



D.C. Board of Respiratory Care

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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
899 North Capitol St NE
First Floor
Washington, DC 20002



Government of the District of Columbia
Vincent C. Gray, Mayor



January 2013

RENEWAL ISSUE

LETTER FROM THE CHAIR

Respiratory Care as a Profession

The profession of Respiratory Care allows us to demonstrate how dynamic we are. In October we celebrated the 30th National Respiratory Care Week. In 1982, executives and officers of the American Association of Respiratory Therapists from Children’s National Medical Center along with two children with respiratory disorders visited the White House. This historic event gave our profession the official recognition of National Respiratory Therapy Week by former President Ronald Reagan.



Carolyn A. Williams, BS, RRT, with out-going Consumer Board member Andrew Williams.

In our respective facilities this was the time to honor and thank Respiratory Care Practitioners for their contributions in the workplace, schools and community. During this week we were provided with educational opportunities, we performed lung screenings and other activities giving us recognition as Respiratory Care Practitioners.

In November, the 58th American Association for Respiratory Care (AARC) International Respiratory Congress convention and exhibition was held in New Orleans. This event begins with an awards ceremony which includes recognition of top performers who have excelled in the profession. The state of the art Exhibit Hall has all of the latest respiratory equipment and you can receive onsite an inservice from the vendors. The Congress is the opportunity to network, job search, interact with authors during book signings, volunteer for community lung screenings, watch the Annual Sputum Bowl or participate in the Roche 5K Race. The 2012 AARC Congress offered 24.86 CEUs. Pre-Congress Courses and Breakfast Symposiums are also available that offer additional Continuing Education Units (CEUs) for attendees.

This is your chosen profession and everyone should be very proud of what we do daily. If you are not involved, take the time to get involved and participate on the local and national level.

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
899 North Capitol
Street NE
Washington, DC
20002

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.

YOUR NEXT
LICENSURE RENEWAL
DEADLINE IS...
JANUARY 31, 2013

THINGS YOU NEED TO KNOW TO RENEW

- 1) All licensees will be required to undergo a state and federal Criminal Background Check (CBC). *If you were licensed after January 2011, and already underwent a CBC for DC licensure, you are exempt from this requirement.*
- 2) To access your renewal application beginning on November 1, 2012, go online at www.hpla.doh.dc.gov. **No CBCs will be done/accepted unless a renewal application has been completed and filed with our office.**
- 3) Answer **ALL** questions completely and truthfully to avoid delays in processing your application. If you are aware of an incident in your past that may result in a positive Criminal Background Check, you must provide the supporting documentation (including court documents) that explains the outcome of the case.
- 4) If you are currently not in compliance with the Board, your ability to renew may be denied until you satisfy the request of the Board.
- 5) The licensure renewal fee is \$169. In addition, Criminal Background Check fee is \$50 (*varies by state*).
- 6) Continuing Education Units (CEUs)—All licensees must have completed 16 hours of CE credits prior to renewal to be eligible for renewal. Continuing Education must include at least three (3) hours in ethics. No more than eight (8) CEUs may be accepted for independent home studies/distance learning CE activities. Random audits will be conducted following the renewal.
- 7) All licenses will expire on January 31, 2013. Please begin the renewal process early.

Any false statement on your renewal application will result in disciplinary action being taken against your license.

General Renewal Questions: **1 (877) 672-2174** / Website: www.hpla.doh.dc.gov

BOARD WELCOMES SENIOR HEALTH LICENSING SPECIALIST

The Respiratory Care Board welcomes Senior Health Licensing Specialist Eric Yeager, Esq. Mr. Yeager has almost 20 years of experience as an attorney and legal writer in intellectual property law, covering innovations in pharmaceuticals, biotechnology, medical devices, electronics, computers, telecommunications, energy, and an array of other technological areas. He has written extensively on developments related to patent prosecution, licensing, litigation, and legislation at the U.S. Congress, the U.S. Supreme Court, the U.S. Copyright Office, the U.S. Patent and Trademark Office, and the Court of Appeals for the Federal Circuit. In addition to studying legal and regulatory issues for the Department of Health, he will apply his skills for producing web-based video news interviews and information segments to create videos and other tools to enhance the user experience of visitors to the Board website.



Eric Yeager, Esq.

LICENSURE RENEWAL PROCESS

LICENSES EXPIRE ON JANUARY 31, 2013

RENEW YOUR LICENSE VIA THE INTERNET.

