Chapter 246-815 WAC

DENTAL HYGIENISTS

WAC

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246-815-031 Dental hygiene expanded functions education requirement for licensure implementation. [Statutory Authority: RCW 18.29.130(6). WSR 92-03-006 (Order 232), § 246-815-031, filed 1/31/91, effective 3/8/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-815-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5). WSR 90-12-068 (Order 064), § 308-25-037, filed 6/1/90, effective 7/2/90. Repealed by WSR 98-14-123, filed 7/1/98, effective 8/1/98. Statutory Authority: RCW 18.29.150 and 18.29.120.

246-815-032 Written examination review procedures. [Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-815-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5). WSR 90-12-068 (Order 064), § 308-25-037, filed 6/1/90, effective 7/2/90. Repealed by WSR 98-14-123, filed 7/1/98, effective 8/1/98. Statutory Authority: RCW 18.29.150 and 18.29.120.

246-815-033 Dental hygiene expanded functions education program requirements for licensure.

246-815-034 Dental hygiene fees and renewal cycle. (10/19/18)
Dental Hygienists

WAC 246-815-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly indicates otherwise:

1. "Clinical record" means the portion of the patient record that contains information regarding the patient exam, dental hygiene care plan, treatment discussion, treatment performed, patient progress, referrals, studies, tests, imaging of any type and any other information related to the dental hygiene care or treatment of the patient.

2. "Committee" means the dental hygiene examining committee.

3. "Dental hygienist" means an individual licensed under chapter 18.29 RCW and this chapter.

4. "Department" means the Washington state department of health.

5. "Financial record" means the portion of the patient record that contains information regarding the financial aspects of a patient's treatment including, but not limited to, billing, treatment plan costs, payment agreements, payments, insurance information or payment discussions held with a patient, insurance company or person responsible for account payments.

6. "Group home" means a licensed facility that provides its residents with twenty-four hour supervision. Depending on the size, a group home may be licensed as an adult family home under chapter 70.128 RCW or an assisted living facility under chapter 18.20 RCW. Group homes provide community residential instruction, supports, and services to two or more clients who are unrelated to the provider.

7. "Home health agency" has the same meaning as in chapter 70.126 RCW.

8. "Hospital" has the same meaning as in RCW 70.41.020.

9. "Notation" means a condensed or summarized written record.

10. "Nursing home" has the same meaning as in RCW 18.51.010(3).

11. "Patient record" is the entire record of the patient maintained by a practitioner that includes all clinical and financial information related to the patient.

12. "Secretary" means the secretary of the department of health or the secretary's designee.

WAC 246-815-020 Dental hygiene licensure—Eligibility and application requirements. An applicant for a dental hygiene license shall submit to the department the following:

1. An initial application on forms provided by the department;

2. The fee required under WAC 246-815-990;

3. Proof of successful completion of the Washington state dental hygiene drug and law jurisprudence examination as required by the department;

4. Proof of completion of seven clock hours of HIV/AIDS education as required in chapter 246-12 WAC, Part 8;

5. Official transcripts verifying successful completion of an approved dental hygiene education program and proof of successful completion of any applicable expanded education programs approved under WAC 246-815-030. Official transcripts must be sent directly to the department by the dental hygiene education program(s). No other proof of successful completion is acceptable;

6. Official verification of passing the National Board Dental Hygiene written examination, as offered by the American Dental Association. Official verification must be sent directly to the department from the American Dental Association Department of Testing Services; and

7. Official verification of passing the dental hygiene examinations as required in WAC 246-815-050. Official verification must be sent directly to the department from the testing agency.

WAC 246-815-030 Dental hygiene and expanded functions education program requirements for licensure.

1. To be eligible for initial dental hygiene licensure, the
applicant must have successfully completed a dental hygiene education program approved by the secretary. The secretary accepts dental hygiene programs that are accredited by the Commission on Dental Accreditation (CODA) relevant to the accreditation of dental hygiene schools. Provided, that the accredited education program's curriculum includes didactic and clinical competency in:

(a) The administration of injections of local anesthetic;
(b) The administration of nitrous oxide analgesia;
(c) The placement of restorations into cavities prepared by a dentist; and
(d) The carving, contouring, and adjusting contacts and occlusions of restorations.

