

DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

NEW LICENSE APPLICATION

SECTION 4. PREVIOUS NAMES

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.

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

SECTION 5A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.

APARTMENT SUITE FLOOR PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS

SECTION 5B. BUSINESS ADDRESS

Please note: This information will be made available to the public.

Even if you have a PO Box, a street address should also be provided, if applicable.

COMPANY NAME (Please Note that your business address will appear on the DOH web site.)

APARTMENT SUITE FLOOR PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER E-MAIL ADDRESS

SECTION 5C. PREFERRED MAILING ADDRESS

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

HOME BUSINESS

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SECTION 7. QUESTIONS - Applicants MUST answer all of the following questions.

Please answer all of the following questions by questions by placing an "X" in the appropriate boxes. If you answer "YES" to question A through J below, you must provide full infor-

<p>A. <u>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.</u> Please read the information below carefully before responding to this "YES" no "NO" question, as any false information provide 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 Section 476-2864 (2001).</p> <p>IF YOU ANSWERED "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBIT. 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 RENEWAL APPLICATION BE DENIED.</p> <p>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:</p> <p>1. Fine, 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. Fine, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1994); 4 Past due taxes; 5 Past due District of Columbia Water and Sewer Authority service fees; 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</p> <p>The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>B. Have you ever been convicted or investigated of a crime or misdemeanor (other than traffic violations) not previously report?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>C. Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "YES" be sure to complete section 6C of the form.)</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>D. Have you ever been party to a malpractice action or had malpractice action brought against you?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>E. Have you ever voluntarily surrendered a license after formal changes have been filed against you or while under investigation?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>F. Have you been termination from or resigned from a clinical or professional training program?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>G. Do you have a physical or medical condition that currently impairs your ability to practice your profession?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>H. Has the use of drugs and/or alcohol and resulted an impairment of your ability to practice your professional?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>I. (1) Have you withdrawn an application (in DC or any other state/jurisdiction) to you Professional? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you 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 charges (s) or investigation not previously reported to this Board?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>J. Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>

SECTION 8. LICENSE APPLICATION ATTESTATION AND SIGNATURE

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.

LICENSEE SIGNATURE

NAME (Please Print)

DATE