TO RENEW ONLINE YOU MUST USE INTERNET EXPLORER 6.0 OR HIGHER AND PAY BY MASTERCARD OR VISA. OUR SYSTEM IS NOT COMPATIBLE WITH GOOGLE CHROME OR SAFARI.

Before you log-on to our website, please have these items available:

- Your Social Security number
- Your Visa or MasterCard, in order to pay your renewal fee of \$169.00 online.

WHEN YOU ARE READY TO LOG-ON TO OUR WEB SITE:

- Enter www.hpla.doh.dc.gov into the address field of your web browser
 - Click on Online License Renewal
 - Type in your Social Security number and last name and click on "Search" tab
 - At the Registration page, you must create a User ID and Password
 - Type in your newly created User ID and Password and follow the step-by-step instructions to complete the renewal process.
- Please be sure to printout a copy of the "Confirmation Page" for your records.

AFTER YOU FINISH THE ON-LINE RENEWAL ON THE DOH WEB SITE, SEND US:

- If you do not currently have a photo on your license, you will need to send TWO (2) 2"x2" photos of yourself (identical passport-size photos; plain background, front-view, fade-proof), and write on the back of the photos your full name and license number or Social Security number.
- If you answer "yes" to the question in "Section 6", please mail the supporting document (s).
- Mail the items to:

HPLA - ATTN: Respiratory Care Renewal
899 North Capitol Street NE-First Floor
Washington, DC 20002
- After 24 hours, you may verify your completed renewal at: <http://app.hpla.doh.dc.gov/weblookup/>

NOTE: Please do not submit copies of CEs unless selected for the CE Audit.
CEs are NOT required for first-time renewals.

TO REQUEST A PAPER RENEWAL APPLICATION OR APPLY FOR PAID INACTIVE STATUS, PLEASE VISIT OUR WEBSITE AT HPLA.DOH.DC.GOV OR CALL 1-877-672-2174 BETWEEN THE HOURS OF 8:30 AM - 4:30 PM EST; MONDAY - FRIDAY.

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.

| | |
|--|---|
| PAID INACTIVE FEE: | \$169 (one-time fee) |
| TIME LIMITATION: | UNLIMITED |
| FEE TO REACTIVATE YOUR LICENSE: | \$ 34 |
| CONTINUING EDUCATION (CE): | Licenses on Paid Inactive status must continue to meet the continuing education requirements; CE must be presented to the Board when applying for licensure reactivation. |

Contact Customer Service at **1 (877) 672-2174**,
or Ms. Fatima Abby at: **(202) 724-8826** for further information.

CRIMINAL BACKGROUND CHECK (CBC) PROCESS

WHERE CAN I GET MY CRIMINAL BACKGROUND CHECK DONE?

Health professionals licensed in the District of Columbia can now receive live scan Criminal Background Check services with MorphoTrust USA (formerly called L-1 Enrollment). For more information on how to receive a live scan Criminal Background Check via MorphoTrust Services visit the MorphoTrust USA website or call 1-877-783-4187.

APPLICANTS COMPLETING CBC THROUGH MORPHOTRUST USA

Applicants choosing to use MorphoTrust USA for CBC will pay MorphoTrust directly for this service. Applicants have the following options to schedule fingerprinting appointments with MorphoTrust USA.

1. On-line Live-Scan Scheduling

- Available 24 hours a day, 7 days a week.
 1. Go to the MorphoTrust USA website, www.L1enrollment.com.
 2. Click on the map link to DC.
 3. Choose Online Scheduling and enter required information and select desired appointment.

2. Call Center Scheduling

- Available Monday - Friday, 9am – 5pm EST.
Call **(877) 783-4187** and speak to one of the operators.
 1. Operators will collect required information and schedule your appointment.
 2. Be sure to write down your appointment date, time and location provided by the operator.
 3. Out of State Applicants who reside out of the District of Columbia, or are physically unable to go to a location to be fingerprinted may use MorphoTrust USA's Card Scan Processing Program.

This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location. Applicants must go online to the MorphoTrust USA website or call 1-877-783-4187.

** A FBI Name Search request will be requested by MorphoTrust (formerly doing business as L-1 Enrollment) on behalf of DOH if an applicant has received two fingerprint rejections based on quality. Once MorphoTrust personnel receive notice that an applicant has received a second rejection, a name search request form will be submitted by approved MorphoTrust personnel directly to the FBI.

CAN I APPLY FOR A TEMPORARY LICENSE IN THE DISTRICT? The Board does not issue Temporary Licenses.

