

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health

Health Professional Licensing Administration



# **D.C. Board of Physical Therapy**

## **Candidate Handbook**

**for the**

## **Jurisprudence Examination**

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## I. Security Information

Passing the District of Columbia Jurisprudence Examination is required in order to receive your license to practice as a physical therapist. The D.C. Board of Physical Therapy (the "Board") requires ALL applicants for licensure to pass the Jurisprudence Examination in order to demonstrate minimal understanding of the statutes and regulations that govern the practice of physical therapy in the District of Columbia. Requiring a passing score on the Jurisprudence Examination is one assurance that anyone granted a license to practice physical therapy in D.C. possesses the necessary knowledge to treat patients with skill and safety.

Understandably, you will want to take advantage of all available resources when preparing for this important examination. While a student, you may have considered fellow students to be good resources for learning about questions that were on examinations. However, according to §6704.9 of the District of Columbia Municipal Regulations (DCMR) **it is illegal and unethical to recall (memorize) and share questions that are on the examination or to solicit questions that are on the Jurisprudence Examination from other applicants who have taken the exam.**

### **What Do You Mean by "It's Illegal to Recall Questions"?**

Each candidate who sits for the Jurisprudence Exam must accept the Security Agreement. The Security Agreement states that the exam and items contained therein are owned by the D.C. Board of Physical Therapy and the Federation of State Boards of Physical Therapy and protected by Federal Copyright Law.

It also informs applicants that no part of the examination may be copied or reproduced in part or whole by any means whatsoever, including memorization.

Recalling questions from the examination and sharing them with anyone else violates both the Federal Copyright Law and the FSBPT Security Agreement that applicants must accept before taking the District of Columbia Jurisprudence Examination.

### **ITEMS FROM THE EXAM ARE NOT TO BE RECALLED FOR ANY PURPOSE.**

#### **Why is it Unethical to Ask Someone Else for Recalled Questions?**

Soliciting recalled questions from applicants who have previously taken the examination is unethical for several reasons. The primary reason is obvious; you are expected to pass the test based on your own merit without assistance. The members of the public who will entrust you with their well-being expect that you are a trustworthy and competent individual.

You are encouraging applicants to commit illegal acts if you are soliciting questions from previous test takers who have accepted the FSBPT Security Agreement.

### **ITEMS FROM THE EXAM ARE NOT TO BE SOLICITED FOR ANY PURPOSE.**

#### **What Happens If I Do Share or Solicit Recalled Questions?**

- The Federation of State Boards of Physical Therapy will continue to actively prosecute individuals who violate the Security Agreement.
- The Federation will also report any incidents of applicants requesting questions or sharing questions to the D.C. Board of Physical Therapy.
- Applicants who are prosecuted by the Federation or who are reported to the D.C. Board of Physical Therapy for soliciting or sharing questions will severely damage their chances of being licensed pursuant to §6704.10 of the DCMR.

**Protect Your Reputation and Your Career!**

## II. The Examination

### **Special Accommodations**

You must submit appropriate documentation of your request for special accommodations to the D.C. Board of Physical Therapy at the time that you submit your application for licensure. Only those applicants who have been granted approval from the Board will receive special accommodations during testing. For further information about how to request special accommodations, contact the Board liaison at (202) 724-8745, or e-mail at [maulid.miskell@dc.gov](mailto:maulid.miskell@dc.gov).

### **Examination Fee, Method of Payment and Registration**

Applicants must apply and be approved before they can take the Jurisprudence Examination. In order to avoid delays, applicants should register with the Federation of State Boards of Physical Therapy (FSBPT) for the Jurisprudence Examination at the time of application by Examination or by Endorsement to the D.C. Board of Physical Therapy.

**The fee for the Jurisprudence Exam is \$75.** This fee is in addition to the application fee submitted to the D.C. Board of Physical Therapy, and any other fee charged by FSBPT for the National Physical Therapy Examination (for applicants by Examination) or for the Examination score transfer (for applicants by Endorsement). Payment is as follows:

- \$50 Jurisprudence Examination fee payable on-line to the FSBPT. Visit their web site at <http://www.fsbpt.org> regarding registering for the exam and other information. You may pay the Federation of State Boards of Physical Therapy (FSBPT) either by Visa or MasterCard or you may mail your payment to FSBPT. FSBPT accepts cashier's checks, certified checks, and money orders (no personal checks).
- \$25 Prometric testing fee payable to the Prometric Testing Center at the time of scheduling. Visit their web site at <http://www.prometric.com> for more information on scheduling the exam and other information. Payment for the Prometric Testing Center fee may be made by credit card (Visa or MasterCard) or by direct debit to a checking account. It is not possible to pay at the testing center.

### **Scheduling the Jurisprudence Examination**

1. You will be required to register on-line with the FSBPT for the Jurisprudence Examination at <http://www.fsbpt.org> (use the Quick Link to "Exam Registration"). It is recommended that you register with the FSBPT first, before you submit your application for licensure to the D.C. Board of Physical Therapy. Once you have successfully registered with them, please then submit a printout of your confirmation with your application package for licensure.
2. Once the Board has approved you to sit for the Jurisprudence Examination, they will then approve your eligibility by notifying the FSBPT.
3. FSBPT will send you an "Authorization to Test" (ATT) letter containing instructions on how to schedule an appointment with Prometric Testing Center.
4. Questions regarding registration processing may be directed to [examregistration@fsbpt.org](mailto:examregistration@fsbpt.org).
5. Schedule an appointment for the examination with Prometric by calling the telephone number listed in your ATT letter or you may schedule on-line at <http://www.prometric.com>. You will be required to give the name of the examination, when and where you would like to test, your name, social security number or alternate identification number, daytime telephone number and method of payment: credit card or direct debit.
6. Sit for the examination at your chosen Prometric Testing site. You must sit for the examination within your 60-day eligibility period as indicated on the ATT letter provided

by FSBPT. If you do not sit for the examination, or withdraw your registration, within these 60 days, you will be removed from the eligibility list and will be required to begin the registration process again.

## **Content Overview**

The Jurisprudence Examination consists of fifty (50) multiple-choice questions, 40 of which are scored and 10 that are pre-test questions that are not scored. Applicants are given one hour (60 minutes) to complete the computer-based test.

Applicants are **NOT** allowed to bring any reference materials, including the Health Occupations Revisions Act of 1985 Amendment Act of 1994 (HORA), the District of Columbia Municipal Regulations (DCMR) and the APTA Code of Ethics, into the examination room. The

Jurisprudence Examination will cover:

- District of Columbia Official Code Title 3, Chapter 12 (HORA) §3-1201.01 et seq.
- Title 17, District of Columbia Municipal Regulations (DCMR), Chapter 67.
- APTA Code of Ethics.

