

**Government of the District of Columbia
Department of Health
Health Regulation & Licensing Administration**

**Physician Registration and Attestation to Access
Electronic Death with Dignity Notification**

Complete this form electronically. Once this form is submitted, the Department will verify that your DC Medical License is active and in good standing. You will receive an email with instructions on how to access the electronic death with dignity portal. Please allow 1-3 business days to verify your license. For additional information, please visit the DC Death with Dignity website at <http://doh.dc.gov/dwd>. All fields are required.

Physician Information

First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Specialty/area of clinical practice	<input type="text"/>
DC Medical License #	<input type="text"/>
Verify DC Medical License Number	<input type="text"/>
DOB	<input type="text"/>
SSN Last 4 Digits	<input type="text"/>

Business Address

Street	<input type="text"/>
Apt/Suite	<input type="text"/>
City	<input type="text"/>
State	DC <input type="text"/>
Zip	<input type="text"/>
Phone	
Email	
Verify Email	

Signature

By typing my name and the date below, I verify that I am the person identified above and that all

information provided is true to the best of my knowledge. I am acknowledging that I am aware of [District of Columbia Death with Dignity Act of 2016\(D.C. Law 21-182\)](#) and reviewed the training module.

Name

Date

D.C. Act 21-577§ 12. Immunities, liabilities, and exceptions.

- (a) Except as provided in section 11, no person shall be subject to civil or criminal liability or professional disciplinary action for:
- (1) Participating in good faith compliance with this act;
 - (2) Refusing to participate in providing a covered medication under this act; or
 - (3) Being present when a qualified patient takes a covered medication.
- (b) Nothing in this act shall be interpreted to lower the applicable standard of care for the attending physician, consulting physician, psychiatrist, psychologist, or other health care

Submit