LIVE SCAN FINGERPRINTING



TWO CHECKS!

Your first check, made payable to "DC Treasurer", will cover the fee for your renewal. Your second, separate check will go towards the Criminal Background Check (CBC); that fee is \$50 for DC residents. **CBC fees vary by state.**

LICENSED AFTER JANUARY 2011

If you were licensed after January 2011, and already underwent a CBC for DC licensure, you are exempt from this requirement for this renewal.

PREVIOUS HPLA CBC

If you have completed a CBC for the purpose of licensure with DC Health Professional Licensing Administration (HPLA), you are not required to complete another CBC until 2016.

CBC FINGERPRINT VENDOR LOCATED AT DOH

You can get your CBC fingerprinting done at the MorphoTrust location on the first floor at the Health Professional Licensing Administration. We are located at 899 North Capitol Street, NE, Washington DC 20002 (across the street from Gonzaga High School).

SUBMIT RENEWAL APPLICATION BEFORE CBC

No CBCs will be done/accepted unless a renewal application has been completed and filed with our office.

TOUGHER SANCTIONS FOR THE NEXT CONTINUING EDUCATION AUDIT

By Carla M. Williams, Esq., Assistant Attorney General

The District of Columbia Board of Respiratory Care will be conducting its biennial continuing education audit following completion of the 2013 renewal period.

District of Columbia Municipal Regulation (DCMR), § 7606.5(a) requires an applicant for renewal of a respiratory therapist license to submit proof of having completed sixteen (16) hours of approved continuing education credit, **three (3) of which must be in ethics**, during the two-year period preceding the date the license expires, i.e. **February 1, 2011 to January 31, 2013**. Pursuant to 17 DCMR § 7607.7, an applicant may not receive credit for more than **eight (8) CEUs** in any renewal period for approved independent home studies and distance learning continuing education activities, such as internet courses.

Since there is a high possibility that you will be audited, please make sure that you have fully complied with all of your continuing education requirements.

The purpose of the random audit is to ensure compliance with the Board's continuing education requirements. The Board has a duty to protect the public and as part of this duty the Board requires all licensees to remain current in their knowledge of respiratory care practice by demonstrating completion of continuing education courses.

Late submission of the CE materials will be grounds for disciplinary action even if you have in fact completed the CE requirements.

Previous continuing education audits have found that many D.C. respiratory therapists have failed to comply with the continuing education requirements. Some therapists have even failed more than one audit. To increase compliance with the continuing education requirements, the Board will be imposing tougher sanctions on licensees who fail the 2013 audit. Please note that when the Board takes formal disciplinary action against a license, that action is a public record and is posted on the Department of Health's website, in the Board newsletter, reported to the National Practitioner Data Bank, to the Healthcare Integrity Protection Data bank, to neighboring jurisdictions, and to all area hospitals.

PLEASE MAKE SURE that you check, double-check, and check again **before** you renew your license to confirm that you have completed all 16 continuing education credits during the correct time period, and that you have at least 3 ethics credits and at least **8 credits completed in live, face-to-face courses**. **All** continuing education credits must be completed during the correct time period. You will not receive credit for any courses taken after the correct time period, **even if it is only one day late**.

- **Sixteen (16) hours of approved CE credit, three (3) of which must be in ethics.**
- **No more than eight (8) CEUs in independent home studies/distance learning CE activities such as internet courses.**

If you are selected in the audit, you will be notified by letter and provided instructions for submitting your materials. You must submit proof of completion of your continuing education requirements within thirty (30) days after receipt of the audit notice and Order to Respond. Beginning with the 2013 renewal, **late submission of the continuing education materials will be grounds for disciplinary action** even if you have in fact completed the continuing education requirements. It is strongly recommended that you submit the documentation in a manner to ensure that you **maintain a receipt** that the Board has received your documentation. You should also 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. **Further, anyone who failed the 2011 audit will automatically be required to submit proof of completion of the continuing education credits as set forth in their order.**

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.

Licensees should further note that in the past the Board has always audited a significant portion of its licensees. Since there is a **high possibility that you will be audited**, please make sure that you have fully complied with all of your continuing education requirements.

Please feel free to contact Fatima Abby, Health Licensing Specialist, for the DC Board of Respiratory Care at 202-724-8826 or by email at Fatima.Abbey@dc.gov with any questions regarding the audit.

