



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**  
**BOARD OF MEDICINE**

**New Licensee Customer Satisfaction Evaluation Form**

Name: \_\_\_\_\_ (Optional)

\* **Physician Licensure Approval Process** – Refers to questions 4, 5 and 6.

**Phase 1:** Application submission and receipt of supporting documents; **Phase 2:** Health licensing specialist analysis; **Phase 3:** Board approval.

PLEASE RATE THE QUESTIONS BELOW USING THE SCALE.						
	Excellent	Very Good	Good	Fair	Poor	N/A
1) The application and instructions were clear and easy to understand.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2) The information requested on the application was done in a logical manner.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3) The checklist was a beneficial tool in assisting me through the application process.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
*4) During Phase 1, my questions/concerns were addressed to my satisfaction.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
*5) During Phase 2, my questions/concerns were addressed to my satisfaction.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
*6) What would you consider a reasonable time frame for approving of your license once all your supporting documentation is received? (Phase 1)	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	2 weeks	4 weeks	6 weeks	8 weeks	Greater than 8 weeks	
7) If an online universal application were available I would use it.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
8) How would you describe the timeliness of the current licensure process?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
9) If you have a license to practice medicine in another state, how did the DC licensure process compare with your previous experience?	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
10) I would rate my overall experience with the DC licensing process as.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

If you have additional comments or suggestions for improving this program, please enter them below: \_\_\_\_\_