	64	48
Nursing Home Administrator	7	2	1	5	5	3	0	2	0	1	1	3	0	2	4
Nursing Pool Operator	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapist	1	0	0	1	1	0	0	0	0	0	1	0	0	0	1
Occupational Therapy Assistant	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1

Profession	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Ocularist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optometrist	1	0	0	19	0	1	0	0	3	0	0	0	0	0	0
Orthotics Prosthetics	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
Osteopathic Physician	9	2	0	4	3	5	0	0	4	0	6	7	2	4	2
Osteopathic Physician Assistant	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0
Paramedic	0	3	0	0	0	1	0	0	1	0	0	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	0	0	0	0	1	0	14	0	0	0	0	1	0	0	0
Pharmacist	0	0	0	0	0	0	12	0	0	0	0	0	1	0	0
Pharmacist Intern	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Pharmacy Assistant	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Pharmacy Technician	0	0	0	0	0	1	4	0	0	0	0	0	0	0	0
Physical Therapist	2	1	0	3	1	2	0	0	1	0	0	1	0	5	4
Physical Therapist Assistant	0	0	0	3	0	0	0	0	0	0	0	1	2	1	0
Physician	1	0	0	2	1	1	0	0	2	2	0	0	0	0	0
Physician Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Podiatric Physician	3	1	0	0	4	0	0	0	1	0	0	0	0	0	2
Psychologist	6	2	0	3	2	5	0	6	1	0	1	0	2	2	4
Radiological Technologist	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0
Radiologist Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reflexologist	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Registered Nurse	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0
Respiratory Care Practitioner	0	1	0	1	1	0	0	0	1	2	0	0	1	0	0
Retired Volunteer Medical Worker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Social Worker Advanced	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	0	1	0	2	0	1	0	0	0	2	0	0	1	0	1
Social Worker Independent Clinical	0	0	0	0	0	1	0	2	0	0	1	3	1	1	2
Speech Language Pathologist	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Speech Language Pathology Assistant	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Surgical Technologist	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0
Veterinarian	5	3	0	2	3	4	0	1	8	0	4	9	1	2	6
Veterinary Medication Clerk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veterinary Technician	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
X-Ray Technician	0	0	1	2	0	1	0	0	0	0	0	0	0	0	1
Grand Total	162	124	59	177	119	150	32	54	122	61	113	136	110	176	153
Months Worked	24	24	1	24	24	24	24	20	7	7	24	24	24	24	24

Profession	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
Advanced Emergency Medical Technician	0	0	0	0	3	0	4	0	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Animal Massage Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Audiologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional	0	5	0	0	7	0	7	0	0	3	15	0	0	6	1
Chemical Dependency Professional Trainee	0	3	0	0	7	0	8	0	0	8	5	0	1	4	0
Chiropractic X-Ray Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chiropractor	0	7	0	0	6	0	6	0	0	7	1	0	2	0	0
Counselor, Agency Affiliated	0	3	0	0	3	0	8	2	0	2	10	0	0	7	0
Counselor, Certified	0	1	0	0	0	0	0	0	0	1	1	0	0	1	0
Counselor, Certified Advisor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Assistant	0	1	0	0	0	0	4	2	0	1	0	0	1	0	0
Dental Hygienist	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0
Dentist	0	9	0	0	18	0	71	43	0	24	22	0	2	7	0
Denturist	0	0	0	0	3	0	4	1	0	1	2	0	0	0	0
Dietitian/Nutritionist	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Dispensing Optician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician Apprentice	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
East Asian Medicine Practitioner	0	0	0	0	1	0	2	0	0	0	0	0	0	9	0
Emergency Medical Responder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medical Technician	0	1	0	0	1	0	2	0	0	0	1	0	0	0	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hearing aid Specialist	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Home Care Aide	0	3	0	0	8	0	4	2	0	6	10	0	1	1	1
Humane Society	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypnotherapist	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
Licensed Practical Nurse	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Marriage and Family Therapist	0	1	0	0	0	0	0	0	0	7	0	0	0	1	0
Marriage and Family Therapist Associate	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0
Massage Therapist	0	13	0	0	5	0	4	4	0	3	11	0	0	16	1
Medical Assistant	0	6	0	0	9	0	4	0	0	8	11	0	0	2	0
Mental Health Counselor	0	6	0	0	5	0	5	1	0	7	8	0	1	5	0
Mental Health Counselor Associate	0	2	0	0	1	0	1	1	0	1	2	0	0	4	1
Midwife	0	0	0	0	0	0	2	2	0	0	1	0	0	0	0
Naturopathic Physician	0	1	0	0	0	0	1	4	0	1	2	0	1	11	0
Nursing Assistant	0	35	0	0	72	0	17	10	0	11	34	0	10	24	1
Nursing Home Administrator	0	2	0	0	2	0	6	10	0	0	4	0	0	1	0
Nursing Pool Operator	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	1	0	1	1	0	0	0	0	0	1	0
Occupational Therapy Assistant	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0