CEUs ON THE HORIZON

By Tim Mahoney, RT, Respiratory Therapy Board Member

Why do we make such a big deal out of the need for Respiratory Therapists to get Continuing Education Units with each license renewal period? The Board of Respiratory Care has for years audited over fifty percent of license renewals to see if the therapists have obtained the necessary 16 CEUs over the two-year period of time.

Haven't you, as a credentialed Respiratory Therapist received sufficient information through your schooling and degree to carry out your duties? Well, if health care were a fixed science, with nothing changing, then that would be the case. But you know that there have been many advances in modern medical care and this will continue to happen. Shouldn't our understanding of new treatment options keep pace with new advances in medical care? As professional members of the health care team, we want to be actively involved in advocating the best treatment options for our patients.

Do not look at continuing education requirements as a burden upon your life. Look at these requirements as an opportunity to further expand your knowledge and assurance in the unfolding field of Respiratory Care.

What better way to be an asset to health care decisions than to be continuing to learn new features of the craft of Respiratory Care? "Keeping in the know," is also a very reassuring feeling to know what's best for patient care and provides better job satisfaction knowing that you are truly involved in providing optimum care.

So, as you gather your 16 CEUs in Respiratory Care for the upcoming license renewal, don't look at this as a burden upon your life. Instead, look on this as an opportunity to further expand your knowledge and assurance in the unfolding field of Respiratory Care.

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:

Ms. Alma White
Health Licensing Specialist
DC Board of Respiratory Care
899 North Capitol Street NE
Second Floor
Washington, DC 20002

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.

Please feel free to contact Ms. Alma White at **202-724-7325** or by email at **alma.white@dc.gov**.

HONESTY IS INDEED THE BEST POLICY

By Eric Yeager, Esq., Senior Health Licensing Specialist
District of Columbia Department of Health

Licensees and applicants should give serious consideration to the consequences of giving **incorrect, false, or misleading answers and omissions** when responding to the licensure application questions. Regarding the criminal background question, all DOH renewal applications will soon more clearly ask the following: "Have you ever been arrested, convicted or charged for a felony or misdemeanor including a DUI, OWI, or DWI (other than minor traffic violations for which a fine or ticket is the maximum penalty)?" For renewal applications, the applicable time period will be "Since your last renewal,..."

There have been many iterations of this question over the years, and prior versions have asked whether one has "ever" been "investigated,"

"Have you ever been arrested, convicted or charged for a felony or misdemeanor including a DUI, OWI, or DWI (other than minor traffic violations for which a fine or ticket is the maximum penalty)?"

"arrested," or "convicted" for "a crime or misdemeanor other than a minor traffic violation." Licensees and applicants who improperly answer "No" on this question often explain to the Licensing Boards that they were confused by the question, "forgot" the arrests/charges, "turned themselves in" to authorities, or thought the arrests/charges were expunged by courts. However, many of the Licensing Boards find these explanations unpersuasive

and impose monetary fines and other disciplinary actions on licensees/applicants who submit false or misleading information on their licensure applications.

Regardless of the arrests, convictions, or other adverse actions in one's past, an applicant or licensee will not improve his or her plight by adding new grounds for disciplinary action through the submission of a false or misleading statement to the Licensing Board. Please remember that, even if the initial matter would not have been an issue, such as a 10-year-old jaywalking charge, by failing to disclose the arrest on your application, you could face the possibility of disciplinary action just for submitting a false or misleading statement to the Board. Simply put, honesty is always the best policy.

THE DISTRICT OF COLUMBIA HAS THREE DIFFERENT TYPES OF "DRUNK DRIVING" VIOLATIONS:

1. **Driving While Intoxicated (DWI)** is the act of operating or being in physical control of a motor vehicle with a blood alcohol level of 0.08 or higher.
2. **Driving Under the Influence (DUI)** is the act of operating or being in physical control of a motor vehicle "under the influence of alcohol" and this can mean a blood alcohol level as low as 0.05 or if you show that you are impaired by alcohol to an "appreciable degree."
3. **Operating While Impaired (OWI)** is the act of operating or being in physical control of a motor vehicle while you are so affected by the consumption of alcohol that it impairs your ability to operate a motor vehicle in the same way a reasonably careful and prudent driver, not so impaired, would operate a vehicle in similar circumstances.

AN OVERVIEW OF THE FIELD OF PULMONARY DIAGNOSTICS

By Rosemary Grefe, RPFT, RRT, BS

The field of pulmonary diagnostics is a very interesting and diverse area of study that is part of the respiratory therapy community. I have been a member of this area of service, providing diagnostic evaluation of patient's lung function for over 20 years now and I still find it rewarding.

