

Chapter 246-827 WAC

MEDICAL ASSISTANTS

WAC

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WAC 246-827-0010 Definitions. The following definitions apply throughout this chapter unless the context clearly indicates otherwise:

(1) **"Direct visual supervision"** means the supervising health care practitioner is physically present and within visual range of the medical assistant.

(2) **"Health care practitioner"** means a physician licensed under chapter 18.71 RCW; an osteopathic physician and surgeon licensed under chapter 18.57 RCW; or acting within the scope of their respective licensure, a podiatric physician and surgeon licensed under chapter 18.22 RCW, a registered nurse or advanced registered nurse practitioner licensed under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A RCW, a physician assistant licensed under chapter 18.71A RCW, an osteopathic physician assistant licensed under chapter 18.57A RCW, or an optometrist licensed under chapter 18.53 RCW.

(3) **"Hemodialysis"** is a procedure for removing metabolic waste products or toxic substances from the human body by dialysis.

(4) **"Immediate supervision"** means the supervising health care practitioner is on the premises and available for immediate response as needed.

(5) **"Legend drug"** means any drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.

(6) **"Medical assistant"** without further qualification means a person credentialed under chapter 18.360 RCW as a:

- (a) Medical assistant-certified;
- (b) Medical assistant-registered;
- (c) Medical assistant-hemodialysis technician; and
- (d) Medical assistant-phlebotomist.

(7) **"Medical assistant-hemodialysis technician"** means a patient care dialysis technician trained in compliance with federal requirements for end stage renal dialysis facilities.

(8) **"Secretary"** means the secretary of the department of health or the secretary's designee.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0010, filed 5/31/13, effective 7/1/13.]

GENERAL

WAC 246-827-0100 Applicability. A person shall obtain a medical assistant credential from the secretary in order to practice as a medical assistant. "Practice as a medical assistant" means the person assists a health care practitioner by providing direct patient health care including treatment, self-care instruction, patient education, and administration of medication. A person employed by a health care practitioner or facility is not practicing as a medical assistant as defined in this chapter if he or she only performs the following tasks:

- (1) Accounting;
- (2) Insurance reimbursement;
- (3) Maintaining medication and immunization records;
- (4) Obtaining and recording patient history;
- (5) Preparing and maintaining examination and treatment areas;
- (6) Reception;
- (7) Scheduling;
- (8) Telephone and in person screening limited to intake and gathering of information; or
- (9) Similar administrative tasks.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0100, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0110 Delegation and supervision. (1) The medical assistant functions in a dependent role when providing direct patient care under the delegation and supervision of a health care practitioner.

(2) "Delegation" means direct authorization granted by a health care practitioner to a medical assistant to perform the functions authorized in RCW 18.360.050 which fall within the scope of practice of the health care practitioner and the training and experience of the medical assistant.

(3) A medical assistant may only accept delegated tasks when:

(a) The health care practitioner follows the requirements of RCW 18.360.060;

(b) The task can be performed without requiring the exercise of judgment based on clinical knowledge;

(c) The results of the task are reasonably predictable;

(d) The task can be performed without a need for complex observations or critical decisions;

(e) The task can be performed without repeated clinical assessments; and

(f) The task, if performed improperly by:

(i) A medical assistant-certified, medical assistant-registered, or a medical assistant-phlebotomist would not present life-threatening consequences or the danger of immediate and serious harm to the patient.

(ii) A medical assistant-hemodialysis technician is not likely to present life-threatening consequences or the danger of immediate and serious harm to the patient.

(4) A medical assistant may not accept delegation of acts that are not within his or her scope of practice.

(5) A medical assistant is responsible and accountable for his or her practice based upon and limited to:

(a) Scope of his or her education or training;

(b) Scope of practice set forth in law and applicable sections of this chapter;

(c) Demonstration of competency to the delegating health care practitioner;

(d) Written documentation of competency as required by this rule and the health care employer's policies and procedures. The documentation will be maintained by the health care employer.

(6) A medical assistant who has transitioned from a health care assistant credential as of July 1, 2013, may not accept delegated tasks unless he or she has received the necessary education or training to safely and competently perform the task.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0110, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0120 General standards. (1) The medical assistant shall have the ability to read, write, and converse in the English language.