These materials are attached as Appendix A, B, and C, respectively.

The District of Columbia Jurisprudence Examination Content Areas outline is attached as Appendix D.

### **SAMPLE QUESTIONS:**

\_\_\_\_\_1.

Supervision of a physical therapist assistant in an outpatient setting where the supervisor is also working requires:

- A. supervision by the physical therapist once every seven days.
- B. on-site supervision by the physical therapist.
- C. communication accessibility by the physical therapist when the therapist is away from the building.
- D. direct supervision by the referring physician.

\_\_\_\_\_2.

According to the Health Occupations Revisions Act, disciplinary action may be initiated against a physical therapist for:

- A. failure to report loss of a job due to professional incompetence.
- B. administering topical medications for use in physical therapy.
- C. failure to wear a name tag.
- D. treatment with a referral from a dentist.

\_\_\_\_\_3.

Which of the following may a physical therapist delegate to a physical therapist assistant?

- A. Initial evaluation of a patient
- B. Re-evaluation of a patient
- C. Interpretation of the initial evaluation
- D. Reporting of the patient's progress

Correct Answers: (1.) B; (2.) A; (3.) D

### **Pre-test Items**

The examination will contain 10 “pre-test” questions. The purpose of including pre-test questions on the examination is to expand and improve the bank of questions from which future examinations will be drawn. This is a common practice used by many national and state examination programs and is a critical step in ensuring the continued reliability and validity of an examination. Pre-test questions are **NOT** identified so that they will not be skipped by the candidate thereby rendering the results invalid. The development of a valid examination requires accurate candidate response information for the pre-test questions.

## **III. Scoring Information and Notification**

### **Passing Grade and Results**

After the administration of the examination, your examination will be scored by the FSBPT. The results will then be transmitted to the D.C. Board of Physical Therapy. The Board office will notify you of your results in writing, no later than 1 week after receiving your score report. A scaled score of 600 is required in order to pass the examination.

### **Re-Examination Information**

An applicant who fails to achieve the required passing score on the Jurisprudence Examination shall be required to be re-examined by completing the scheduling of the examination process, as previously outlined on page 4, and submitting the same fees.

### **Test-Taking Advice**

The advice offered here is presented primarily to help you demonstrate your knowledge and maximize your chances of passing the examination.

- Read all instructions carefully.
- Before selecting the correct answer, read all options carefully.
- You should answer all questions; do not omit an answer for any test question.
- For best results, pace yourself by periodically checking your progress and the time. This will allow you to make any necessary adjustments. Remember, the more questions you answer, the better your chances of achieving a passing score, so you should select an answer for every question.
- Alert the examination supervisor of any problems that may occur during the examination. Do not wait until the examination is over to inform someone of a problem.
- Be sure to select an answer for each question, even the questions about which you are not completely sure. You can skip the questions you wish to reconsider and return to them later.

## **IV. Admission to the Examination**

### **Supplies and What to Bring**

You must arrive 30 minutes prior to your scheduled appointment with two forms of acceptable identification. Acceptable identification is:

- 1) A currently valid, military or government-issued photo ID (passport, driver's license, etc.) with pre-printed name and signature.
- 2) A currently valid, pre-printed identification with your name and your signature such as a credit card or check cashing card.

You will have to be checked in before taking the examination (i.e., sign in and present the appropriate identification). Once at the Prometric testing center, you will be thumb-printed and photographed at the center. All testing sessions are videotaped. On both forms of ID your signature must match your pre-printed name. Your first and last name on both forms of ID must exactly match the first and last name on your ATT letter issued by FSBPT. A Social Security card is not an acceptable form of identification.

### **What Not to Bring**

Unauthorized supplies, including those not listed below, will be subject to removal by the examination supervisor at the examination site. The following items are **NOT** allowed in an examination room:

1. Purses, briefcases, portfolios, fanny packs or backpacks;
2. Cameras, tape recorders, calculators or computers;
3. Cellular phones, pagers, electronic transmitting devices or telephones;
4. Any bound or loose-leaf reference materials, notes, or books;
5. Dictionary, thesaurus, or other spelling aids;
6. Canisters of mace, pepper spray or other personal defense items;
7. Coats or jackets;
8. Food or beverages.

Watches with alarms must be disabled during the examination administration.

### **Appropriate Attire**

Please dress comfortably but appropriately for the examination. The examination room is usually climate controlled. However, it is not always possible to maintain a temperature suitable to each candidate. It is suggested that you dress in layers that can be removed if you become uncomfortable. For security reasons, Prometric does not allow bulky jackets to be worn.

## **V. Administrative Policies**

### **Rules For The Examination**

1. No examination materials, documents, or memoranda of any kind are to be taken from an examination room.

2. Computer knowledge is not required to take a computerized examination. Before the examination begins, a simple introductory lesson (tutorial) is presented that explains the process of selecting answers and moving from question to question. The time you spend on the tutorial does not count against the time allotted for the examination. You may select your answers using either the keyboard or the mouse. You are strongly encouraged to take the tutorial prior to taking the examination.

3. You should alert Prometric staff immediately to disruptions occurring within the testing room or computer malfunctions while taking the examination.

4. You are permitted to sign out and leave the room for a break. However, the time remaining on your examination will continue to elapse. This means any time you spend on a break is time that you are electing not to spend on the examination.
5. Do not bring food or drink into an examination room.

### **Change Of Address**

If you have a change of address, you must submit it in writing to the D.C. Board of Physical Therapy within 30 days from the change. You may submit that information using any of the Board office contact information listed below.

### **Who to Contact for Questions**

#### **D.C. Board of Physical Therapy**

717 14<sup>th</sup> Street, NW, Suite 600  
Washington, DC 20005  
Phone (202) 724-8745 \* Fax (202) 727-8471  
maulid.miskell@dc.gov

#### **Registration On-line Information**

Federation of State Boards of Physical Therapy  
509 Wythe Street  
Alexandria, VA 22314  
Exam Services: (703) 739-9420  
Exam registration email address: [examregistration@fsbpt.org](mailto:examregistration@fsbpt.org)  
<http://www.fsbpt.org>

#### **Prometric Testing Centers**

Registration: 1-800-796-9857  
Special Accommodations, 1-800-967-1139  
[www.prometric.com](http://www.prometric.com) (to schedule your exam appointment or locate a test center)



Appendix A

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**HEALTH OCCUPATIONS  
REVISION ACT OF 1985  
AMENDMENT ACT OF 1994**

District of Columbia Official Code  
Title 3, Chapter 12  
Sections 3-1201.01—3-1213.13,  
3-1251.01—3.1251.16

Revised and Printed, September 2002



**Government of the District of Columbia  
Anthony A. Williams, Mayor**

**DEPARTMENT OF HEALTH  
HEALTH PROFESSIONAL  
LICENSING ADMINISTRATION**

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## Chapter 12

### Health Occupations Boards.

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## Unit A. General.

