D.C. Board of Respiratory Care

Government of the District of Columbia
Adrian M. Fenty, Mayor

DEPARTMENT OF HEALTH
Promote. Prevent. Protect

June 2009

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Board of Respiratory Care
Processing Department
717 14th Street, NW
Suite 600
Washington, DC 20005

Letter from the Chair

As we move into this historic time in the United States of America, it gives me great satisfaction to see that the number of Respiratory Care Practitioners (RCPs) licensed in the District of Columbia is growing. We continue to be leaders in this profession, demonstrating our knowledge and skills daily.

Board Chairperson Carolyn A. Williams, BS, RRT, with colleague Eunice Eley, RRT, on Capitol Hill to spread the word about Medicare patients' need for access to quality Respiratory Care.

It is rewarding to see our colleagues maneuver the many aspects of Respiratory Care. Along with attentive bedside care, we exemplify positive success: as leaders in the management team; as writers and authors; as members in our professional society; as volunteers; as lobbyists and professors.

We recently completed another license renewal period. The process was very smooth for us, with the turn-around time for most licenses being less than one week. This was accomplished because most of the applications were in order, with the required information answered properly.

As a reminder, under DC law, please remember that licensees must keep the Board updated regarding their home address information. Home and business address changes must be submitted in writing to our office within 30 days of the change. (Failure to do so may result in a $100 fine per section 16 DCMR § 3601.3(b).) Please include your name, address, Social Security number, and license number.

Also remember, if you legally change your name, you need to notify the Board and obtain a new license bearing your new name. Pursuant to 17 DCMR § 4016.1, licensees must perform all professional practice in the District under the full name in which his or her license was issued.

Carolyn Williams, BS, RRT
Chairperson
Board of Respiratory Care

Upcoming Board Meetings

THE DC BOARD OF RESPIRATORY CARE MEETS THE 2ND MONDAY OF EVERY MONTH, 9:00 AM – 1:00 PM

at 717 14th St., NW, 10th Floor, Washington, DC 20005

Time is allocated at each Board Meeting to allow the public an opportunity to speak to the Board. Please notify us in advance if you plan to attend a meeting by sending an email to hpla@dc.gov.

ETHICS COURSES

Effective February 1, 2007, three (3) CEUs must be in an Ethics Course. Be prepared to show the time frame that constitutes the three (3) hours dedicated to ethics.

EXAMPLES OF ELIGIBLE TOPICS INCLUDE:

- Ethical or legal aspects of health care
- Medical Ethics
- Bioethics
- End of Life Issues
- Business Ethics (Compliance, Fraud or Privacy)
- Topics related to caring for patients with terminal illnesses

Effective February 1, 2007, only 8 of the 16 CEUs can be obtained from approved independent home studies, distance learning programs or any approved Internet-based education program.

REMINDER
The remaining 8 CEUs must be in the form of a face-to-face attendance at a lecture, conference, seminar, workshop or program.

INTERVIEW WITH PAST BOARD OF RESPIRATORY CARE MEMBER SUSAN D. LOCKWOOD, MA, RN, RRT

How long did you serve on the Board of Respiratory Care?

I served on the Board nine years.

Was there any aspect of your service as a Board member that surprised you (or was the experience what you expected it to be)?

It was an honor for me to be named to the Board, and I found that the professionalism of my colleagues on the Board, under the leadership of [then-Chairperson] Elgloria Harrison, resulted in smooth implementation of the licensure process.

During your tenure as a Board member, what were the controversial issues that emerged for the Board or your licensees?

Of greatest concern was the time it took, from passage of the law in 1994 to 2000, for the first license to be issued. The administrative component of the process was very slow, requiring continuous oversight on the part of the Board members of the company charged with implementation of the licensure.

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CALL: 1-877-632-2873

During your tenure as a member, what do you feel was the greatest accomplishment of the Board?

The greatest accomplishment was the Board's ability to receive a completed application packet and approve it within 30 days.

What challenges now lay ahead for the Board?

I see the Board's ongoing challenge as their constant vigilance of the interface of related health care groups whose scope of practice may overlap with Respiratory Therapy.

