

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of  
Health**

**Health Professional Licensing Administration**



**MEDICAL PROGRAMS BRANCH  
ADVISORY COMMITTEE ON SURGICAL ASSISTANTS**

**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE  
TO PRACTICE AS A SURGICAL ASSISTANT  
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Surgical Assistant in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded.

All individuals who wish to practice as a Surgical Assistant in the District of Columbia have to meet the general requirements of these instructions.

Applicants must be certified as a Surgical Assistant by either the National Surgical Assistant Association or The American Board of Surgical Assistants. Efforts are underway to change the necessary legislation and regulations to enable licensure of Surgical Assistants who are certified by The National Board of Surgical Technology and Surgical Assistants.

The District of Columbia does not have a standing reciprocal agreement with any state or jurisdiction for Surgical Assistants.

**WHERE TO FILE**

All new license applications and documents should be sent to the following address:

Department of Health  
Health Professional Licensing Administration  
899 North Capitol Street, NE  
1st Floor  
Washington, DC 20002

Checks or money orders for application and license fees should be made payable to DC Treasurer. and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-888-204-6193 between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

**GENERAL REQUIREMENTS FOR ALL APPLICANTS**

- A. Applicant must not have been convicted of an offense, which bears directly on the applicant's fitness to be
- B. Applicant must be at least 18 years of age.
- C. Applicant shall submit the following:
  - 1. A complete and signed application form;

2. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
3. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.

4. \_\_\_\_\_ A certificate of current certification by an \_\_\_\_\_ accepted certifying organization.

D. Comply with all other applicable requirements set forth in these instructions.

E. Application Fees

All fees are earned when paid and cannot be transferred or refunded. Please make check or money order payable to DC Treasurer.

Application fee for license by examination..... **\$230.00**

**For information concerning the application process call (888)-204-6193  
For information concerning Advisory Committee Meetings call (202) 724-8800**

## **COMPLETING THE LICENSE APPLICATION**

### **Section 1. TYPE OF LICENSE**

a. Check the box next to the license description of which you are applying.

### **Section 2. APPLICANT NAME / DEMOGRAPHIC INFORMATION**

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age.

### **Section 3. SUPPORTING DOCUMENTS REQUIRED**

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Medicine. Keep a photocopy of all supporting documents for your records.

### **Section 4. PREVIOUS NAME CHANGE**

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

### **Sections 5A & B. HOME ADDRESS / BUSINESS ADDRESS**

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

### **Section 5C. PREFERRED MAILING ADDRESS**

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

### **Section 6A. PROFESSIONAL SCHOOLS ATTENDED**

List all colleges, universities and technical schools attended prior to and including your education as a surgical assistant. List schools that you have attended in reverse chronological order, beginning with the most recent at the top.

### **Section 6B. PROFESSIONAL TRAINING AND PRACTICE**

List all experience since medical/professional school graduation. Include letters from employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If **other** description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of two months or more please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

**Section 6C. LICENSES IN OTHER STATES / JURISDICTIONS**

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, past and/or present.

**Section 7. SCREENING QUESTIONS**

of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

**Section 8. LICENSEE AFFIDAVIT**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

**ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit HPLA's website at <http://www.hpla.doh.dc.gov> or call HPLA's Customer Service number at 1-888-204-6198. The forms that make up this package are:

- Surgical Assistant New License Instructions
- Surgical Assistant New License Application
- Chapter 80 Surgical Assistants
- Character Reference Forms (3)

**SUMMARY OF LICENSURE REQUIREMENTS**

The following chart shows the licensure submission requirements for all application methods. The law governing physician assistant licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing physician assistant are included in *DC Municipal Regulations Title 17, Chapters 49*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DC Medical Programs Branch/Surgical Assistants if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

License Type	Licensing Description	Signed Application for License	Two 2" x 2" Photos	Documentation of Post-graduate Training & Employment	Certificate of current certification by an accepted certifying organization.	Typed explanation of any "yes" answer to questions 7B through	Verification of surgical assistant licenses in other jurisdictions	Check or Money Order
SA	Surgical Assistant	X	X	X	X	X	X	\$230

**X = Required**  
**O = Not required**

Check or money order MUST be made payable to DC Treasurer.