### Subchapter I. Definitions; Scope.

#### § 3-1201.01. General definitions.

For the purposes of this chapter, the term:

- (1) “Board” means the Board of Chiropractic, the Board of Dentistry, the Board of Dietetics and Nutrition, the Board of Medicine, the Board of Nursing, the Board of Nursing Home Administration, the Board of Occupational Therapy, the Board of Optometry, the Board of Pharmacy, the Board of Physical Therapy, the Board of Podiatry, the Board of Professional Counseling, the Board of Psychology, the Board of Respiratory Care, or the Board of Social Work, established by this chapter, as the context requires.
- (2) “Collaboration” means the process in which health professionals jointly contribute to the health care of patients with each collaborator performing actions he or she is licensed or otherwise authorized to perform pursuant to this chapter.
  - (A)—(C) **Repealed**
- (3) “Corporation Counsel” means the Corporation Counsel of the District of Columbia.
- (4) “Council” means the Council of the District of Columbia.
- (5) “Day” means calendar day unless otherwise specified in this chapter.
- (6) “District” means the District of Columbia.
- (7) “Health occupation” means a practice that is regulated under the authority of this chapter.
- (8) “Health professional” means a person licensed under this chapter or permitted by this chapter to practice a health occupation in the District.
- (9) “Impaired health professional” means a health professional who is unable to perform his or her professional responsibilities reliably due to a mental or physical disorder, excessive use of alcohol, or habitual use of any narcotic or controlled substance or any other drug in excess of therapeutic amounts or without valid medical indication.
- (10) “Mayor” means the Mayor of the District of Columbia.



(11) “Person” means an individual, corporation, trustee, receiver, guardian, representative, firm, partnership, society, school, or other entity.

**(12) Repealed.**

(13) “State” means any of the several states, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

(14) “Superior Court” means the superior court of the District of Columbia.

(Mar. 25, 1986, D.C. Law 6-99, § 101, 33 DCR 729; July 22, 1992, D.C. Law 9-126, § 2(a), 39 DCR 3824; Mar. 14, 1995, D.C. Law 10-203, § 2(a), 41 DCR 7707; Mar. 21, 1995, D.C. Law 10-231, § 2(a), 42 DCR 15; Mar. 23, 1995, D.C. Law 10-247, § 2(a), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

Law 6-99, the “District of Columbia Health Occupations Revision Act of 1985,” was introduced in Council and assigned Bill No. 6-317, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on December 17, 1985, and January 14, 1986, respectively. Signed by the Mayor on January 28, 1986, it was assigned Act No. 6-127 and transmitted to both Houses of Congress for its review.

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

Law 10-203, the “Respiratory Care Practice Amendment Act of 1994,” was introduced in Council and assigned Bill No. 10-85, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on October 4, 1994, and November 1, 1994, and December 6, 1994, respectively. Signed by the Mayor on November 22, 1994, it was assigned Act No. 10-341 and transmitted to both Houses of Congress for its review. D.C. Law 10-203 became effective on March 14, 1995.

Law 10-231, the “Chiropractic Licensing Amendment Act of 1994,” was introduced in Council and assigned Bill No. 10-142, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on November 1, 1994, and December 6, 1994, respectively. Signed by the Mayor on December 27, 1994, it was assigned Act No. 10-373 and transmitted to both Houses of Congress for its review. D.C. Law 10-231 became effective on March 21, 1995.

Law 10-247, the “Health Occupations Revisions Act of 1985 Amendment Act of 1994,” was introduced in Council and assigned Bill No. 10-598, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on November 1, 1994, and December 6, 1994, respectively. On December 28, 1994, Bill 10-598 was vetoed by the Mayor. The Council overrode the Mayor’s veto on January 17, 1995. Bill

No. 10-598 was reenacted and assigned Act No. 10-394 and transmitted to both Houses of Congress for its review. D.C. Law 10-247 became effective on March 23, 1995.

**§ 3-1201.02. Definitions of health occupations.**

For the purposes of this chapter, the term:

- (1) “Practice of acupuncture” means the insertion of needles, with or without accompanying electrical or thermal stimulation, at a certain point or points on or near the surface of the human body to relieve pain, normalize physiological functions, and treat ailments or conditions of the body. The practice of acupuncture by a nonphysician acupuncturist shall be carried out in general collaboration with a licensed physician or osteopath.
- (2) “Practice of advanced registered nursing” means the performance of advanced-level nursing actions by an advanced practice registered nurse certified pursuant to this chapter which, by virtue of post-basic specialized education, training, and experience, are proper to be performed. The advanced practice registered nurse may perform actions of nursing diagnosis and nursing treatment of alterations of the health status. The advanced practice registered nurse may also perform actions of medical diagnosis and treatment, prescription, and other functions which are identified in subchapter VI of this chapter and carried out in accordance with the procedures required by this chapter.
- (3)(A) “Practice of Chiropractic” means the detecting and correcting of subluxations that cause vertebral, neuromuscular, or skeletal disorder, by adjustment of the spine or manipulation of bodily articulations for the restoration and maintenance of health; the use of x-rays, physical examination, and examination by noninvasive instrumentation for the detection of subluxations; and the referral of a patient for diagnostic x-rays, tests, and clinical laboratory procedures in order to determine a regimen of chiropractic care or to form a basis or referral of patients to other licensed health care professionals. “Practice of Chiropractic” does not include the use of drugs, surgery, or injections, but may include, upon certification by the Board, counseling about hygienic and other noninvasive ancillary procedures authorized by rules issued pursuant to this chapter.
- (B) Nothing in this paragraph shall be construed as preventing or restricting the services or activities of any individual engaged in the lawful practice of cosmetology or massage, provided that the individual does not represent by title or description of services that he or she is a chiropractor.
- (4)(A) “Practice of dental hygiene” means the performance of any of the following activities in accordance with the provisions of subparagraph (B) of this paragraph:
  - (i) A preliminary dental examination; a complete prophylaxis, including the removal of any deposit, accretion, or stain from the surface of a tooth or a restoration; or the polishing of a tooth or a restoration;