(2) The medical assistant shall have knowledge and understanding of the laws and rules regulating medical assistants, including chapter 18.130 RCW, Uniform Disciplinary Act.

(3) The medical assistant shall function within his or her scope of practice.

(4) The medical assistant shall obtain instruction from the delegating health care practitioner and demonstrate competency before performing new or unfamiliar duties which are in his or her scope of practice.

(5) The medical assistant shall demonstrate a basic understanding of the patient's rights and responsibilities.

(6) The medical assistant must respect the client's right to privacy by protecting confidential information and may not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in chapter 70.02 RCW, the Uniform Health Care Information Act.

(7) The medical assistant shall comply with all federal and state laws and regulations regarding patient rights and privacy.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0120, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0130 U.S. armed forces equivalency.

An applicant with relevant military training or experience satisfies the training or experience requirements of this chapter unless the secretary determines that the military training or experience is not substantially equivalent to the standards of this state.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0130, filed 5/31/13, effective 7/1/13.]

MEDICAL ASSISTANT CREDENTIALS

WAC 246-827-0200 Medical assistant-certified—Training and examination. Certification requirements - Applicants for a medical assistant-certified credential must meet the following requirements:

(1) Successful completion of one of the following medical assistant training programs:

(a) Postsecondary school or college program accredited by the Accrediting Bureau of Health Education Schools (ABHES) or the Commission of Accreditation of Allied Health Education Programs (CAAHEP);

(b) Postsecondary school or college accredited by a regional or national accrediting organization recognized by the U.S. Department of Education, which includes a minimum of seven hundred twenty clock hours of training in medical assisting skills, including a clinical externship of no less than one hundred sixty hours;

(c) A registered apprenticeship program administered by a department of the state of Washington unless the secretary determines that the apprenticeship program training or experience is not substantially equivalent to the standards of this state. The apprenticeship program shall ensure a participant who successfully completes the program is eligible to take one or more examinations identified in subsection (2) of this section; or

(d) The secretary may approve an applicant who submits documentation that he or she completed postsecondary education with a minimum of seven hundred twenty clock hours of training in medical assisting skills. The documentation must include proof of training in all of the duties identified in RCW 18.360.050(1) and a clinical externship of no less than one hundred sixty hours.

(2) Pass one of the following examinations within five years prior to submission of an initial application for this credential:

(a) Certified medical assistant examination through the American Association of Medical Assistants (AAMA);

(b) Registered medical assistant certification examination through the American Medical Technologists (AMT);

(c) Clinical medical assistant certification examination through the National Healthcareer Association (NHA); or

(d) National certified medical assistant examination through the National Center for Competency Testing (NCCT).

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0200, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0220 Medical assistant-certified—Application—Interim certification. (1) Application requirements - Applicants for a medical assistant-certified credential shall submit the following:

- (a) Completed application on forms provided by the department;
- (b) Proof of completion of high school education or its equivalent;
- (c) Proof of successful completion of the required education or approved training program;
- (d) Proof of successful completion of an approved examination under WAC 246-827-0200(2), completed within five years prior to submission of an initial application for this credential;
- (e) Proof of completing seven clock hours of AIDS education as required by chapter 246-12 WAC, Part 8;
- (f) Any fee required in WAC 246-827-990; and
- (g) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

(2) An applicant who has met all the requirements in subsection (1) of this section, except passage of the examination, may be issued an interim certification.

(a) A person who has an interim certification possesses the full scope of practice of a medical assistant-certified.

(b) A person who has an interim certification must notify their employer any time they fail any of the examinations listed in WAC 246-827-0200(2).

(c) A person's interim certification expires upon issuance of the medical assistant-certified credential or one year after issuance of the interim certification, whichever occurs first.

(d) A person cannot renew an interim certification.