(2) Dental hygiene expanded functions education programs approved by the secretary consistent with CODA standards whose curriculum does not include the didactic and clinical competency as required under subsection (1)(a) through (d) of this section will be accepted if the applicant has successfully completed an expanded functions education program(s) approved under WAC 246-815-130.

WAC 246-815-050 Dental hygiene clinical examination. (1) An applicant seeking licensure in Washington by examination must successfully complete the following:

(a) A dental hygiene clinical examination approved by the committee:
   (i) The Western Regional Examining Board (WREB) dental hygiene clinical examinations effective May 8, 1992;
   (ii) The Central Regional Dental Testing Services, Incorporated (CRDTS) dental hygiene clinical examinations effective 2003; and
   (iii) The Commission on Dental Competency Assessments (CDCA) clinical examination effective January 1, 2000, through August 21, 2009, or after March 16, 2018.
   (b) In lieu of the WREB, CRDTS, or CDCA examination (or any of their subparts), the secretary may accept a substantially equivalent examination (or substantially equivalent examination subparts).

(2) The dental hygiene applicant must complete dental hygiene practical examinations which consist of the following competencies:

(a) Patient evaluation clinical competency including an extra-oral and intra-oral examination;
(b) Prophylaxis clinical competency;
(c) Local anesthesia written and clinical competency; and
(d) Restorative clinical competency.

WAC 246-815-100 Licensure by interstate endorsement of credentials. An individual may be eligible for a Washington state dental hygiene license if the applicant:

(1) Has successfully completed a dental hygiene education program in compliance with the requirements listed in WAC 246-815-030.
(2) Holds a valid, current, nonlimited license in another state.
(3) Has been currently engaged in clinical practice at any time within the previous year as a dental hygienist in another state or in the discharge of official duties in the United States Armed Services, Coast Guard, Public Health Services, United States Department of Veteran Affairs, or Bureau of Indian Affairs. Verification of licensure must be obtained from the state of licensure, and any fees for verification required by the state of licensure must be paid by the applicant.
(4) Has successfully completed a dental hygiene examination where the other state's licensing standards are substantially equivalent to the licensing standards in the state of Washington. The other state's examination must have included the following portions and standards of competency.
   (a) Written tests - The written tests mean the National Board of Dental Hygiene examination as required in WAC 246-815-020.
   (b) Practical tests - All portions must be graded anonymously by calibrated practicing dental hygienists or dental hygienists and dentists. Examiners will be calibrated to the standards of competency. The examination must have equivalent patient selection criteria for the patient evaluation, prophylaxis and anesthesia portions. In lieu of the WREB or CRDTS practical tests, the secretary may accept substantially equivalent tests. The practical tests include:
      (i) Patient evaluation clinical competency including an extra-oral and intra-oral examination;
      (ii) Prophylaxis clinical competency;
      (iii) Anesthesia clinical competency; and
      (iv) Restorative clinical competency.
   (c) If the secretary finds that another state's licensing standards are substantially equivalent except for portion(s) of the examination, the applicant may take that portion(s) to qualify for interstate endorsement. The applicant must successfully complete the portion(s) of the exam to qualify for interstate endorsement.
(5) Has completed seven clock hours of HIV/AIDS education as required in chapter 246-12 WAC, Part 8.
(6) Has passed the Washington state drug and law jurisprudence examination.
(7) Submits a completed application on forms provided by the department.
(8) Pays fees as required in WAC 246-815-990.

[Statutory Authority: RCW 18.29.210, 43.70.280, and chapter 18.29 RCW. WSR 18-21-141, § 246-815-100, filed 10/19/18, effective 11/19/18. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-815-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, WSR 18.29.021, 18.29.024, and 18.29.150. WSR 90-23-011 (Order 098), § 308-25-015, filed 11/13/90, effective 12/14/90. Statutory Authority: Chapter 18.29.031. WSR 86-09-014 (Order PL 585), § 308-25-015, filed 4/8/86.]

(10/19/18)
WAC 246-815-110 Application procedures for approval of non-CODA accredited dental hygiene expanded functions education programs. (1) An applicant for approval of a non-CODA accredited dental hygiene expanded functions education program shall submit to the department:

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

(b) Fees as required in WAC 246-815-990; and

(c) A self-study guide which reflects requirements in WAC 246-815-130.