What advice would you give to new Board members or RCP licensees?

To be forward-thinking about best practices of those that they regulate and the citizens of the District of Columbia.

What would you say to an RCP or consumer who is thinking about applying to serve on the Board?

I think it is an honor and an awesome opportunity to serve the citizens of the District of Columbia in the capacity of Board member.

I am excited about the future of Respiratory Therapy in the District, particularly with the implementation of the new BSRT degree offered by the University of the District of Columbia.

I am excited about the future of Respiratory Therapy in the District of Columbia, particularly with the implementation of the new Bachelor of Science Degree in Respiratory Therapy (BSRT) offered by the University of the District of Columbia. This degree is a 2+2 opportunity for professional, licensed Respiratory Therapists who hold Associate Degrees, to take their practice to a more advanced level of health care delivery.

UDC BSRT OFFICE OF ADMISSIONS

Phone:
(202) 274-6366

Email:
slockwood@udc.edu
eharrison@udc.edu

Counsel's Column

ARE YOU READY FOR THE CONTINUING EDUCATION AUDIT?

By Carla M. Williams
Assistant Attorney General & Board Legal Advisor

The District of Columbia Board of Respiratory Care will soon be conducting its biennial continuing education audit.

During the last renewal cycle, in order to be eligible for renewal, all Respiratory Care Practitioners were required to complete sixteen (16) hours of approved continuing education credit between February 1, 2007 and January 31, 2009, three (3) of which must have been in **ethics**.

The purpose of the random audit is to ensure compliance with the Board's continuing education requirements. If you are selected in the audit, you will be notified by letter and provided instructions for submitting your materials. Please be sure to submit all requested materials within thirty (30) days as requested and to keep a copy of your records in case your original submission is lost or misdirected. DO NOT send your original certificates to the Board; keep these for your files.

Please take note that the random selections are generated by computer. This means that an individual can be selected in back-to-back consecutive audits. If you are selected, you must submit proof of completion of the required continuing education courses whether or not you were selected in a previous audit.

When submitting your continuing education certificates, please make sure you clearly identify the course for which you are seeking "ethics" credit. If the certificate does not include the word "ETHICS" in the title, you will need to submit the course materials, syllabus, or other documentation to demonstrate that the course subject matter included ethics and the number of credit hours which were devoted to ethics.

Please feel free to contact the Board at **202-724-8826** with any questions regarding the audit.

TIPS FOR EXPEDITING YOUR LICENSE

Please be sure to have your entire application filled out and signed. You must provide "official" supporting documentation to any and all application questions and/or statements that require a detailed explanation. Please note:

- Official court documents of final case dispositions for any felonies or misdemeanors that you incurred (i.e., a defendant, in any state or country)
- Malpractice case dispositions should include a case number, jurisdiction, year, all the defendant names, all plaintiff names, a brief summary of the case, and final disposition, such as judgment dollar amount, dismissed with or without prejudice, or settlement dollar amount—this information must be sent with your application.
- To use HPLA's website to check and verify a license, go to: www.hpla.doh.dc.gov

STOP MEDICAID FRAUD. CALL THE DC MEDICAID FRAUD LINE AT: 1-877-632-2873

Verification of Licensure

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called "letters of good standing," even though your DC license may have expired. If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to "DC Treasurer" in the amount of thirty-four dollars ($34.00) to:

DC Board of
Respiratory Care
717 14th Street, NW
Suite 600
Washington, DC 20005

On the form, be sure to include your name, along with the name and address where the form is to be sent.

If the jurisdiction or institution that you wish the letter sent to did not provide a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name along with the name and address of where you want the letter of verification sent.

PUBLIC FORUM: ARTICLES FROM DISTRICT HEALTHCARE CONSUMERS

PEDIATRIC SLEEP DISORDERS: HARMFUL TO CHILDREN, A NIGHTMARE FOR PARENTS

by Jonathan Prince, RPSGT, CRT
Pediatric Sleep Lab Supervisor, Children's National Medical Center, Washington DC

Sleep medicine is still a very young field, and programs dedicated to pediatric sleep are very few and limited. There are many issues in pediatric sleep that involve many specialties to correctly and successfully treat pediatric sleep patients. This includes but is not limited to Neurology, ENT [Ear, Nose and Throat], Psychiatry and Pulmonary. Yes, pediatric sleep is not as simple or as "cut and dried" as adult sleep medicine may be.