(e) A person is only eligible for an interim certification upon initial application.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0220, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0230 Medical assistant-certified—Activities allowed or prohibited. A medical assistant-certified may perform functions authorized in RCW 18.360.050 (1) under the delegation and supervision of a health care practitioner as described in WAC 246-827-0110. The delegation and direction must be for functions within the scope of the medical assistant-certified and the medical assistant-certified must be able to safely and competently perform the function.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0230, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0240 Medical assistant-certified—Administering medications and injections. A medical assistant-certified shall be deemed competent by the delegating health care practitioner prior to administering any drug authorized in this section. Drugs must be administered under a valid order from the delegating health care practitioner and shall be within the delegating health care practitioner's scope of practice. The order must be in written form or contained in the patient's electronic health care record.

(1) Drug administration shall not be delegated when:

(a) The drug may cause life-threatening consequences or the danger of immediate and serious harm to the patient;

(b) Complex observations or critical decisions are required;

(c) A patient is unable to physically ingest or safely apply a medication independently or with assistance; or

(d) A patient is unable to indicate awareness that he or she is taking a medication.

(2) To administer medications, the delegator shall ensure a medical assistant-certified receives training concerning: Dosage, technique, acceptable route(s) of administration, appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to the patient. The delegator must ensure a medical assistant-certified is competent to administer the medication.

(3) A medical assistant-certified is prohibited from administering:

(a) Schedule II controlled substances, chemotherapy agents, or experimental drugs; or

(b) Medications through a central intravenous line.

(4) Except as provided in subsection (1) of this section, a medical assistant-certified may administer controlled substances in schedules III, IV, and V or other legend drugs when authorized by the delegating health care practitioner. Drugs shall be administered only by unit or single dosage or by a dosage calculated and verified by a health care practitioner. A medical assistant-certified shall only administer drugs by the level of supervision based on the route as described in subsection (5) of this section.

(5) A medical assistant-certified may only administer medications by the following drug category, route and level of supervision:

Drug Category	Routes Permitted*	Level of Supervision Required
Controlled substances, schedule III, IV, and V	Oral, topical, rectal, otic, ophthalmic, or inhaled routes	Immediate supervision
	Subcutaneous, intradermal, intramuscular, or peripheral intravenous injections	Direct visual supervision
Other legend drugs	All other routes	Immediate supervision
	Peripheral intravenous injections	Direct visual supervision

* A medical assistant-certified is prohibited from administering medications through a central intravenous line.

(6) A medical assistant-certified may not start an intravenous line. A medical assistant-certified may interrupt an intravenous line, administer an injection, and restart at the same rate.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0240, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0300 Medical assistant-registered—Application. Registration requirements - Applicants for a medical assistant-registered credential shall submit the following:

- (1) A completed application on forms provided by the department;
- (2) Proof of completion of high school education or its equivalent;
- (3) An endorsement signed by a health care practitioner;
- (4) Proof of completing seven clock hours of AIDS education as required by chapter 246-12 WAC, Part 8;
- (5) Any fee required in WAC 246-827-990; and
- (6) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0300, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0310 Medical assistant-registered—Endorsement. (1) A medical assistant-registered shall have a current attestation that is filed with the department and signed by a health care practitioner endorsing him or her to perform specific tasks authorized in RCW 18.360.050(4).

(2) The medical assistant-registered shall only perform the tasks listed in his or her current attestation of endorsement filed with the department.

(3) An endorsement is valid as long as the medical assistant-registered is continuously employed by the same health care practitioner, clinic or group practice.

(4) A medical assistant-registered shall submit a new attestation of endorsement to the department within thirty days if the tasks listed on the current attestation change.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0310, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0320 Medical assistant-registered—Credential termination. The medical assistant-registered credential terminates when the medical assistant-registered separates employment with the endorsing health care practitioner, clinic or group practice. The medical assistant-registered shall notify the department within thirty days of separation of employment. A person shall submit a new initial medical assistant-registered application as described in WAC 246-827-0300 upon new or additional employment.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0320, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0330 Medical assistant-registered—Collection of specimens. In order to collect a blood specimen, a medical assistant-registered may perform a finger or heel stick.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0330, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0400 Medical assistant-phlebotomist—Certification and training. Certification requirements - Applicants for a medical assistant-phlebotomist credential must meet the following requirements:

(1) Successful completion of a phlebotomy program through a postsecondary school or college accredited by a

regional or national accrediting organization recognized by the U.S. Department of Education; or