Pulmonary function testing has been in widespread use since the 1970's. With the application of computer technology & microprocessor devices, this service has been able to expand it's availability to patients and providers, as well as improve the speed of data collection and results. Insight into the underlying pathophysiology of a patient's lung problems can often be gained by assessing the function of the patient's lungs through testing. The measured values for pulmonary function tests obtained on a patient at any particular point are then compared with normative values derived from population studies. The percentage of predicted normal is used to grade the severity of the abnormality and how well the patient responds to treatment.

I have always thought the best part of this area of respiratory care is the opportunity it provides to blend patient interaction, while challenging the therapist with demands for technical expertise. The variety of tests and services that are provided in pulmonary diagnostic labs vary according to the population they serve. The services we provide in our facility include spirometry, bronchochallenge testing, diffusion capacity measurement, lung volume measurement, through plethysmography and nitrogen washout, exercise induced

bronchospasm testing, complex cardiopulmonary stress testing, asthma education, airway clearance evaluation and training, indirect calorimetry, hypoxic challenges, six minute walk tests, exhaled nitric oxide testing, drug administration, home ventilator evaluation, and clinical trials.

When I began my career in respiratory care, therapists were trained to work in the intensive care environment. The rotations through the pulmonary lab during my training were the most intriguing to me. I liked knowing what the abnormality was and how it manifested in the patient's respiratory status. At the time I entered the field, the pulmonary labs in our country were almost always found in the hospital. Respiratory therapy schools covered the basics of pulmonary diagnostic testing in their programs and the emblem for the field reflected respiratory care and pulmonary technology.

The Clinical Laboratory Improvement Amendments (CLIA) were introduced into hospitals in the 1980's and, while radiology and medical lab science were included in their regulatory oversight, pulmonary labs were not. Not long after that many of the hospitals began cutting the service as pulmonologists opened their own labs and

took the work with them. The lack of regulatory guidelines addressing standards, quality, training, and staffing has allowed this area of service to be neglected. Many respiratory schools no longer provide formal courses in this area but there has been no other approach offered to address this gap.

The American Thoracic Society (ATS) has begun to address this trend by encouraging medical directors of labs to attend day long training sessions at their annual conference, encouraging registering pulmonary labs with ATS, and setting new standards for training and education requirements; however, this is all done voluntarily. In Europe, Canada, Australia, and Japan, this trend is reversed. The Europeans created the European Respiratory Society (ERS) in 1990 to represent all of the medical professionals from different areas that cared for patients with pulmonary conditions. This society has brought the training and scientific components of respiratory medicine together into one organization that represents doctors, nurses, scientists, physiotherapists, and all allied respiratory professionals. The ATS and the ERS has been producing combined statements of guidelines for pulmonary testing for almost 10 years.

In the US, one area where this collaborative approach has been successful is in the field of asthma care and management. The Expert Panel recommends that spirometry measurements should be undertaken for patients in whom the diagnosis of asthma is being considered, including children over 5 years of age. Objective assessments of pulmonary function are necessary for the diagnosis of asthma because medical history and physical examination are not reliable means of excluding other diagnoses or of characterizing the status of lung impairment. Furthermore, pulmonary function measures often do not correlate directly with symptoms. One study reports that one-third of the children who had moderate-to-severe asthma were reclassified to a more severe asthma category when pulmonary function reports of FEV1* were considered in addition to symptom frequency (Stout et al. 2006). For diagnostic purposes, spirometry is generally recommended over measurements by a peak flow meter in the clinician's office because there is wide variability even in the published predicted peak expiratory flow (PEF) reference values. Peak flow meters are designed as monitoring, not as diagnostic, tools in the office.

The need for both bedside and diagnostic respiratory care has brought these two arms of our field back together. Hopefully this will raise the awareness of the need for the diagnostic work in the field of respiratory care to be nurtured and supported by the profession it is a part of.

The need for both bedside and diagnostic respiratory care has brought these two arms of our field back together.

*FEV1 is the maximal amount of air you can forcefully exhale in one second.

BOARD THANKS OUTGOING BOARD MEMBER



Board Members thank Consumer Member Andrew Williams for his many years of dedication to the Board.



SERVICE LEARNING PROJECT



Ahmed Mahamed, RRT, speaks to the Board about his participation in a Service Learning Project in Merida, Mexico, with the University of the District of Columbia Respiratory Therapy Department and other universities.