- (ii) The charting of cavities during preliminary examination, prophylaxis, or polishing;
  - (iii) The application of a medical agent to a tooth for a prophylactic purpose;
  - (iv) The taking of a dental X-ray;
  - (v) The instruction of individuals or groups of individuals in oral health care; and
  - (vi) Any other functions included in the curricula of approved educational programs in dental hygiene.
- (B) A dental hygienist may perform the activities listed in subparagraph (A) of this paragraph only under the general supervision of a licensed dentist, in his or her office or any public school or institution rendering dental services. The Mayor may issue rules identifying specific functions authorized by subparagraph (A)(vi) of this paragraph and may require higher levels of supervision for the performance of these functions by a dental hygienist. The license of a dentist who permits a dental hygienist, operating under his or her supervision, to perform any operation other than that permitted under this paragraph, may be suspended or revoked, and the license of a dental hygienist violating this paragraph may also be suspended or revoked, in accordance with the provisions of this chapter.
- (C) For the purpose of subparagraph (B) of this paragraph, the term “general supervision” means the performance by a dental hygienist of procedures permitted by subparagraph (A) of this paragraph based on instructions given by a licensed dentist, but not requiring the physical presence of the dentist during the performance of these procedures.
- (5) “Practice of dentistry” means:
- (A) The diagnosis, treatment, operation, or prescription for any disease, disorder, pain, deformity, injury, deficiency, defect, or other physical condition of the human teeth, gums, alveolar process, jaws, maxilla, mandible, or adjacent tissues or structures of the oral cavity, including the removal of stains, accretions, or deposits from the human teeth;
  - (B) The extraction of a human tooth or teeth;
  - (C) The performance of any phase of any operation relative or incident to the replacement or restoration of all or a part of a human tooth or teeth with an artificial substance, material, or device;
  - (D) The correction of the malposition or malformation of the human teeth;

- (E) The administration of an appropriate anesthetic agent, by a dentist properly trained in the administration of the anesthetic agent, in the treatment of dental or oral diseases or physical conditions, or in preparation for or incident to any operation within the oral cavity;
  - (F) The taking or making of an impression of the human teeth, gums, or jaws;
  - (G) The making, building, construction, furnishing, processing, reproduction, repair, adjustment, supply or placement in the human mouth of any prosthetic denture, bridge, appliance, corrective device, or other structure designed or constructed as a substitute for a natural human tooth or teeth or as an aid in the treatment of the malposition or malformation of a tooth or teeth;
  - (H) The use of an X-ray machine or device for dental treatment or diagnostic purposes, or the giving of interpretations or readings of dental X-rays; or
  - (I) The performance of any of the clinical practices included in the curricula of accredited dental schools or colleges or qualifying residency or graduate programs.
- (6)(A) “Practice of dietetics and nutrition” means the application of scientific principles and food management techniques to assess the dietary or nutritional needs of individuals and groups, make recommendations for short-term and long-term dietary or nutritional practices which foster good health, provide diet or nutrition counseling, and develop and manage nutritionally sound dietary plans and nutrition care systems consistent with the available resources of the patient or client.
- (B) Nothing in this paragraph shall be construed as preventing or restricting the practices, services, or activities of dietetic technicians and dietetic assistants working under the supervision of a licensed dietitian or nutritionist, other health professionals licensed pursuant to this chapter, or other persons who in the course of their responsibilities offer dietary or nutrition information or deal with nutritional policies or practices on an occasional basis incidental to their primary duties, provided that they do not represent by title or description of services that they are dietitians or nutritionists.
- (6A)(A) “Practice of massage therapy” means the performance of therapeutic maneuvers in which the practitioner applies massage techniques, including use of the hand or limb to apply touch and pressure to the human body through tapping, stroking, kneading, compression, friction, stretching, vibrating, holding, positioning, or causing movement of an individual’s body to positively affect the health and well-being of the individual.
- (B) A licensed massage therapist shall not diagnose disease or injury; prescribe medicines, drugs, or other treatments of disease; or perform adjustments of the articulations of the osseous structure of the body or spine.

- (C) A licensed massage therapist may perform cross-gender massage.
- (D) Massage therapy includes the use of adjunctive therapies, which are defined as including the application of heat, cold, water, and mild abrasives. For the purposes of this paragraph, the term “adjunctive therapies” does not include galvanic stimulation, ultra sound, doppler vascularizers, diathermy, transcutaneous electrical nerve stimulation, or traction.
- (7) “Practice of medicine” means the application of scientific principles to prevent, diagnose, and treat physical and mental diseases, disorders, and conditions and to safeguard the life and health of any woman and infant through pregnancy and parturition.
- (8)(A) “practice of nursing home administration” means the administration, management, direction, or the general administrative responsibility for an institution or part of an institution that is licensed as a nursing home.
- (B) Within the meaning of this paragraph, the term “nursing home” means a 24-hour inpatient facility, or distinct part thereof, primarily engaged in providing professional nursing services, health-related services, and other supportive services needed by the patient or resident.
- (9)(A) “Practice of occupational therapy” means the evaluation and treatment of individuals whose ability to manage normal daily functions is threatened or impaired by developmental deficits, the aging process, poverty and cultural differences, physical injury or illness, or psychological and social disability, utilizing task-oriented activities to prevent or correct physical or emotional disabilities and enhance developmental and functional skills. Specific therapeutic and diagnostic techniques used in occupational therapy include:
- (i) Self-care and other activities of daily living;
  - (ii) Developmental, perceptual-motor, and sensory integrative activities;
  - (iii) Training in basic work habits;
  - (iv) Prevocational evaluation and treatment;
  - (v) Fabrication and application of splints;
  - (vi) Selection and use of adaptive equipment, and exercise and other modalities to enhance functional performance; and
  - (vii) Performing and interpreting manual muscle and range of motion tests.

- (B) An individual licensed as an occupational therapy assistant pursuant to this chapter may assist in the practice of occupational therapy under the supervision of or in consultation with a licensed occupational therapist.
  - (C) Nothing in this paragraph shall be construed as preventing or restricting the practices, services, or activities of an occupational therapy aide who works only under the direct supervision of an occupational therapist, and whose activities do not require advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy.
- (10)(A) “Practice of optometry” means the application of the scientific principles of optometry in the examination of the human eye, its adnexa, appendages, or visual system with or without the use of diagnostic pharmaceutical agents to prevent, diagnose, or treat defects or abnormal conditions; the prescription or use of lenses, prisms, orthoptics, vision training or therapy, low vision rehabilitation, therapeutic pharmaceutical agents, or prosthetic devices; or the application of any method, other than invasive surgery, necessary to prevent, diagnose, or treat any defects or abnormal conditions of the human eye, its adnexa, appendages, or visual system.
- (B) The Mayor shall issue rules identifying which, and under what circumstances, diagnostic and therapeutic pharmaceutical agents may be used by optometrists pursuant to this paragraph.
  - (C) An individual licensed to practice optometry pursuant to this chapter may use diagnostic and therapeutic agents only if certified to do so by the Board of Optometry in accordance with the provisions of § 3-1202.07.
  - (D) Nothing in this paragraph shall be construed to authorize an individual licensed to practice optometry to use surgical lasers; to perform any surgery including cataract surgery or cryosurgery; or to perform radial keratotomy. For the purpose of this subparagraph, the term “surgery” shall not include punctual plugs, superficial foreign body removal, epilation, or dialation and irrigation.
  - (E) Nothing in this paragraph shall be construed to authorize an individual licensed to practice optometry to administer or prescribe any oral systemic drug except for antibiotics, appropriate analgesics, antihistamines, non-steroidal anti-inflammatories, or medication for the emergency treatment of angle closure glaucoma; to administer or prescribe any injectable systemic drug except for an injection to counter an anaphylactic reaction; or to administer or prescribe any drug for any purpose other than that authorized by this paragraph. For the purposes of this subparagraph, the term “antibiotics” shall not include antiviral or antifungal agents.