(2) Successful completion of a phlebotomy training program. The phlebotomy training program must be approved by a health care practitioner who is responsible for determining the content of the training and for ascertaining the proficiency of the trainee. The phlebotomy training program must include the following:

(a) Training to include evaluation and assessment of knowledge and skills to determine entry level competency in the following areas:

(i) Responsibilities to be delegated which include ethical implications and patient confidentiality;

(ii) Patient identification process;

(iii) Procedure requesting process, including forms used, accessing process, and collection patterns;

(iv) Materials to be used;

(v) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, and heel sticks;

(vi) Procedural standards and techniques for blood collection;

(vii) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, and interferences;

(viii) Physical layout of the work place, including patient care areas; and

(ix) Safety requirements including infection prevention and control, dealing with a client who has an infectious disease, and the handling and disposal of biohazardous materials.

(b) Direct visual supervision by a health care practitioner or a delegated and certified medical assistant-phlebotomist to the trainee to ensure competency in the following:

(i) Practice technique in a simulated situation;

(ii) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum entry level of competency. The trainee must have adequate physical ability, including sufficient manual dexterity to perform the requisite health care services. The number of specific procedures may vary with the skill of the trainee.

(c) Documentation of all phlebotomy training, duties, and responsibilities of the trainee must be completed, signed by the supervising health care practitioner and the trainee, and placed in the trainee's personnel file.

(d) A trainee must complete the training program and submit an application within ninety days of starting the phlebotomy training program to continue to perform procedures on patients.

(e) Training programs that meet the requirements described in this subsection are approved by the secretary.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0400, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0410 Medical assistant-phlebotomist—Application. Application requirements - Applicants for a medical assistant-phlebotomist credential shall submit the following:

(1) A completed application on forms provided by the department;

(2) Proof of completion of high school education or its equivalent;

(3) Proof of successful completion of a phlebotomy program through a postsecondary school or college accredited by a regional or national accrediting organization recognized by the U.S. Department of Education or successful completion of a phlebotomy training program as attested by the phlebotomy training program's supervising health care practitioner;

(4) Proof of completing seven clock hours of AIDS education as required by chapter 246-12 WAC, Part 8;

(5) Any fee required in WAC 246-827-990; and

(6) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0410, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0420 Medical assistant-phlebotomist—Supervision—Requirements for performing arterial invasive procedures and line draws. (1) The delegating health care practitioner does not need to be present when a medical assistant-phlebotomist is performing capillary or venous procedures to withdraw blood, but must be immediately available for consultation by phone or in person within a reasonable period of time.

(2) A medical assistant-phlebotomist may only perform arterial invasive procedures or line draws after the following education and training is completed and documented. A medical assistant-phlebotomist's training and education must be documented on a checklist, signed by the delegating health care practitioner and the medical assistant-phlebotomist, and placed in the medical assistant-phlebotomist's personnel file. The medical assistant-phlebotomist shall complete:

(a) Education to include anatomy, physiology, concepts of asepsis, and microbiology;

(b) Training to perform arterial invasive procedures for blood withdrawal and line draws, including theory, potential risks, and complications;

(c) Anatomic considerations for performing such functions as arterial puncture, line draws, and use of local anesthetic agents;

(d) Observation of the arterial invasive procedure and line draws; and

(e) Successful demonstration of the arterial invasive procedure and line draws under direct visual supervision of a health care practitioner.

(3) Upon successful completion of the training described in subsection (2) of this section, a medical assistant-phlebotomist may only perform:

(a) Arterial invasive procedures for blood withdrawal while under the immediate supervision of a supervising health care practitioner; and

(b) Line draws if the intravenous fluid is stopped and restarted by a health care practitioner under the immediate supervision of a supervising health care practitioner.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0420, filed 5/31/13, effective 7/1/13.]

(5/31/13)

WAC 246-827-0500 Medical assistant-hemodialysis technician—Qualifications and training. (1) Applicants for a medical assistant-hemodialysis technician credential must complete the following requirements:

(a) Proof of a high school diploma or equivalent;

(b) Basic math skills including the use of fractions and decimal points;

(c) Either:

(i) Complete a hemodialysis training program as described in subsection (2) of this section; or

(ii) Have a national credential as a hemodialysis technician which is substantially equivalent to the hemodialysis training program described in subsection (2) of this section.