TRINITY UNIVERSITY STUDENTS ATTEND BOARD MEETING



BOARD ORDERS

Updated 12-26-2012

PUBLIC ORDERS

2012 Orders

Fined

Page-Bowman, Melanie* (04/27/2012)
 McCall, Maxayne M. (8/29/2012)
 Goodwin, Eric B. (11/04/2012)

Suspended and Fined

Adu-Amoako, Michael (02/01/2012)
 Medy, Frederique (06/29/2012)
 Hill, Wesley (07/09/2012)
 Abraham, Thambi J. (07/09/2012)
 Miller, Lillie C. (8/20/2012)
 Mosley, Nina M. (8/22/2012)
 Farmer, Che-Nita (09/04/2012)
 Chappelle, Octavia N. (09/04/2012)
 Fajuyigbe, Oluwafemi A (09/05/2012)
 Weatherall, Priscilla L. (09/07/2012)
 Cooper, Marian D. (9/11/2012)
 Sellers, Nathaniel (09/28/2012)
 Covington, Beverly B. (11/16/2012)

Suspension Lifted

Adu-Amoako, Michael (03/22/2012)
 Chappelle, Octavia N. (09/19/2012)
 Farmer, Che-Nita (09/27/2012)
 Fajuyigbe, Oluwafemi A. (10/10/2012)
 Miller, Lillie (11/07/2012)
 Covington, Beverly B. (12/11/2012)
 Cooper, Marian (12/26/12)

Revoked

Couch, Daphne (3/21/2012)
 Holley, David (09/04/2012)

2011 Orders

Suspension Lifted

McGraw, James F.(05/10/2011)
 Yiare, Simon A. (05/11/2011)
 Dwayne, Tasin (07/28/2011)

Summarily Suspended

Couch, Daphne (02/04/2011)

PUBLIC VS. NON-PUBLIC BOARD DISCIPLINE

Public Discipline:

Disciplinary actions that are reported to the National Practitioner's Data Bank and viewed online at <http://app.hpla.doh.dc.gov/weblookup/>.

Administrative:

Disciplinary actions that constitute an agreement between the Board and the licensee and, if complied, are not made public.

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
899 North Capitol Street NE
First Floor
Washington, DC 20002

You can also fax the complaint to the Board at (202) 724-8677.

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

Supervisory Investigator
899 North Capitol Street NE
First Floor
Washington, DC 20002

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.

Need information, an application, or to verify a license?

Visit the Health Professional Licensing Administration's webpage: www.hpla.doh.dc.gov

HELP US TO STAY IN TOUCH WITH YOU!

Please send an email informing the Board of your
email address at:

FATIMA.ABBY@DC.GOV

The Board of Respiratory Care will be distributing the Board newsletter electronically.

LICENSEES: YOUR CURRENT LICENSE WILL EXPIRE ON JANUARY 31, 2013.

MD/DC SRC ANNUAL GOLF FUNDRAISER



The Maryland/District of Columbia Society for Respiratory Care (MD/DC SRC) held their first annual golf tournament on July 16, 2012 at the Timbers of Troy Golf club in Elkridge Maryland. The event raised money to help support Camp Superkids, which is an asthma camp run annual through Johns Hopkins Bayview Medical Center. Camp Superkids is an overnight camp for children with asthma. During the week the kids participate in arts and crafts, nature hikes, karate, swimming, sport activities. They also participate in asthma education sessions.

The big winner of the tournament was Camp Superkids, as the MD/DC SRC was able to donate \$1000 to help support the camp. The golfers on the course were also winners as they enjoyed a beautiful day, a great golf course, and good food. The golf

course was scenic and challenging and our winners were able to stay focused and shoot for the pin on every hole. The winners of the tournament were the MD/DC SRC President, Ed Garcia, Christopher Navin and Jason Gentilcore. Our second place team was from University of Maryland Medical Center and included Matt Davis, Chris Kircher, Ben Mellies, and Don Davis. The majority of the golfers were Respiratory Therapist and they represented many of the hospital in Maryland and the District of Columbia. The MD/DCSRC would like to grow the tournament next year and increase our donation to Camp Superkids.

**The DC Board of Respiratory Care meets the 2nd Monday of every month,
9:00 am – 1:00 pm at 899 North Capitol Street NE, Washington, DC 20002.**

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.



Government of the District of Columbia
Vincent C. Gray, Mayor



Health Professional
Licensing Administration

Address
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