- (F) Prior to initiating treatment for glaucoma, an optometrist shall consult with the patient's physician or other appropriate physician. The treatment of angle closure glaucoma by an optometrist shall be limited to the initiation of immediate emergency treatment.
  - (G) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of a licensed physician or as prohibiting an optician from providing eyeglasses or lenses on the prescription of a licensed physician or optometrist or a dealer from selling eyeglasses or lenses; provided, that the optician or dealer does not represent by title or description of services that he or she is an optometrist.
- (11)(A) "Practice of pharmacy" means the interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs and devices, and the maintenance of proper records therefor; the responsibility of advising, where regulated or otherwise necessary, of therapeutic values and content, hazards, and use of drugs and devices; and the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy.
- (B) Within the meaning of this paragraph, the term:
- (i) "Pharmacy" means any establishment or institution, or any part thereof, where the practice of pharmacy is conducted; drugs are compounded or dispensed, offered for sale, given away, or displayed for sale at retail; or prescriptions are compounded or dispensed.
  - (ii) "Prescription" means any order for a drug, medicinal chemical, or combination or mixtures thereof, or for a medically prescribed medical device, in writing, dated and signed by an authorized health professional, or given orally to a pharmacist by an authorized health professional or the person's authorized agent and immediately reduced to writing by the pharmacist or pharmacy intern, specifying the address of the person for whom the drug or device is ordered and directions for use to be placed on the label.
- (12) "Practice of physical therapy" means the independent evaluation of human disability, injury, or disease by means of noninvasive tests of neuromuscular functions and other standard procedures of physical therapy, and the treatment of human disability, injury, or disease by therapeutic procedures, rendered on the prescription of or referral by a licensed physician, osteopath, dentist, or podiatrist, or by a licensed registered nurse certified to practice as an advanced registered nurse as authorized pursuant to subchapter VI of this chapter, embracing the specific scientific application of physical measures to secure the functional rehabilitation of the human body. These measures include the use of therapeutic exercise, therapeutic massage, heat or cold, air, light, water, electricity, or sound for the purpose of correcting or alleviating any physical or mental disability, or preventing the development of any physical or

mental disability, or the performance of noninvasive tests of neuromuscular functions as an aid to the detection or treatment of any human condition.

- (13) “Practice by physician assistants” means the performance, in collaboration with a licensed physician or osteopath, of acts of medial diagnosis and treatment, prescription, preventive health care, and other functions which are authorized by the Board of Medicine pursuant to § 3-1202.03.
- (14) “Practice of podiatry” means the diagnosis, treatment, or prevention of any ailment of the human foot by medical, surgical, or mechanical means, but does not include:
- (A) The amputation of the foot;
  - (B) The administration of an anesthetic agent other than a local one; or
  - (C) The general medical treatment of any systemic disease causing manifestations in the foot.
- (15) “Practice of practical nursing” means the performance of actions of preventive health care, health maintenance, and the care of persons who are ill, injured, or experiencing alterations in health processes, requiring a knowledge of and skill in nursing procedures gained through successful completion of an approved educational program in practical nursing.
- (15A)(A) “Practice of professional counseling” means engaging in counseling activities, for compensation, by a person who represents by title or description of services that he or she is a “professional counselor” or “licensed professional counselor”.
- (B) For the purposes of this paragraph, the term “professional counselor” or “licensed professional counselor” means a person trained in counseling and guidance services, with an emphasis on individual and group guidance and counseling designed to assist individuals in achieving effective personal, social, educational, and career development objectives and adjustment.
  - (C) Nothing in subparagraph (B) of this paragraph shall be construed as preventing or restricting the practices, services, or activities of:
    - (i) A professional counselor employed by and working in accordance with the rules of the District of Columbia Board of Education (“Board of Education”);
    - (ii) Any person employed as a professional counselor by an academic institution or research laboratory if the service offered by the person is within the scope of his or her employment, is related to the person’s education, research, and training, and is provided to the employing organization or is offered to another academic institution or research laboratory; or



- (iii) A professional counselor employed by, or in a position funded by, the District or a private nonprofit organization sponsored or funded by a community-based organization.
  - (D) Any person who is employed in accordance with subparagraph (C) of this paragraph and who is also engaged in private practice shall be required to obtain a license.
- (16)(A) “Practice of psychology” means the application of established scientific methods and principles, including the principles of psychophysiology, learning, perception, motivation, emotions, organizational and social behaviors for the purpose of understanding, assessing, treating, explaining, predicting, preventing, or influencing behavior; the application of psychological methods and procedures for interviewing, counseling, psychotherapy, including behavior therapy, behavior modification, behavior medicine, or hypnotherapy; or the application of psychological methods or procedures for constructing, administering, or interpreting tests of intelligence, mental abilities and disorders, neuropsychological functioning, aptitudes, interests, attitudes, personality characteristics, emotions, or motivations.
- (B) Nothing in this paragraph shall be construed as preventing or restricting the practice, services, or activities of:
- (i) An individual bearing the title of psychologist in the employ of any academic institution or research laboratory, if the services are offered within the scope of employment and are provided only within the confines of the organization or are offered to like organizations, and if the services do not include psychotherapy; or
  - (ii) A school psychologist employed by and working in accordance with the regulations of the District of Columbia Board of Education.
- (17) “Practice of registered nursing” means the performance of acts requiring substantial specialized knowledge, judgment, and skill based upon the principles of the biological, physical, behavioral, and social sciences in:
- (A) The observation, assessment, and recording of physiological and behavioral signs and symptoms of health, disease, and injury, including the performance of examinations and testing and their evaluation for the purpose of differentiating normal from abnormal;
  - (B) The provision of direct and indirect registered nursing services of a therapeutic, preventive, and restorative nature in response to an assessment of the patient’s requirements;