(2) The hemodialysis training program may be facility based or a state recognized training facility or institution of higher education specific to training hemodialysis technicians that meets the following requirements:

(a) The training program must:

(i) Be approved by the program or facility medical director and governing body;

(ii) Be under the direction of a registered nurse;

(iii) Be focused on the operation of kidney dialysis equipment and machines;

(iv) Include interpersonal skills, including patient sensitivity training and care of difficult patients; and

(v) Provide supervised clinical experience opportunities for the application of theory and for the achievement of stated objectives in a patient care setting. The training supervisor must be physically accessible to the hemodialysis technician when the hemodialysis technician is in the patient care area.

(b) The training program must cover the following subjects:

(i) Principles of dialysis and fluid management;

(ii) Care of patients with kidney failure, including interpersonal skills;

(iii) Dialysis procedures and documentation, including initiation, proper cannulation techniques, use of central catheters, monitoring, and termination of dialysis;

(iv) Use and care of hemodialysis accesses;

(v) Common laboratory testing procedures and critical alert values;

(vi) Possible complications of dialysis and dialysis emergencies;

(vii) Water treatment and dialysate preparation;

(viii) Infection control;

(ix) Use of hazardous chemicals;

(x) Safety;

(xi) Dialyzer reprocessing, if applicable; and

(xii) Use of medications used in dialysis and their side effects.

(c) The medical assistant-hemodialysis technician applicant, upon completion of the hemodialysis training program, must demonstrate competency of the following:

(i) Dialysis procedures and documentation, including initiation, proper cannulation techniques, central catheter techniques, monitoring, and termination of dialysis;

(ii) Operation of hemodialysis equipment;

(iii) Calculation of patient fluid removal and replacement needs;

(iv) Preparation and mixture of additives to hemodialysis concentrates as required by facility procedure based on patient prescription;

(v) Preparation and administration of heparin and sodium chloride solutions and intradermal, subcutaneous, or topical administration of local anesthetics during treatment in standard hemodialysis doses;

(vi) Provide initial response to patient complications and emergencies prior to, during, and after treatment per facility procedures including, but not limited to, the administration of normal saline per facility protocol;

(vii) Use and care of hemodialysis vascular accesses;

(viii) Administration of oxygen; and

(ix) Initiation of cardiopulmonary resuscitation.

(d) Technicians who perform monitoring and testing of the water treatment system must complete a training program that has been approved by the facility medical director and governing body.

(e) The training program may accept documentation of a medical assistant-hemodialysis technician's successful completion of training objectives in another dialysis facility or accredited academic institution if it is substantially equivalent to the core competencies described in this subsection. The dialysis facility that accepts the documentation assumes responsibility for confirming the core competency of the medical assistant-hemodialysis technician.

(f) Upon successful completion of the hemodialysis training program, an authorized representative of the hemodialysis training program will sign an attestation of completion of the training described in this subsection. The attestation shall include documentation of the satisfactory completion of a skills competency checklist equivalent to, or exceeding the competencies required by these rules.

(g) Training programs that meet the requirements described in this subsection are approved by the secretary.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0500, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0510 Medical assistant-hemodialysis technician—Application. Applicants for a medical assistant-hemodialysis technician credential shall submit the following:

(1) A completed application on forms provided by the department;

(2) Proof of high school education or equivalent;

(3) Proof of successful completion of an approved training program or proof of national credential as a hemodialysis technician;

(4) Proof of completing seven clock hours of AIDS education as required by chapter 246-12 WAC, Part 8;

(5) Current cardiopulmonary resuscitation certification;

(6) Any fee required in WAC 246-827-990; and

(7) Fingerprint cards for national fingerprint based background check pursuant to RCW 18.130.064(2), if requested by the department.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0510, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0520 Conditions for performing hemodialysis. (1) A medical assistant-hemodialysis technician

trained by a federally approved end-stage renal disease facility may perform the following dialysis tasks:

(a) Venipuncture for blood withdrawal;

(b) Administration of oxygen as necessary by cannula or mask;

(c) Venipuncture for placement of fistula needles;

(d) Connection to vascular catheter for hemodialysis;

(e) Intravenous administration of heparin and sodium chloride solutions as an integral part of dialysis treatment;

(f) Intradermal, subcutaneous or topical administration of local anesthetics in conjunction with placement of fistula needles; and

(g) Intraperitoneal administration of sterile electrolyte solutions and heparin for peritoneal dialysis.