Pediatric sleep disorders are prevalent, but are not addressed often enough by pediatricians and/or family physicians. By not catching sleep disturbances at the frontline or primary care level, our children can face consequences to their physical and cognitive development.

Sleep disorders can seriously affect a child's health and social development; it's been noted that 20-to-30% of children under the age of 5 have serious sleep disorders. For a developing child, multiple systems can be affected by the lack of sleep and poor quality of sleep.

"Poor grades are seen in a lot of these children. Low self esteem and malaise are seen in these children. Both the child and the parent are frustrated, which can lead to family strife, school problems and turmoil."

Since there are numerous co-morbidity diagnoses that are associated with sleep—too many to address in this article—we will talk about one.

We can start with obstructive sleep apnea or "OSA". This can be defined or characterized as a prolonged partial upper airway obstruction and/or intermittent complete obstruction (the absence of breathing which, when witnessed by a parent, truly is a scary thing to see). The earliest account of this phenomenon can be found in a Dickens' tale describing a lad name Joe with his red face, always in a state of somnolence. With this type of disrupted breathing pattern in a child, restorative sleep is severely reduced and cognitive development can be significantly delayed.

Dr. David Gozal*, a leading researcher of pediatric sleep disorders, has published many articles and has done numerous research on the behavioral consequences of children with sleep disturbances. He states that it's important to note that infants, toddlers, and school-age children who have been reported as poor sleepers by their parents display increased incidence and severity of behavioral issues compared to children without sleep problems. This can be seen in children with aggressive behavior which sometimes can be misdiagnosed as ADHD [Attention-Deficit/Hyperactivity Disorder].

Poor grades are seen in a lot of these children. Low self esteem and malaise are seen in these children. Both the child and the parent are frustrated, which can lead to family strife, school problems and turmoil.

A large percentage of children diagnosed with OSA are found to have tonsil and adenoid hypertrophy which ENT physicians are accustomed to treating. Symptoms can be as simple as a constantly runny nose, gargled breathing, loud snoring from a small body, and, of course, witnessed apnea. Removal of the tonsil and/or adenoids can decrease and/or eliminate the OSA events. Sometimes an overnight sleep study (polysomnogram) may be ordered to measure the severity of the OSA events, and one may be done to assess the success of the surgical procedure.

In conclusion, families and frontline caregivers should be cognizant of children's sleep habits. If caught early, we can decrease the nightmares for parents.

** Dr. David Gozal, Department of Pediatrics, Pharmacology and Toxicology, Psychology and Brain Science, Kosair Children's Hospital Research institute, University of Louisville School of Medicine, Louisville, Kentucky*

Andrew Williams

MEET BOARD OF RESPIRATORY CARE CONSUMER MEMBER ANDREW WILLIAMS

"In my career as a stylist and a chef, I have mastered the skill of listening and understanding the client's need. This, I feel, has made me an effective Consumer Board Member for the DC Respiratory Care Board."

How long have you been serving on the Board of Respiratory Care?

I have been on the Board since February 2005.

Why and how did you first get involved with the Board? What sparked your interest in serving as a Board member?

I am a hair stylist. One of my clients is Ms. Elgloria Harrison, who is the former Chairperson of the DC Board of Respiratory Care. While talking with her about some of my family members who have asthma, I told Ms. Harrison I was thinking about becoming a Respiratory Therapist. She then asked me if I would like to serve on the Board as a Consumer Member. My answer was "yes." I felt serving on the Board would allow me to help my family members with respiratory problems.

Is there any aspect of your service as a Board member thus far that has surprised you (or has the experience been what you expected it to be)?

Thus far, the most surprising thing to me, has been that some Respiratory Therapists working within the hospitals do not have their CEUs [continuing education units] in order. They went to school to become Respiratory Therapists, worked hard in and out of class, only to put their license in jeopardy when they do not complete their CEUs in a timely manner.