- (C) The performance of services, counseling, and education for the safety, comfort, personal hygiene, and protection of patients, the prevention of disease and injury, and the promotion of health in individuals, families, and communities;
  - (D) The administration of nursing services within a health care facility, including the delegation and supervision of direct nursing functions and the evaluation of the performance of these functions;
  - (E) The education and training of persons in the direct nursing care of patients; or
  - (F) The pursuit of nursing research to improve methods of practice.
- (17A) “Practice or respiratory care” means the performance in collaboration with a licensed physician, of actions responsible for the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system, including, but not limited to:
- (A) Therapeutic and diagnostic use of medical gases, humidity, and aerosols, including the maintenance of associated apparatus;
  - (B) Administration of medications to the cardiorespiratory system; provision of ventilatory assistance, ventilatory control, including high frequency ventilation; postural drainage, chest physiotherapy, breathing exercises, and other respiratory rehabilitation procedures;
  - (C) Cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways and the transcription and implementation of a physician’s written or verbal orders pertaining to the practice of respiratory care;
  - (D) Testing techniques utilized in respiratory care to assist in diagnosis, monitoring, treatment, and research; and
  - (E) Measurement of ventilatory volumes, pressures and flows, specimen collection of blood and other materials, pulmonary function testing pH and blood gas analysis, hemodynamic and other related physiological monitoring of the cardiopulmonary system.
- (18)(A) “Practice of social work” means rendering or offering to render professional services to individuals, families, or groups of individuals that involve the diagnosis and treatment of psychosocial problems according to social work theory and methods. Depending upon the level at which an individual social worker is licensed under this chapter, the professional services may include, but shall not be limited to, the formulation of psychosocial evaluation and assessment, counseling, psychotherapy,

referral, advocacy, mediation, consultation, research, administration, education, and community organization.

(B) Nothing in this paragraph shall be construed to authorize any person licensed as a social worker under this chapter to engage in the practice of medicine.

(Mar. 25, 1986, D.C. Law 6-99, § 102, 33 DCR 729; July 22, 1992, D.C. Law 9-126, § 2(b), 39 DCR 3824; Mar. 14, 1995, D.C. Law 10-203, § 2(b), 41 DCR 7707; Mar. 14, 1995, D.C. Law 10-205, § 2(a), 41 DCR 7712; Mar 21, 1995, D.C. Law 10-231, § 2(b), 42 DCR 15; Mar. 23, 1995, D.C. Law 10-247, § 2(b), 42 DCR 457; Apr. 18, 1996, D.C. Law 11-110, § 7(a), 43 DCR 530; July 24, 1998, D.C. Law 12-139, § 2(a), 45 DCR 2975.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

For legislative history of D.C. Law 10-203, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-205, see Historical and Statutory Notes following § 3-1207.31.

For legislative history of D.C. Law 10-231, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

Law 11-110, the “Technical Amendments Act of 1996,” was introduced in Council and assigned Bill No. 11-485, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on December 5, 1995, and January 4, 1996, respectively. Signed by the Mayor on January 26, 1996, it was assigned Act No. 11-199 and transmitted to both Houses of Congress for its review. D.C. Law 11-110 became effective on April 18, 1996.

Law 12-139, the “Definition of Optometry Amendment Act of 1998,” was introduced in Council and assigned Bill No. 12-152, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on March 17, 1998, and April 7, 1998, respectively. Signed by the Mayor on April 22, 1998, it was assigned Act No. 12-341 and transmitted to both Houses of Congress for its review. D.C. Law 12-139 became effective on July 24, 1998.

**§ 3-1201.03. Scope of chapter.**

- (a) This chapter does not limit the right of an individual to practice a health occupation that he or she is otherwise authorized to practice under this chapter, nor does it limit the right of an individual to practice any other profession that he or she is authorized to practice under the laws of the District.
- (b) The practices of health occupations regulated by this chapter are not intended to be mutually exclusive.
- (c) This chapter shall not be construed to prohibit the practice of a health occupation by an individual enrolled in a recognized school or college as a candidate for a degree or certificate in a health occupation, or enrolled in a recognized postgraduate training program provided that the practice is:
  - (1) Performed as a part of the individual's course of instruction;
  - (2) Under the supervision of a health professional who is either licensed to practice in the District or qualified as a teacher of the practice of the health occupation by the board charged with the regulation of the health occupation;
  - (3) Performed at a hospital, nursing home, or health facility operated by the District or federal government, a health education center, or other health-care facility considered appropriate by the school or college; and
  - (4) Performed in accordance with procedures established by the board charged with the regulation of the health occupation.
- (d) Nothing in this chapter shall be construed to require licensure for or to otherwise regulate, restrict, or prohibit individuals from engaging in the practices, services, or activities set forth in the paragraphs of this subsection if the individuals do not hold themselves out, by title, description of services, or otherwise, to be practicing any of the health occupations regulated by this chapter. Nothing in this subsection shall be construed as exempting any of the following categories from other applicable laws and regulations of the District or federal government:
  - (1) Any minister, priest, rabbi, officer, or agent of any religious body or any practitioner of any religious belief engaging in prayer or any other religious practice or nursing practiced solely in accordance with the religious tenets of any church for the purpose of fostering the physical, mental, or spiritual well-being of any person;
  - (2) Any person engaged in the care of a friend or member of the family, including the domestic administration of family remedies, or the care of the sick by domestic servants, housekeepers, companions, or household aids of any type, whether employed regularly or because of an emergency or illness, or other volunteers;

- (3) Any individual engaged in the lawful practice of audiology, speech, pathology, X-ray technology, laboratory technology, or respiratory therapy;
  - (4) An orthoist or prosthetist engaged in fitting, making, or applying splints or other orthotic or prosthetic devices;
  - (5) Any individual engaged in the practice of cosmetology, the practice of nontherapeutic massage, or the operation of a health club;
  - (6) Any individual engaged in the commercial sale or fitting of shoes or foot appliances; or
  - (7) Marriage and family therapists, marriage counselors, art therapists, drama therapists, attorneys, or other professionals working within the standards and ethics of their respective professions.
- (e) This chapter shall not be construed to prohibit the practice of a health occupation by an individual who has filed an initial application for licensure in the health occupation and is awaiting action on that initial application, provided the practice is performed:
- (1) Under the supervision of a health professional licensed in the District;
  - (2) At a hospital, nursing home, health facility operated by the District or federal government, or other health care facility considered appropriate by the Board; and
  - (3) In accordance with any other requirements established by the Mayor.