(2) A medical assistant-hemodialysis technician may perform the dialysis tasks described in subsection (1) of this section, under the following supervision:

(a) In a renal dialysis center under immediate supervision of a registered nurse; or

(b) In the patient's home if a physician and a registered nurse are available for consultation during the dialysis.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0520, filed 5/31/13, effective 7/1/13.]

CREDENTIAL STATUS

WAC 246-827-0600 Credential renewal. A medical assistant credential must be renewed every two years on the medical assistant's birthday as provided in WAC 246-12-030.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0600, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0610 Expired credential—Return to active status. (1) A person holding an expired medical assistant credential may not practice until the credential is returned to active status.

(2) If the medical assistant credential has expired for less than three years, he or she shall meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the medical assistant credential has been expired for three years or more, and he or she is currently practicing as a medical assistant in another state or U.S. jurisdiction, he or she shall (a) meet the requirements of chapter 246-12 WAC, Part 2, and (b) provide verification of a current unrestricted active medical assistant credential in another state or U.S. jurisdiction which is substantially equivalent to the qualifications for his or her credential in the state of Washington.

(4) If a medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist credential has been expired for three years or more and the person does not meet the requirements of subsection (3) of this section, he or she shall comply with chapter 246-12 WAC, Part 2, and demonstrate competence in one of the following ways:

(a) A medical assistant-certified must successfully pass an examination as identified in WAC 246-827-0200 within six months prior to reapplying for the credential.

(b) A medical assistant-phlebotomist must complete the training requirements of WAC 246-827-0400 within six months prior to reapplying for the credential.

(c) A medical assistant-hemodialysis technician must complete the training requirements of WAC 246-827-0500 within six months prior to reapplying for the credential.

(5) If the medical assistant-registered credential has expired, he or she must also submit a new application as provided for in WAC 246-827-0300.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0610, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0620 Inactive status. A medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist may obtain an inactive credential as described in chapter 246-12 WAC, Part 4.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0620, filed 5/31/13, effective 7/1/13.]

WAC 246-827-0630 Retired volunteer medical worker credential. A medical assistant-certified, a medical assistant-hemodialysis technician, or a medical assistant-phlebotomist may obtain an initial retired volunteer medical worker credential as described in chapter 246-12 WAC, Part 12. To change a retired volunteer medical assistant credential to active status the person must follow the requirements of WAC 246-12-450.

[Statutory Authority: Chapter 18.360 RCW, RCW 43.70.280, and 2012 c 153. WSR 13-12-045, § 246-827-0630, filed 5/31/13, effective 7/1/13.]

WAC 246-827-990 Medical assistant—Fees and renewal cycle. (1) Credentials must be renewed every two years.

(2) The following nonrefundable fees will be charged for medical assistant-certified, medical assistant-hemodialysis technician, and medical assistant-phlebotomist credentials:

Title of Fee	Fee
Initial credential	\$115.00
Renewal	115.00
Expired credential reissuance	55.00
Certification of credential	20.00
Late renewal penalty	55.00
Duplicate credential	30.00

(3) The following nonrefundable fees will be charged for a medical assistant-registered credential:

Title of Fee	Fee
Initial credential	\$90.00
Renewal	90.00
Expired credential reissuance	40.00
Certification of credential	20.00
Late renewal penalty	40.00
Duplicate credential	30.00

[Statutory Authority: 2012 c 208, 2012 c 23, 2012 c 137, 2012 c 153, RCW 43.70.110, and 43.70.250. WSR 12-24-015, § 246-827-990, filed 11/27/12, effective 7/1/13.]