During your tenure as a member, what do you feel has been the greatest accomplishment of the Board?

During my tenure as a Consumer Member, the greatest accomplishment of the Board is that we [have] made it known to Respiratory Therapists that licensure is required by law, and we will not allow anyone to work in this field without a valid license. To me, that is the greatest accomplishment.

What knowledge or skills have you developed as a Board member that you had not developed before?

I now have the knowledge that serving as the chairperson of any board is not easy. So I "take my hat off" to Ms. Carolyn Williams, RRT, who is Chairperson of the Board of Respiratory Care.

What would you say to an RCP licensee or consumer who is thinking about applying to serve on the Board?

You would have to be open minded and not be quick to make any decision about anyone's case.

What advice would you give to licensees regarding their relationship with the Board or the Health Professional Licensing Administration?

Keep on top of your license renewal process by submitting a complete application packet and obtaining the correct number of CEUs required. These things are a must in order not to delay the renewal process.

You have had an interesting (and creative) career path. How do you think your life experiences and/or career experiences have enabled you to become an effective Board Member?

In my career as a stylist and a chef, I have mastered the skill of listening and understanding the client's need. This, I feel, has made me an effective Consumer Board Member for the DC Respiratory Care Board.

REPRESENTING DC RCPs

MEMBERS OF THE MARYLAND & DISTRICT SOCIETY FOR RESPIRATORY CARE VISIT MEMBERS OF CONGRESS

by Carolyn Williams, BS, RRT, Chairperson, DC Board of Respiratory Care

On March 10, 2009, Sue Lockwood, RRT, Eunice Eley, RRT, Virginia Forster, RRT, Don Steinert, RRT, Carolyn Williams, RRT and Fatima Abby, Board Health Licensing Specialist, went to Capitol Hill to ask Members of Congress to allow Medicare patients who have respiratory and pulmonary diseases and illnesses to have greater access to the services of the Respiratory Care Practitioner.

"Our request was straightforward," says Ms. Lockwood. We simply asked our members of Congress to bring the Medicare program into the 21st century in terms of the patient's ability to be treated by Respiratory Therapists."

"Currently," Ms. Forster explains, "Medicare policy is right where it was in 1965 in terms of respiratory therapy, and that is not how respiratory medicine or Respiratory Therapists operate in 2009. Those respiratory patients have limited access to the expertise of Respiratory Therapists. We have not asked Congress to spend more money to provide respiratory therapy services, just that when respiratory therapy is needed, patients have an easier time receiving care from the experts, that is Respiratory Therapists."

Eunice Eley, Fatima Abby, Virginia Forster, Virginia Faye Parker - Legislative Assistant for CONGRESSMAN ROSCOE BARTLETT (6th District of Maryland), Don Steinert and Carolyn Williams.

Ms. Eley said that meeting with her Congressional leaders was an educational experience. As a constituent, she felt that her Congressional Members and staff listened to her concerns about how the issue would affect the citizens of Maryland.

Lockwood, Eley, Forster, Steinert and Williams are members of the Political Advocacy Contact Team (PACT), a nationwide group organized by the American Association for Respiratory Care (AARC). The AARC has a long history of advocating on behalf of respiratory patients and professionals.

The AARC and the Maryland/DC Society for Respiratory Care have made a commitment to lobby Congress on behalf of all respiratory patients and therapists. Asking Congress to bring the coverage of respiratory therapy, performed by Respiratory Therapists into the 21st Century, is just one of the ways these organizations are advocating for the millions of patients suffering from respiratory diseases and afflictions.

...ALLOW MEDICARE PATIENTS GREATER ACCESS TO THE SERVICES OF THE RESPIRATORY CARE PRACTITIONER.

on CAPITOL HILL

Above: Eunice Eley, Jamie McIntyre - Legislative Assistant for CONGRESSMAN FRANK M. KRATOVIL, JR. (1st District of Maryland) Carolyn Williams, and Sue Lockwood.