(Mar. 25, 1986, D.C. Law 6-99, § 103, 33 DCR 729; July 22, 1992, D.C. Law 9-126, § 2(c), 39 DCR 3824; Mar. 23, 1995, D.C. Law 10-247, § 2(c), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1201.04. Persons licensed under prior law.**

- (a) Except as expressly provided to the contrary in this chapter, any person licensed, registered, or certified by any agency of the District established or continued by any statute amended, repealed, or superseded by this act is considered for all purposes to be licensed, registered, or certified by the appropriate health occupations board established under this chapter for the duration of the term for which the license, registration, or certification was issued, and may renew that authorization in accordance with the appropriate renewal provisions of this chapter.
- (b) Except as provided to the contrary in this chapter, an individual who was originally licensed, registered, or certified under a provision of law that has been deleted by this act continues to meet the education and experience requirements as if that provision had not been deleted.
- (c) Each employee of the Commission on Mental Health Services who was employed at St. Elizabeth's Hospital prior to October 1, 1987, and who accepted employment with the District government on October 1, 1987, without a break in service, shall, within 27 months of appointment by the District government, meet all licensure requirements. If the employee does not meet all licensure requirements, the employee shall be issued a limited license subject to the provisions, limitations, conditions, or restrictions that shall be determined by the appropriate board or commission. The limited license shall not exceed the term of employment with the Commission on Mental Health Services.

(Mar. 25, 1986, D.C. Law 6-99, § 104, 33 DCR 729; Oct. 18, 1989, D.C. Law 8-40, § 3, 36 DCR 5756.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

Law 8-40, the "Commission on Mental Health Services Employees Retention Amendment Act of 1989," was introduced in Council and assigned Bill No. 8-104, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on June 27, 1989 and July 11, 1989, respectively. Signed by the Mayor on July 27, 1989, it was assigned Act No. 8-69 and transmitted to both Houses of Congress for its review.

#### **References in Text**

"This Act," referred to near the middle of subsections (a) and (b) is D.C. Law 6-99.

#### **Subchapter II. Establishment of Health Occupation Boards and Advisory Committees; Membership; Terms.**

#### **§ 3-1202.01. Board of Dentistry.**

- (a) There is established a Board of Dentistry consisting of 7 members appointed by the Mayor with the advice and consent of the Council.
- (b) The Board shall regulate the practice of dentistry and dental hygiene.
- (c) Of the members of the Board, 5 shall be dentists licensed in the District, 1 shall be a dental hygienist licensed in the District, and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 2 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 3 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.
- (f) The Board shall provide advice to the Mayor concerning limitations, which the Mayor may impose by rule, on the number of dental hygienists who may be supervised by 1 dentist, provided that the limit may not be reduced below the ratio of 2 dental hygienists to 1 dentist, and provided that this limitation shall not apply to dentists or dental hygienists who are employees of, or operating pursuant to a contract with, the District or federal government.

(Mar. 25, 1986, D.C. Law 6-99, § 201, 33 DCR 729; Oct. 7, 1987, D.C. Law 7-31, § 3(a), 34 DCR 3789.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

Law 7-31, the “Boards and Commissions Amendment Act of 1987,” was introduced in Council and assigned Bill No. 7-139, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on April 14, 1987 and May 5, 1987, respectively. Signed by the Mayor on June 1, 1987, it was assigned Act No. 7-26 and transmitted to both Houses of Congress for its review.

#### **§ 3-1202.02. Board of Dietetics and Nutrition.**

- (a) There is established a Board of Dietetics and Nutrition to consist of 3 members appointed by the Mayor.
- (b) The Board shall regulate the practice of dietetics and nutrition.

- (c) Of the members of the Board, 1 shall be a licensed dietitian, 1 shall be a licensed nutritionist who is not a dietitian, and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 1 shall be appointed for a term of 2 years, and 1 shall be appointed for a term of 3 years.

(Mar. 25, 1986, D.C. Law 6-99, § 202, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-12102.03. Board of Medicine; Advisory Committees on Acupuncture and Physician Assistants.**

- (a)(1) There is established a Board of Medicine to consist of 11 members appointed by the Mayor with the advice and consent of the Council.
- (2) The Board shall regulate the practice of medicine, the practice of acupuncture with the advice of the Advisory Committee on Acupuncture, and the practice by physician assistants with the advice of the Advisory Committee on Physician Assistants.
- (3) Of the members of the Board, 7 shall be physicians licensed to practice in the District, 3 shall be consumer members, and 1 shall be the Commissioner of Public Health.
- (4) In selecting nominees to the Board, the Mayor shall consult with appropriate officials of professional medical societies and schools of medicine located in the District, and shall submit nominees whose professional training and experience provide a representative sample of the medical specialties practiced in the District.
- (5) Except as provided in paragraph (6) of this subsection, members of the Board shall be appointed for terms of 3 years. This paragraph shall not apply to the Commissioner of Public Health who shall serve for the duration of his or her term as Commissioner.
- (6) Of the members initially appointed under this section, 3 shall be appointed for a term of 1 year, 3 shall be appointed for a term of 2 years, and 4 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that



a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

- (7) The Mayor shall appoint an executive director who shall be a full-time employee of the District to administer and implement the orders of the Board in accordance with this chapter and rules and regulations issued pursuant to this chapter.
  - (8) The Board shall provide recommendations to the mayor for his consideration in developing and issuing rules authorizing:
    - (A) The practice of acupuncture in accordance with guidelines approved by the Advisory Committee on Acupuncture; and
    - (B) **Repealed.**
    - (C) The practice by physician assistants in accordance with guidelines approved by the Advisory Committee on Physician Assistants.
- (a-1)(1) The Board shall waive the educational and examination requirements for any applicant for licensure as a physician assistant who can demonstrate, to the satisfaction of the Board, that he or she has performed the function of a physician assistant, as defined in this chapter and rules issued pursuant to this chapter, on a full-time or substantially full-time basis continuously for at least 36 months immediately preceding March 25, 1986, and is qualified to do so on the basis of pertinent education, training, experience, and demonstrated current competence, provided that application for the license is made within 12 months of July 25, 1990.
- (2) An applicant licensed under paragraph (1) of this subsection shall be eligible for license renewal on the same terms as any other licensed physician assistant.
- (b) (1) There is established an Advisory Committee on Acupuncture to consist of 3 members appointed by the Mayor.
- (2) The Advisory Committee on Acupuncture shall develop and submit to the Board guidelines for the licensing of acupuncturists and the regulation of the practice of acupuncture in the District.
  - (3) Of the members of the Advisory Committee on Acupuncture, 1 shall be a physician licensed in the District who has training and experience in the practice of acupuncture, 1 shall be a nonphysician acupuncturist licensed in the District, and 1 shall be the Commissioner of Public Health or his or her designee.
  - (4) The Advisory Committee on Acupuncture shall submit initial guidelines to the Board within 180 days of March 25, 1986, and shall subsequently meet at least annually to review the guidelines and make necessary revisions for submission to the Board.

**(c) Repealed.**

(d)(1) There is established an Advisory Committee on Physician Assistants to consist of 3 members appointed by the Mayor.