(2) The department may conduct a site visit and evaluation at the discretion of the secretary prior to approval.

(3) An approved dental hygiene expanded function education program shall report in writing all modifications of the approved program to the department at least sixty days prior to modification.

WAC 246-815-130 Curriculum requirements for expanded functions dental hygiene education programs approval. (1) Curriculum for expanded function dental hygiene education programs approved by the secretary must include didactic and clinical competency in:

(a) The administration of a local anesthetic, which must include infiltration, field block and block dental injection techniques for anesthesia of maxillary and mandibular periodontium and teeth.

(b) The administration of nitrous oxide analgesia.

(c) Restorative dentistry, including how to place restorations into a cavity prepared by the dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.

(2) An expanded function dental hygiene education programs may apply for approval of one or more of the expanded functions identified in subsection (1)(a) through (c) of this section. Approval of the specific expanded function(s) educational program will be based on the applicable curriculum listed in subsection (1) of this section.

(3) The expanded functions education program must submit a completed application on forms provided by the department and pay fees required under WAC 246-815-990.

(4) Upon successful completion of approved expanded functions education program, an applicant for a dental hygienist license will be eligible to complete approved clinical examinations required under WAC 246-815-050 in order to meet initial licensure eligibility requirements under WAC 246-815-020.

WAC 246-815-140 Continuing education and renewal requirements for dental hygienists. (1) To renew a dental hygienist license, an individual must:

(a) Complete fifteen clock hours of continuing education each year following the first license renewal;

(b) Maintain a current basic life support (BLS) for health care providers certification; and

(c) Sign a declaration attesting to the completion of the required number of hours as part of the annual renewal requirement.

(2) The department will not authorize or approve specific continuing education courses. Continuing education course work must contribute to the professional knowledge and development of the dental hygienist or enhance services provided to patients.

(3) Continuing education is defined as any of the following activities:

(a) Continuing education courses offered or authorized by industry recognized local, state, private, national and international organizations, agencies or institutions of higher learning. Examples of sponsors or types of continuing education courses may include, but are not limited to:

   (i) The Washington State Dental Association, American Dental Association, National Dental Association, Washington Dental Hygienists’ Association, American Dental Hygienists’ Association, National Dental Hygienists’ Association, including the constituent and component/branch societies;

   (ii) BLS for health care providers, advanced cardiac life support (ACLS), Occupational Safety and Health Administration (OSHA)/Washington Industrial Safety and Health Act (WISHA), or emergency related training such as courses offered or authorized by the American Heart Association or the American Cancer Society, or any other organizations or agencies;

   (iii) Self-study through study clubs, books, research materials, or other publications. The required documentation for this activity is a summary of what was learned, not to exceed five hours per year;

   (iv) Distance learning. Distance learning includes, but is not limited to: Correspondence course, webinar, audio/video broadcasting, audio/video teleconferencing, computer aided instruction, e-learning/online-learning, or computer broadcasting/webcasting that includes an assessment tool upon completion;

   (v) A licensee who serves as an educator or who lectures in continuing education programs or courses, that contribute to the professional knowledge of a licensed dental hygienist.
may accumulate hours for the content preparation of the program or course, not to exceed ten hours per year;

(vi) Attendance at a continuing education program with a featured speaker(s);

(vii) Courses relating to practice organization and management, medical/dental insurance courses, or retirement, not to exceed five hours per year;

(viii) Dental hygiene examination standardization/calibration workshops and dental hygiene examination item writer workshops, not to exceed ten hours per year;

(ix) Provision of clinical dental hygiene services in a documented volunteer capacity when preceded by educational/instructional training prior to provision of services, not to exceed five hours per year. Volunteering must be without compensation and under appropriate supervision;

(x) A licensee who serves as a public health official or employee, contractor for a state or local health agency, community prevention education expert, or works in a field that relates to prevention activities in public health dentistry, may accumulate hours for the content preparation of providing services, education, or training to the underserved, rural, and at risk populations, not to exceed five hours per year; and

(xi) College courses.

(4) The department may randomly audit up to twenty-five percent of practitioners for compliance with the requirements in this section after the credential is renewed as allowed by chapter 246-12 WAC, Part 7.


