



GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION AND LICENSING ADMINISTRATION

Instructions on How to Apply for New/Renewal or Replacement ID CARDS

(CFPM, SPO, MM, MT)

- All Candidates must **obtain** an application form:
 - o In person Forms are available in the Processing Center in the lobby of the DOH building at 899 North Capitol Street, NE; open Monday through Friday (except holidays) from 8:30 a.m. to 4:30 p.m. **OR**
 - o By email Forms may be requested by sending an email to id.cards@dc.gov.
- ❖ All Candidates must **complete** the application process:
 - In person Present completed application, supporting documents, and payment to a DOH representative in the Processing Center in the lobby of the DOH building at 899 North Capitol Street, NE; open Monday through Friday (except holidays) from 8:30 a.m. to 4:30 p.m. OR
 - o By USPS mail Completed application and supporting documents should be mailed **with** payment to the address below.

Payments

- If submitting a check (personal, business or certified) <u>or</u> money order, make it payable to <u>DC Treasurer</u>.
 Money orders or checks cannot be older than 30 days.
- o If a candidate is paying by credit/debit card, cardholder must do so, in person, in the Processing Center at the time of payment.

APPLICANTS SHOULD EXPECT TO RECEIVE ID CARDS BY EMAIL WITHIN FOURTEEN (14) BUSINESS DAYS AFTER SUBMITTING A COMPLETE APPLICATION WITH ALL REQUIRED DOCUMENTS

ID Cards - Certified Food Protection Manager (CFPM)

(DCMR Title 25-A §§200.1, 203.1 203.3, and 3700)

1. All Food businesses (stationary and mobile) must have at least one (1) employee certified in food safety present at all times.

Businesses selling only pre-packaged, non-hazardous foods are exempt from this requirement

- 2. These designated employees must pass a nationally-recognized food safety examination to obtain an official DOH-issued Certified Food Protection Manager (CFPM) ID card.
- 3. The ID card must be posted within the food business where customers can view it.
- 4. ID Cards are valid for three (3) years from the date of the exam, after which the employee must complete and pass another nationally-recognized food safety examination.
- To have CFPM ID Card emailed, an applicant must have submitted and/or presented:
 - a. A completed application form
 - b. The copy national certificate along with test score from passing a national exam
 - c. Payment in correct amount and in acceptable form
- Payment: New/Renewal = \$35; Replacement = \$15.

ID Cards - Swimming Pool and Spa Operator (SPO)

(DCMR Title 22 -Chapter 64, §§6402.3, 6445.2, 6406.1; §6405.7, §6403.1 and §§6446.2 and 6406.3)

- 1. All licensed swimming pools must have an employee(s) certified in pool safety operations and that employee must be present during all hours that facility is open to the public.
- 2. This designated employee(s) must complete a course and successfully pass nationally recognized examination that is accepted by the Department of Health, and must obtain an official Swimming Pool Operator (SPO) ID card.
- 3. The ID card number must be included in the "Posted Rules" as determined in the regulations.
- 4. ID cards are valid for three (3) years from the date of the exam, and the card can be renewed up to six (6) months after expiration. If card has expired more than six (6) months, the applicant must complete and pass another nationally-recognized certified pool operator examination to renew.
- To have SPO ID Card emailed, an applicant must have submitted and/or presented:
 - a. A completed application form
 - b. The copy certificate from passing a national exam
 - c. Payment in correct amount and in acceptable form
- ❖ Payment: New/Renewal = \$10

ID Cards - Massage Manager (MM) / Massage Therapist (MT)

(DCMR Title 25-D §§200.2, 201.1 and 1200.3; §§200.3, 201.2, 1200.5 and 1200.4)

- 1. All Massage Establishments must have:
 - a. At least one (1) employee identified as a Massage Manager, and that employee must be present during all hours of operation.
 - b. All licensed therapists MUST be issued a DOH-ID card and operate/practice only on premises.
- 2. The employee(s) designated as Manager must submit a letter from employer on company letterhead or stationery naming applicant as manager to obtain DOH-Issued Massage Manager (MM) ID card including days, hours and location.
- 3. The therapist(s) employed must submit/present a current, valid professional license to obtain DOH-Issued Massage Therapist (MT) ID card.
- 4. The ID card(s) must be posted within the establishment where clients can view it.
- 5. For Managers, the ID cards are valid for one [1] year from the date of the letter and renewed annually
- 6. For Therapists, the ID cards are valid for the current period of the professional license; however it must be *renewed annually*.
- ❖ To have MM or MT ID card emailed an applicant must have submitted and/or presented:
 - a. A completed application form
 - b. Supporting documents that include either
 - i. The original letter from employer for MM ID card OR
 - ii. The copy or original professional license for MT ID card
- Payment: New/Renewal = \$35

If you wish to mail completed application, supporting documents and payment, please send to:

DOH – Food Safety (ID Cards) P.O. Box 37489 Washington DC 20013

If you have any questions or require additional information, please submit your written inquiries to id.cards@dc.gov.

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711.

For additional information, visit the Office of the Inspector General's website at oig.dc.gov





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Application for ID Cards

Print Clearly Using Capital Letters. Please refer to instruction sheet for additional information (use "NONE" or "n/a" if not applicable) □New ☐ Renewal ☐ Replacement (must select **one**) ☐ SPO (\$10) Check Type of Application:

CFPM (\$35/\$15) ☐ MM (\$35) ☐ MT (\$35) (must select **one**) Middle Initial Click here to enter First Name Click here to enter text ast Name llick here to enter Last Name Home/Mailing Address Floor/Location/Apartment #: llick here to enter street address Click here to enter NONE or info City State Zip Code DCClick here to enter city Click here to enter ${
m ZIP}$ **Email Address** Work/Daytime Phone **Cell/Evening Phone** Click here to add email (if applicable) Vendor DOH Sticker # **Establishment Name** Click here to enter Trade Name lick here to enter Number Establishment Address, including City, State and zipcode Click here to enter Establishment complete address **Establishment Phone** Establishment Contact/Supervisor (###) ### #### Click here to enter text. Test Score/*Cert#/Lic. #: Click here to enter text. Issue/Exam Date: MM/DD/YY Test Org/ype: *only ServSafe applicants can submit certificate number in lieu of score Credit/Debit Card can ONLY be used in the Processing Center □ Check **or** □ Money Order **or** □ Credit/Debit Card CK/MO/CC#: ck or money order # only Payment Amount: REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov I understand that, anyone who makes a false statement on this application can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405. By signing or entering my name on this form, I attest that all statements are true and accurate. Date: Signature: FOR OFFICE USE ONLY Issue Date: ____/___ Rec'd/Proc'd by: Email Date: