



District of Columbia

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DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMINISTRATION

TRAINED MEDICATION EMPLOYEE (TME) 2015 RENEWAL APPLICATION

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special information specific to your license. If you have any questions, call HRLA's Customer Service line Monday through Friday, 8:30 AM to 4:30PM EST at 1-877-672-2174.

A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Please provide the information requested below. **If updated, check box provided at right. If you are changing your name, you must provide legal documentation for the name change. Acceptable documentation for individuals includes a copy of a marriage certificate, divorce decree, or court order.**

PLEASE PRINT

Name change due to: ☐ Marriage ☐ Divorce ☐ Court Order

Full Name: _____

Certificate Number: _____

Mailing Address: _____

*SSN: _____

City/State/Zip Code: _____

Birth date: _____

You are required by law to notify the Board of any address change within 30 days of the change.

Phone: _____

Business Phone: _____

E-mail: _____

Business E-mail: _____

*Pursuant to D.C. Official Code Section 3-1205.5(b) (2001) (Health Occupations Revision Act), **applicants are required to provide a Social Security Number (SSN)** on applications for a professional license.

SECTION 2. REQUIREMENTS FOR RECERTIFICATION

DURING THE 24 MONTH PERIOD PRIOR TO RECERTIFICATION TMEs MUST HAVE:

completed twelve (12) hours of in-service training or (12) hours of continuing education in medication or pharmacology. Only contact hours obtained in the two (2) years immediately preceding the renewal date will be accepted. **DO NOT** send documentation unless selected for an audit by the Board of Nursing. Any documents mailed to the Board will not be returned.

IF YOU COMPLETED A CBC FOR THE PURPOSE OF CERTIFICATION THAT YIELDED FBI AND STATE RESULTS, YOU ARE NOT REQUIRED TO REPEAT THE CBC.

SECTION 3. RENEWAL FEES

Please check the appropriate box(es)

FEE

**Make check or money order payable to
DC TREASURER** and Mail to:

- A. ☐ TME Renewal
- B. ☐ TME Inactive Status
- C. ☐ Late fee (if received after due date)
- D. ☐ Reactivate (Inactive License)
- E. ☐ Duplicate Certifications

\$59.00
\$59.00
*\$85.00
\$ 34.00
\$ 34.00

DC Board of Nursing
P.O. Box 37802
Washington, DC 20013
Website: www.doh.dc.gov

* *Renewal applications submitted after October 30th but prior to December 30th will be required to pay a **\$20.00 late fee**.

PLEASE NOTE: If you are unable to renew your license by December 30th, you will be required to apply for reinstatement of your certification. You may reinstate your TME certification in the District within five (5) years of the expiration date of your certification. Once the five (5) year reinstatement period has ended, you must meet the Board's requirement for initial certification.

SECTION 4. Questions – Applicants **MUST answer all** of the following questions.

Answer questions A through I by placing an “X” in the appropriate boxes. If you answer “Yes” to questions A through G below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this form.

A. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this “yes” or “no” question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER “YES” TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

YES ☐ NO ☐

The information presented above is in compliance with the requirement to submit with your application for certification or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

B. Since your last renewal, have you been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C. Since your last renewal: (1) Have you withdrawn an application for licensure/certification/registration to practice your profession in any jurisdiction? (2) Has any authority or peer review board taken adverse action against your certification status? (3) Have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Do you have a physical or mental condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E. Since your last renewal, have you been diagnosed or treated for substance abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F. Since your last renewal, have you been involved in a malpractice suit? If yes, provide date of incident, allegation, and disposition of case.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
G. Since your last renewal, have you ever been terminated or asked to resign from employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
H. Will you have completed your In-service/Continuing Education as indicated in section 2, no later than October 30, 2015?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 5. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

APPLICANT'S SIGNATURE

APPLICANT'S NAME (Please print)

DATE

Note:

Keep a copy of this renewal form and your payment for your records.