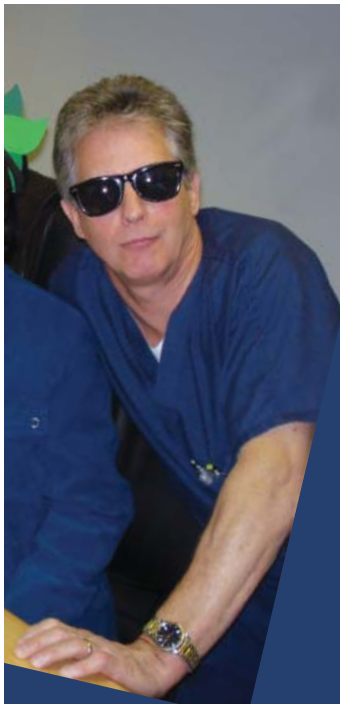
Above: Carolyn Williams, Dionne Johnson Calhoun - Legislative Associate for CONGRESSWOMAN ELEANOR HOLMES NORTON (DC), and Sue Lockwood.

Above: Carolyn Williams, Sue Lockwood, Brent Palmer - Legislative Aide for SENATOR BARBARA MIKULSKI (Maryland), Virginia Forster, Fatima Abby, and Eunice Eley.

Above: Sue Lockwood, Eunice Eley, Janel George - Legislative Assistant for CONGRESSWOMAN DONNA EDWARDS (4th District of Maryland), and Carolyn Williams.

At left: Sue Lockwood, Fatima Abby, Eunice Eley, Dea Thomas - Legislative Correspondent for SENATOR BENJAMIN CARDIN (Maryland), Virginia Forster, and Carolyn Williams.

BOARD PARTICIPATES IN LUNG ASSOCIATION ASTHMA WALK



ABOVE: Respiratory Care Board Member Timothy Mahoney, RRT, tries on a pair of "shades" in preparation for the 2009 Asthma Walk.

Improving Life One Breath at at Time! Congratulations to all who participated in the American Lung Association Asthma Walk! And a special congratulations to 2008 1st Place Team Achievement honorees (top of page, *left-to-right*): Board member Jean Williams; Board Attorney Carla Williams; Board Chair Carolyn Williams; and Consumer Member Andrew Williams. (Photo above shows other walkers—including Board Member Tim Mahoney [holding red cap in his hand].)

CREDENTIALS FOR RCP LICENSURE

All new applicants for licensure must be credentialed, having obtained the CRT (Certified Respiratory Therapist) or RRT (Registered Respiratory Therapist) credential, prior to applying for a DC license.

Please note: We do have a few practitioners who were "grandfathered" in, who do not hold a credential from the National Board for Respiratory Care (NBRC). These licensees are aware that they must keep their license in good standing or they will need to meet all of the requirements for licensure, which would include being credentialed.

NEW FEES PER FINAL RULEMAKING ON JUNE 29, 2007

Application and License Fee by Examination	$ 254.00
Application and License Fee by Endorsement	$ 254.00
Renewal or Paid Inactive Fee	$ 169.00
Duplicate License	$ 34.00
Verification of License Fee	$ 34.00

BOARD-RELATED TERMS YOU SHOULD KNOW

CONSENT ORDER: A voluntary agreement entered into by a board and a respondent (person disciplined) in lieu of hearing for violation of the HORA. A Consent Order may or may not be reportable to the National Practitioner Data Bank.

NOTICE OF INTENT TO DISCIPLINE (OR DENY): A document requested by a board and prepared by the Office of the Attorney General which places a licensee on notice that he or she is being charged with violating one or more of the health profession laws as outlined in Title 3 Chapter 12 of the D.C. Code. It may also indicate violation of District regulations as found in Title 17 of the District Register, and/or federal law. It will give a summary of the facts which serve as the basis for the violations. The document also contains information about how to request a hearing. The disciplinary action (if any) from a "Notice" is reportable to the National Practitioner Data Bank.