Profession	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
Ocularist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optometrist	0	0	0	0	0	0	1	1	0	2	0	0	0	1	0
Orthotics Prosthetics	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Osteopathic Physician	0	3	0	0	3	0	3	3	0	2	15	0	0	6	0
Osteopathic Physician Assistant	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Paramedic	0	0	0	0	1	0	4	0	0	0	1	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	25	0	3	0	0	4	0	3	22	0	0	15	0	0	0
Pharmacist	42	0	7	0	0	14	0	0	28	0	0	29	0	0	0
Pharmacist Intern	1	0	0	0	0	1	0	0	0	0	0	3	0	0	0
Pharmacy Assistant	5	0	1	0	0	3	0	0	9	0	0	4	0	0	0
Pharmacy Technician	5	0	3	1	0	3	0	0	8	0	0	9	0	0	0
Physical Therapist	0	3	0	0	0	0	2	1	0	1	3	0	0	0	0
Physical Therapist Assistant	0	1	0	0	0	0	1	0	0	1	2	0	0	0	0
Physician	0	1	0	0	0	0	1	1	0	1	1	0	0	1	0
Physician Assistant	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0
Podiatric Physician	0	1	0	0	0	0	0	0	0	0	4	0	0	0	0
Psychologist	0	4	0	0	0	0	0	2	0	1	6	0	0	3	0
Radiological Technologist	0	0	0	0	1	0	2	0	0	0	2	0	0	0	0
Radiologist Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reflexologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Registered Nurse	0	0	0	0	1	0	0	0	0	0	2	0	0	0	0
Respiratory Care Practitioner	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Retired Volunteer Medical Worker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Advanced	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0
Social Worker Independent Clinical	0	2	0	0	2	0	1	0	0	1	3	0	0	1	0
Speech Language Pathologist	0	0	0	0	1	0	0	0	0	0	2	0	0	0	0
Speech Language Pathology Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgical Technologist	0	0	0	0	2	0	0	1	0	0	1	0	0	0	0
Veterinarian	0	4	0	0	3	0	10	3	0	1	6	0	0	5	0
Veterinary Medication Clerk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veterinary Technician	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0
X-Ray Technician	0	1	0	0	0	0	0	1	0	0	2	0	0	0	0
Grand Total	78	123	14	1	172	25	188	101	67	107	199	60	19	122	5
Months Worked	24	24	13	4	24	18	24	24	24	24	24	24	3	24	3