WAC 246-815-155 Dental hygienist suicide prevention education. Effective August 1, 2020, a licensed dental hygienist must complete a department-approved one-time training that is at least three hours in length for suicide assessment that includes screening and referral.

(1) This training must be completed by the end of the first full continuing education reporting period after August 1, 2020, or during the first full continuing education reporting period after initial licensure, whichever is later.

(2) Training approved by the department for this requirement must be on the department's model list as authorized in chapter 246-12 WAC, Part 14.

(3) Training completed between July 23, 2017, and August 1, 2020, that meets the requirements of this section, is accepted as meeting the one-time training requirement of this section.

(4) The hours spent completing the training in suicide assessment under this section count toward meeting applicable continuing education requirements for dental hygiene license renewal.

[Statutory Authority: 2017 c 262. WSR 18-21-040, § 246-815-155, filed 10/8/18, effective 11/8/18.]

WAC 246-815-160 Standards of dental hygiene practice. A dental hygienist working under the appropriate supervision of a licensed dentist shall perform the following tasks:

(1) Assessment, which must include:

   (a) Documentation of patient history.

   (i) Recording current and past dental oral health care; and

   (ii) Collection of health history data including the patient’s:

       (A) Current and past health status;

       (B) Pharmacologic considerations;

       (C) Additional considerations;

       (D) Record vital signs and compare with previous readings; and

       (E) Consultation with appropriate health care provider(s) as indicated.

       (b) A comprehensive clinical evaluation:

           (i) An inspection of the head and neck and oral cavity including an oral cancer screening, evaluation of trauma and a temporomandibular joint (TMJ) assessment;

           (ii) Evaluation for further diagnostics including radiographs;

           (iii) Comprehensive periodontal evaluation that includes the documentation of:

               (A) Full mouth periodontal charting;

               (I) Probing depths;

               (II) Bleeding points;

               (III) Suppuration;

               (IV) Mucogingival relationship and defects;

               (V) Recession;

               (VI) Attachment level or loss.

           (B) Presence, degree and distribution of plaque and calculus;

           (C) Gingival health and disease;

           (D) Bone height and bone loss;

           (E) Mobility and fremitus;

           (F) Presence, location and extent of furcation involvement; and

           (G) A comprehensive hard tissue evaluation that includes the charting conditions and oral habits to include:

               (I) Demineralization;

               (II) Caries;

               (III) Defects;

               (IV) Sealants;

               (V) Existing restorations and potential needs;

               (VI) Anomalies;

               (VII) Occlusion;

               (VIII) Fixed and removable prostheses; and

               (IX) Missing teeth.

           (c) Risk assessments.

           (2) A dental hygiene analysis of assessment findings. The dental hygienist shall:

               (a) Analyze and interpret all assessment data to evaluate clinical findings and formulate the dental hygiene care plan;

               (b) Determine patient needs that can be improved through the delivery of dental hygiene care; and

               (c) Incorporate the dental hygiene care plan into the overall dental treatment plan.

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(3) Dental hygiene care planning. The dental hygienist shall:
(a) Identify, prioritize and sequence dental hygiene intervention;
(b) Coordinate resources to facilitate comprehensive quality care;
(c) Collaborate with the dentist and other health and dental care providers and community-based oral health programs;
(d) Present and document dental hygiene care plan to patient;
(e) Explain treatment rationale, risks, benefits, anticipated outcomes, treatment alternatives, and prognosis; and
(f) Obtain and document informed consent or informed refusal.
(4) Care plan implementation. The dental hygienist shall:
(a) Review and implement the dental hygiene care plan with the patient or caregiver;
(b) Modify the plan as necessary and obtain consent;
(c) Communicate with patient or caregiver appropriate for age, language, culture and learning style; and
(d) Confirm the plan for continuing care.
(5) Dental hygiene evaluation. The dental hygienist shall:
(a) Use measurable assessment criteria to evaluate the outcomes of dental hygiene care;
(b) Communicate to the patient, dentists and other health/dental care providers the outcomes of dental hygiene care; and
(c) Collaborate to determine the need for additional diagnostics, treatment, referral education and continuing care based on treatment outcomes and self-care behaviors.