SUMMARY SUSPENSION: A document requested by the Administrator of the Health Regulation and Licensing Administration (not a Board), and is prepared by the Office of the Attorney General. The purpose of the document is to immediately terminate the right of a person to practice a health profession because the Administrator believes that the person poses an imminent danger, because of his or her misconduct, to the health and safety of the residents of the District of Columbia or its visitors and guests. The "Suspension" informs the person that he or she must request a hearing within 72 hours and is entitled to a hearing within 72 hours – provided that the beginning and ending period for the 72 hours does not fall on a weekend or holiday, in which case it is carried over to the next business day. Failure to request a hearing within the 72 hours results in the suspension remaining in place until it is lifted by the board having jurisdiction over the licensee. A Summary Suspension is reportable to the National Practitioner Data Bank.

CEASE AND DESIST ORDER: A Cease and Desist order is a document requested by the Administrator and prepared by the Office of the Attorney General. It is served on a person whom the Administrator believes may cause immediate and irreparable harm. Unlike a Summary Suspension, it is usually served on persons who are engaging in a health profession while not being licensed, registered, or certified. The person receiving the Cease and Desist must request a hearing within 10 days and is entitled to a hearing within 10 days. If the hearing isn't requested, the Cease and Desist remains in effect. If the person continues to be engaged in the activity after being served a Cease and Desist, the Administrator may ask the Office of the Attorney General to seek a criminal prosecution to enjoin the activity.

THE NATIONAL PRACTITIONER DATA BANK: A database mandated by federal law and maintained by the U.S. Department of Health and Human Services for the purposes of warehousing disciplinary actions taken by states against health professionals. Each licensing board is required to report to the Data Bank each and every disciplinary action taken against a licensee, registrant, or holder of a certification.

DO YOU KNOW? ABOUT THE PROGRAMS OF MONTGOMERY COLLEGE!

Montgomery College, located in Montgomery County Maryland, offers a Polysomnographic Technology Certificate program and a Respiratory Therapy program (a partnership entity with Salisbury University).

RESPIRATORY THERAPY: Montgomery College has joined with Salisbury University in an articulation agreement, offering the first two years of Salisbury University's Respiratory Therapy Program at Montgomery College. Students can transfer 62 credits from Montgomery College, take an additional three credits from Salisbury University online and begin their junior year with 65 credits toward a Bachelor's Degree in Respiratory Therapy. In addition, the transfer of credits can be applied to either of Salisbury University locations (main campus in Salisbury, MD, or to The Universities at Shady Grove).

POLYSOMNOGRAPHIC TECHNOLOGY: Montgomery College will offer a one-year certificate program at the Takoma Park/Silver Spring campus, starting in Fall 2009. *The demand for registered polysomnographers continues to rise as state and national regulations are put in place and laboratories seek qualified applicants.*

For more information, contact:

- MONTGOMERY COLLEGE RESPONSE CENTER by email at response@montgomerycollege.edu or by phone at 240-567-5000.
- Or contact MS. ANGELA PICKWICK, MS, Dean of Health Sciences at angie.pickwick@montgomerycollege.edu.

Welcome Back, Ms. Harrison!

PAST CHAIR OF THE RESPIRATORY CARE BOARD ELGLORIA HARRISON, MS, RRT, NPS

Board Members greet the former Chairperson of the DC Board of Respiratory Care, Elgloria Harrison, MS, RRT, NPS (in white sweater), who served as Chairperson for ten years. (Also in photo is Ms. Jeanette Harvin, RRT, at far left.)

Ms. Harrison, who was interviewed in the August 2008 DC Respiratory Care Board newsletter, is a professor of Respiratory Therapy at the University of the District of Columbia (UDC). Ms. Harrison urges **all individuals interested in pursuing a degree in Respiratory Therapy** to call admissions at (202) 274-6366, or send an email to: eharrison@udc.edu or slockwood@udc.edu.

Elgloria Harrison's book, **NEONATAL PEDIATRIC RESPIRATORY HANDBOOK [First edition]**, will be published in October 2009. "I am so excited," Ms. Harrison said regarding the publication of her book. "I feel like I have given birth!"

