

# Step-by-Step Instructions for Remote Sign In 2021 Legislative Session

Step 1: Go to [app.leg.wa.gov/csiremote](http://app.leg.wa.gov/csiremote)

\*\*\*\*IMPORTANT\*\*\*\*

*The option to sign in on a bill closes one hour BEFORE the committee meeting in which a bill is being heard begins. Written testimony can be submitted up to 24 hours after a hearing takes place.*

Step 2: Select appropriate chamber

← → ↻ app.leg.wa.gov/csiremote

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### Committee Sign In - Remote Testimony

House Senate Joint

Select appropriate chamber

Step 3: Select appropriate committee

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### Committee Sign In - House Remote Testimony

Return to [House Committee Testimony Information](#)

Committee: Please Select Meetings: Please Select

Instructions on how to connect to the meeting: [Instructions](#)

#### How to Submit Written Testimony

1. Select the committee and meeting date and time, then select the bill for which you would like to submit written testimony.
2. Select "I would like to Submit Written Testimony." Written testimony will close 24 hours after the start time of the hearing.
3. Provide your written comments in the form. Your comments will be available to legislative members and staff of the committee, and will be included in the legislative record for bill and meeting archival purposes, but will not be used as part of testimony summary materials on the bill report.

#### How to Register to Testify Remotely

1. Select the committee and meeting date and time, then select the bill for which you would like to testify remotely.
2. Select "I would like to Testify Live During the Hearing." Remote testimony registration will close 1 hour before the start time of the hearing. Anyone who does not register before this deadline will be unable to testify before the committee.
3. Ensure your registration information is accurate. It will be a part of the legislative record and used by TVW for online and television graphics.

#### How to State Your Position on a Bill Without Testifying

1. Select the committee and meeting date and time, then select the bill for which you would like to register.
2. Select "I would like my position noted for the legislative record." Registration will close 1 hour before the start time of the hearing.
3. Ensure your registration information is accurate. Your registered position will be made available to legislative members and staff of the committee, and will be included in the legislative record for bill and meeting archival purposes, but will not be used as part of testimony summary materials on the bill report.

## Step 4: Select appropriate committee date/time

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### Committee Sign In - House Remote Testimony

Return to House Committee Testimony Information

Committee: Please Select Meetings: Please Select

Instructions on how to connect to the meeting: Instructions

#### How to Submit Written Testimony

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#### How to State Your Position on a Bill Without Testifying

1. Select the committee and meeting date and time, then select the bill for which you would like to register.
2. Select "I would like my position noted for the legislative record." Registration will close 1 hour before the start time of the hearing.
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## Step 5: Select the bill you are signing in on

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### Committee Sign In - House Remote Testimony

Return to House Committee Testimony Information

Committee: Health Care & Wellness Meetings: 1/25/2021 1:30 PM

#### Select agenda item

- HB 1110 Local boards of health
- HB 1105 Statewide health care planning
- HB 1225 School-based health centers

Instructions on how to connect to the meeting: Instructions

#### How to Submit Written Testimony

1. Select the committee and meeting date and time, then select the bill for which you would like to submit written testimony.
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#### How to State Your Position on a Bill Without Testifying

1. Select the committee and meeting date and time, then select the bill for which you would like to register.
2. Select "I would like my position noted for the legislative record." Registration will close 1 hour before the start time of the hearing.
3. Ensure your registration information is accurate. Your registered position will be made available to legislative members and staff of the committee, and will be included in the legislative record for bill and meeting archival purposes, but will not be used as part of testimony summary materials on the bill report.

## Step 6: Select option to sign in to have your position noted for the record (not testifying)

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### Committee Sign In - House Remote Testimony

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Committee: **Housing, Human Services & Veterans** Meetings: **1/22/2021 10:00 AM**

Select agenda item

- **HB 1277 Housing/revenue source**

Select type of testimony

- I would like to submit written testimony.
- I would like to testify live during the hearing.
- I would like my position noted for the legislative record.**

See who has signed in for this agenda item

Instructions on how to connect to the meeting: Instructions

How to Submit Written Testimony

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3. Provide your written comments in the form. Your comments will be available to legislative members and staff of the committee, and will be included in used as part of testimony summary materials on the bill report.

How to Register to Testify Remotely

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How to State Your Position on a Bill Without Testifying

## Step 7: Enter information to complete sign in

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### Committee Sign In - Remote Testimony

Complete the fields below and press submit to sign up for remote testimony on the following bill/issue:

Committee: **Health Care & Wellness**  
 Date/Time: **1/25/2021 1:30 PM**  
 Bill/Issue: **HB 1225 School-based health centers**  
 Location: **Remote Public Testimony**

Required fields are marked with an asterisk (\*).

*This system is used as a roster to show who has registered and wishes to state their position on a bill. The information you provide will be made available to legislative committee members and staff of the committee, and will be included in the legislative record for bill and meeting archival purposes. Please ensure your information is accurate.*

\*Position:  
 Please Select

\*First Name:

\*Last Name:

\*Email:

Organization:

\*Address:

\*City:

\*State:

\*Zip:

\*Phone (e.g. 360-555-0123):

I'm not a robot

Submit Registration Cancel

By clicking 'Submit Registration', you acknowledge you have read and understand the information explaining the purpose of this form and that all of your information is accurate.