



Home Care Aide Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Long Term Care Employment Verification Form

**to be completed by the employer and emailed to:**

**[hmccapplication@doh.wa.gov](mailto:hmccapplication@doh.wa.gov)** **Note: This form is not required if you are unemployed**

Name of Long-Term-Care Worker (last, first, middle):		
Date of birth:	First Date of hire (mm/dd/yyyy): (For initial applications only)	New Date of hire (mm/dd/yyyy): (For applicants returning to the profession)
Long term care worker DOH credential number (HMCC.HM.XXXXXXXXXX)  Credential number can be found <a href="#">here</a> .		
For first time test takers signed up for home care aide training, provide the estimated training completion date (mm/dd/yyyy)		

\_\_\_\_\_  
Employer Name (please print)

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Employer Phone Number

\_\_\_\_\_  
Employer's Washington UBI or tax ID Number

\_\_\_\_\_  
Employer Email Address

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