A concise guidebook for Respiratory Care Practitioners, the book provides both illustrations and text on how to assemble some of the most complex respiratory equipment and [to explain the] purpose this equipment serves. The book will be an excellent bedside reference for the respiratory therapist working in the NICU (Neonatal Intensive Care Unit) and PICU (Pediatric Intensive Care Unit).

PAID INACTIVE STATUS

If you intend to retire your license, or if you would like to place your license on Inactive Status, you must explicitly inform the Board of your intention before the renewal date expires.
If you fail to pay renewal fees on time, your license is not inactive; it is delinquent (expired).
It is unlawful to practice as a Respiratory Care Practitioner while your license is delinquent/expired. Please contact Health Licensing Specialist Fatima Abby at: (202) 724-8826 for further information.

Health Professional Licensing Administration

The Health Professional Licensing Administration (HPLA) serves as the agency that administers the licensure of almost 50,000 health professionals in the District of Columbia. HPLA staff support 18 health occupation boards and 4 registration programs that regulate the practice of their respective health profession. HPLA also responds to consumer and incidents and/or complaints against health professionals, and conducts investigations if indicated. If necessary, HPLA can take enforcement actions to compel health professionals to come into compliance with District and Federal law. HPLA advises the health occupation boards and Department of Health in matters pertaining to the development of rules and regulations for health professionals. HPLA also provides additional services including licensure verification services, and licensure examinations. Health professionals include: Acupuncturists, Addiction Counselors, Chiropractors, Dance Therapists, Dental Assistants, Dentists, Dieticians, Massage Therapists, Naturopaths, Nurses, Nursing Home Administrators, Occupational Therapists, Optometrists, Pharmacists, Physician Assistants, Physicians, Podiatrists, Psychologists, Respiratory Care Practitioners, and Social Workers.

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed Respiratory Care Practitioner, simply write a letter that describes your complaint. The letter must be signed and you should attach copies of any pertinent documents that you may have.

The letter must also include your address, so we may contact you as necessary and notify you of any findings.

You should mail the complaint to:

DC Board of Respiratory Care
717 14th Street, NW
Suite 600
Washington, DC 20005

You can also fax the complaint to the Board at (202) 727-8471.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
717 14th Street, NW
Suite 1000
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

PLEASE NOTE: You can print a complaint form from our website at www.hpla.doh.dc.gov

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.

BOARD ORDERS

June 6, 2008 - March 31, 2009

There have been no reportable Board Actions against Board of Respiratory Care Licensees during this period.

FREQUENTLY ASKED QUESTIONS

What if I fail to renew my license within the sixty (60) days after the expiration date?

The expired license shall be deemed to have lapsed on the date of expiration and the applicant shall be required to apply for reinstatement of the expired license and meet all requirements and fees for reinstatement.

When does my license expire?

All licenses expire on January 31st of each odd year regardless of the date of issuance.

Is there an examination that one must take in order to receive a license as a Respiratory Care Practitioner in the District of Columbia?

All applicants shall receive a passing score on the National Board Examination.

All licenses expire on January 31st of each odd year.

Need information, an application, or to verify a license?
Visit the Health Professional Licensing Administration 's webpage: www.hpla.doh.dc.gov

D.C. BOARD OF
RESPIRATORY CARE
717 14th Street, NW
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Government of the District of Columbia
Adrian M. Fenty, Mayor

Health Professional
Licensing Administration

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Fax (202) 727-8471

Webpage
www.hpla.doh.dc.gov

DC Government website
www.dc.gov

Current Members of The District of Columbia Board of Respiratory Care

Carolyn A. Williams, BS, RRT,
Chairperson

Timothy Mahoney, RRT,
Board Member

Jean D. Williams, RRT,
Board Member

Andrew Williams,
Consumer Member

Director, Department of Health
Pierre N.D. Vigilance, MD, MPH

Board Staff

Executive Director
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Phone: (202) 724-7332
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Health Licensing Specialist
Fatima Abby
Phone: (202) 724-8826
Email: fatima.abby@dc.gov

Assistant Attorney General
Carla M. Williams

Investigator
Rebecca Odrick

Newsletter Editor/Layout
Nancy Kofie

To use HPLA's website to verify a license, go to: www.hpla.doh.dc.gov