WAC 246-815-164 Patient record content. (1) A dental hygienist who treats patients shall maintain legible, complete, and accurate patient records.
(2) The patient record must contain the clinical records and the financial records.
(3) The clinical record must include at least the following information for each entry:
(a) The signature, initials, or electronic verification of the individual making the entry note;
(b) The identity of who provided treatment if treatment was provided;
(c) The date of each patient record entry;
(d) The physical examination findings documented by subjective complaints, objective findings, an assessment of the patient's condition, and plan;
(e) A dental hygiene treatment plan based on the analysis of assessment findings;
(f) Up-to-date dental hygiene and medical history that may affect dental hygiene treatment;
(g) A complete description of all treatment/procedures administered at each visit;
(h) An accurate record of any medication(s) administered;
(i) Referrals and any communication to and from any health care provider;
(j) Notation of communication to or from the patient or minor patient's parent or guardian, including:
(i) Notation of the informed consent discussion. This is a discussion of potential risk(s) and benefit(s) of proposed treatment, and alternatives to treatment, including no treatment;
(ii) Notation of posttreatment instructions or reference to an instruction pamphlet given to the patient;
(iii) Notation regarding patient complaints or concerns associated with treatment, this includes complaints or concerns obtained in person, by phone call, email, mail, or text; and
(iv) Termination of hygienist-patient relationship.
(4) Clinical record entries must not be erased or deleted from the record.
(a) Mistaken handwritten entries must be corrected with a single line drawn through the incorrect information. New or corrected information must be initialed and dated.
(b) If the record is an electronic record then a record audit trail must be maintained with the record that includes a time and date, history of deletions, and edits and corrections to the electronically signed records.

WAC 246-815-166 Patient record retention and accessibility requirements. (1) A dental hygienist working for health care facilities or senior centers under RCW 18.29.056 shall keep readily accessible patient records for at least six years from the date of the last treatment.
(2) A dental hygienist shall respond to a written request from a patient to examine or copy a patient's record within fifteen working days after receipt. A dental hygienist shall comply with chapter 70.02 RCW for all patient record requests.
(3) A dental hygienist shall comply with the Health Insurance Portability and Accountability Act, 45 C.F.R. Part 164.

WAC 246-815-250 Cooperation with investigation. (1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the secretary of the department of health by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.
(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the secretary or the secretary's designee.
(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena
will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the secretary or the secretary's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

WAC 246-815-260 Offsite supervision. Offsite supervision means that a licensed dental hygienist has entered into a written practice plan under RCW 18.29.056 with a dentist licensed in Washington. The dentist must agree to be available for contact as documented in the practice plan. The dental hygienist must submit the practice plan to the department for approval. Offsite supervision does not require the physical presence of the supervising dentist at the treatment site.

WAC 246-815-265 Service location while working for a health care facility. A dental hygienist working for a health care facility under RCW 18.29.056 is limited to providing treatment to patients, students and residents of the health care facility. The services performed while employed, retained or contracted by the health care facility must be provided in a location affiliated with one of the health care facilities defined in RCW 18.29.056(2).

WAC 246-815-990 Dental hygiene fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged:

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(10/19/18)

[Statutory Authority: RCW 18.29.210, 43.70.280, and chapter 18.29 RCW. WSR 18-21-141, § 246-815-990, filed 10/19/18, effective 11/19/18. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-815-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250. WSR 05-01-018, § 246-815-990, filed 12/2/04, effective 3/22/05; WSR 03-07-095, § 246-815-990, filed 3/19/03, effective 7/1/03. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-815-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.29 RCW and 18.20.150(4). WSR 95-16-102, § 246-815-990, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 43.70.250. WSR 94-02-059, § 246-815-990, filed 1/3/94, effective 3/1/94. Statutory Authority: RCW 43.70.250 and 1993 c 323. WSR 93-16-073, § 246-815-990, filed 8/2/93, effective 9/2/93. Statutory Authority: RCW 43.70.250. WSR 91-13-002 (Order 173), § 246-815-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-815-990, filed 12/27/90, effective 3/1/91. Statutory Authority: RCW 43.70.250. WSR 90-04-094 (Order 029), § 308-25-065, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. WSR 87-10-028 (Order PM 650), § 308-25-065, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. WSR 83-17-031 (Order PL 442), § 308-25-065, filed 8/10/83. Formerly WAC 308-25-060.]