Profession	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Advanced Emergency Medical Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	0	2	0	0	0	6	27	16	11	7	27	4	7	18	33
Animal Massage Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Athletic Trainer	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiologist	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional	1	2	9	0	11	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional Trainee	2	3	4	0	6	0	0	0	0	0	0	0	0	0	0
Chiropractic X-Ray Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chiropractor	14	3	10	0	15	0	0	0	0	0	0	0	0	0	0
Counselor, Agency Affiliated	1	10	8	0	4	0	0	0	0	0	0	0	0	0	0
Counselor, Certified	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0
Counselor, Certified Advisor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Assistant	5	2	1	0	3	0	0	0	0	0	0	0	0	0	0
Dental Hygienist	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Dentist	15	8	20	0	14	0	0	0	0	0	0	0	0	0	0
Denturist	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
Dietitian/Nutritionist	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Dispensing Optician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician Apprentice	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
East Asian Medicine Practitioner	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medical Responder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medical Technician	0	5	2	0	1	0	0	0	0	0	0	0	0	0	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hearing Aid Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Home Care Aide	9	18	6	0	8	0	0	0	0	0	0	0	0	0	0
Humane Society	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypnotherapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Licensed Practical Nurse	0	0	0	0	1	17	41	21	26	25	14	20	21	22	29
Marriage and Family Therapist	6	0	4	0	0	0	0	0	0	0	0	0	0	0	0
Marriage and Family Therapist Associate	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Massage Practitioner	4	5	3	0	2	0	0	0	0	0	0	0	0	0	0
Medical Assistant	11	8	2	0	14	0	0	0	0	0	0	0	0	0	0
Mental Health Counselor	1	3	10	0	3	0	0	0	0	0	0	0	0	0	0
Mental Health Counselor Associate	2	1	2	0	2	0	0	0	0	0	0	0	0	0	0
Midwife	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Naturopathic Physician	4	1	1	0	3	0	0	0	0	0	0	0	0	0	0
Nursing Assistant	47	63	55	0	39	0	0	0	0	0	0	0	0	0	0
Nursing Home Administrator	3	0	4	0	9	0	0	0	0	0	0	0	0	0	0
Nursing Pool Operator	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Profession	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Occupational Therapist	0	1	3	0	1	0	0	0	0	0	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ocularist	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Optometrist	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
Orthotist/Prosthetist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Osteopathic Physician	1	3	2	0	10	0	0	0	0	0	0	0	0	0	0
Osteopathic Physician Assistant	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Paramedic	0	6	1	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	0	0	0	14	0	0	0	0	0	0	0	0	0	0	0
Pharmacist	0	0	0	38	0	0	0	0	0	0	0	0	0	0	0
Pharmacist Intern	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Pharmacy Assistant	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0
Pharmacy Technician	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0
Physical Therapist	2	1	1	0	3	0	0	0	0	0	0	0	0	0	0
Physical Therapist Assistant	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Physician	1	0	3	0	1	0	0	0	1	0	0	0	0	0	0
Physician Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Podiatric Physician	3	6	1	0	2	0	0	0	0	0	0	0	0	0	0
Psychologist	4	2	4	0	3	0	0	0	0	0	0	0	0	0	0
Radiological Technologist	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Radiologist Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reflexologist	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Registered Nurse	0	2	1	0	1	56	118	88	72	79	91	89	64	64	##
Respiratory Care Practitioner	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Retired Volunteer Medical Worker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider and Affiliate	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Advanced	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Independent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Independent Clinical	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0
Speech Language Pathologist	1	0	2	0	2	0	0	0	0	0	0	0	0	0	0
Speech Language Pathology Assistant	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
Surgical Technologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veterinarian	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Veterinary Medication Clerk	11	3	6	0	5	0	0	0	0	0	0	0	0	0	0
Veterinary Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X-Ray Technician	3	1	0	0	2	0	0	0	0	0	0	0	0	0	0
Grand Total	157	174	173	65	179	79	186	125	110	111	132	113	92	104	212
Months Worked	24	24	24	24	24	8	24	24	24	24	24	24	24	9	24

Profession	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
Advanced Emergency Medical Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Animal Massage Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Athletic Trainer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cardiovascular Invasive Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chemical Dependency Professional Trainee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chiropractic X-Ray Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chiropractor	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0
Counselor, Agency Affiliated	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0
Counselor, Certified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Counselor, Certified Advisor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Anesthesia Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Hygienist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dentist	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Denturist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dietitian/Nutritionist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dispensing Optician Apprentice	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
East Asian Medicine Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medical Responder	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Medical Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expanded Function Dental Auxiliary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Genetic Counselor	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Care Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hearing aid Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Home Care Aide	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0
Humane Society	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hypnotherapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Licensed Practical Nurse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marriage and Family Therapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marriage and Family Therapist Associate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Massage Therapist	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Medical Assistant	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Mental Health Counselor	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Mental Health Counselor Associate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Midwife	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Naturopathic Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Assistant	0	0	0	0	0	0	0	20	0	0	0	0	0	0	0
Nursing Home Administrator	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Pool Operator	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Profession	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
Ocularist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optometrist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Orthotics Prosthetics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Osteopathic Physician	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Osteopathic Physician Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paramedic	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacist Intern	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical Therapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical Therapist Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physician	76	121	120	158	22	26	102	49	141	67	96	104	7	3	40
Physician Assistant	1	7	7	8	2	2	23	3	10	13	10	10	1	0	0
Podiatric Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Radiological Technologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Radiologist Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recreational Therapist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reflexologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Registered Nurse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory Care Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retired Volunteer Medical Worker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sex Offender Treatment Provider Affiliate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Advanced	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Advanced	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Associate Independent Clinical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Social Worker Independent Clinical	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Speech Language Pathologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Speech Language Pathology Assistant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgical Technologist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veterinarian	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Veterinary Medication Clerk	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veterinary Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
X-Ray Technician	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	77	128	127	166	24	28	125	98	151	80	106	114	8	3	40
Months Worked	24	9	24	24	10	2	24	5	24	14	22	24	20	1	7