(2) The Advisory Committee on Physician Assistants shall develop and submit to the Board guidelines for the licensing and regulation of physician assistants in the District. The guidelines shall set forth the actions which may be performed by physician assistants in collaboration with a licensed physician or osteopath, who shall be responsible for the overall medical direction of the care and treatment of patients, and the levels of collaboration required for each action.

(3) Of the members of the Advisory Committee on Physician Assistants, 1 shall be a physician or osteopath licensed in the District with experience working with physician assistants, 1 shall be a physician assistant licensed in the District, and 1 shall be the Commissioner of Public Health or his or her designee.

(4) The Advisory Committee on Physician Assistants shall submit initial guidelines to the Board within 180 days of March 25, 1986, and shall subsequently meet at least annually to review the guidelines and make necessary revisions for submission to the Board.

(e) Of the members initially appointed to the Advisory Committees on Acupuncture, and Physician Assistants, 1 member of each committee shall be appointed to a term of 2 years and 1 member of each shall be appointed to a term of 3 years. Subsequent appointments shall be for terms of 3 years. This subsection shall not apply to the Commissioner of Public Health or his or her designee.

(f) Upon request by the Board, the Advisory Committees on Acupuncture and Physician Assistants shall review applications for licensure to practice acupuncture or to practice as a physician assistant, respectively, and shall forward recommendations to the Board for action.

**(g) Repealed.**

(Mar. 25, 1986, D.C. Law 6-99, § 203, 33 DCR 729; Oct. 7, 1987, D.C. Law 7-31, § 3(b), 34 DCR 3789; Jan. 30, 1990, D.C. Law 8-60, § 2, 36 DCR 7386; July 25, 1990, D.C. Law 8-152, § 2, 37 DCR 3743; Mar. 21, 1995, D.C. Law 10-231, § 2(c), 42 DCR 15; Mar. 23, 1995, D.C. Law 10-247, § 2(d), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 7-31, see Historical and Statutory Notes following § 3-1202.01.

Law 8-60, the “District of Columbia Health Occupations Revision Act of 1985 Physician Assistants Temporary Amendment Act of 1989,” was introduced in Council and assigned Bill No. 8-349. The Bill was adopted on first and second readings on July 11, 1989 and September 26, 1989, respectively. Signed by the Mayor on October 13, 1989, it was assigned Act. No. 8-90 and transmitted to both Houses of Congress for its review. Act No. 8-90 became effective on January 30, 1990, after Congressional review, and was assigned D.C. Law 8-60.

Law 8-152, the “District of Columbia Health Occupations Revision Act of 1985 Physician Assistants Amendment Act of 1990,” was introduced in Council and assigned Bill No. 8-353, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on May 1, 1990, and May 15, 1990, respectively. Signed by the Mayor on May 30, 1990, it was assigned Act. No. 8-210 and transmitted to both Houses of Congress for its review.

For legislative history of D.C. Law 10-231, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1202.04. Board of Nursing.**

- (a) There is established a Board of Nursing to consist of 11 members appointed by the Mayor with the advice and consent of the Council.
- (b)(1) The Board shall regulate the practice of advanced practice registered nursing, registered nursing, and practical nursing. Advanced practice registered nursing includes, but is not limited to, the categories of nurse midwife, nurse anesthetist, nurse-practitioner, and clinical nurse specialist.
- (2) The Board shall recommend for promulgation by the Mayor minimum curricula and standards for the accreditation of nursing schools and programs, and shall accredit those District of Columbia schools and programs which meet the standards established. The Board may also recommend to the Mayor rules governing the procedure for the granting and withdrawal of accreditation.
- (c) Of the members of the Board, 7 shall be registered nurses licensed and practicing in the District; 2 shall be practical nurses licensed in the District; and 2 shall be consumer members.

(d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.

(e) Of the members initially appointed under this section, 3 shall be appointed for a term of 1 year, and 4 shall be appointed for a term of 2 years, and 4 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

(Mar. 25, 1986, D.C. Law 6-99, § 204, 33 DCR 729; Oct. 7, 1987, D.C. Law 7-31, § 3(d), 34 DCR 3789; Mar. 23, 1995, D.C. Law 10-247, § 2(e), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 7-31, see Historical and Statutory Notes following § 3-1202.01.

For legislative history of D.C. Law 10-247, See Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1202.05. Board of Nursing Home Administration.**

- (a) There is established a Board of Nursing Home Administration to consist of 5 members appointed by the Mayor with the advice and consent of the Council.
- (b) The Board shall regulate the practice of nursing home administration.
- (c) Of the members of the Board, 2 shall be nursing home administrators licensed in the District, 1 shall be an educator from an institution of higher learning engaged in teaching health care administration, 1 shall be a physician or osteopath licensed in the District who has demonstrated interest in long-term care, and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

(Mar. 25, 1986, D.C. Law 6-99, § 205, 33 DCR 729; Oct. 7, 1987, D.C. Law 7-31, § 3(d), 34 DCR 3789.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, See Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 7-31, See Historical and Statutory Notes following § 3-1202.01.

#### **§ 3-1202.06. Board of Occupational Therapy.**

- (a) There is established a Board of Occupational Therapy to consist of 5 members appointed by the Mayor.
- (b) The Board shall regulate the practice of occupational therapy and the practice by occupational therapy assistants.
- (c) Of the members of the Board, 3 shall be occupational therapists licensed in the District, 1 shall be an occupational therapy assistant licensed in the District, and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years.

(Mar. 25, 1986, D.C. Law 6-99, § 206, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1202.07. Board of Optometry.**

- (a) There is established a Board of Optometry to consist of 5 members appointed by the Mayor.
- (b) The Board shall regulate the practice of optometry.
- (c) Of the members of the Board, 4 shall be optometrists licensed in the District and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years.
- (f) The Board shall grant applications by licensed optometrists for certification to administer diagnostic pharmaceutical agents for applicants who demonstrate to the satisfaction of the Board that they have:
  - (1) Successfully completed a Board-approved course in general and ocular pharmacology as it relates to the practice of optometry, that consists of at least 55 classroom hours, including a minimum of 10 classroom hours of clinical laboratory, offered or approved by an accredited institution of higher education; and
  - (2) Passed an examination administered or approved by the Board on general and ocular pharmacology designed to test knowledge of the proper use, characteristics, pharmacological effects, indications, contraindications, and emergency care associated with the use of diagnostic pharmaceutical agents.
- (g) The Board shall grant applications for certification to administer therapeutic pharmaceutical agents to applicants who demonstrate to the satisfaction of the Board that they have:
  - (1) Been certified by the Board to use diagnostic pharmaceutical agents;
  - (2) Successfully completed a Board-approved course in the use of therapeutic pharmaceutical agents as it relates to the practice of optometry, offered by an accredited institution of higher learning; and
  - (3) Passed an examination administered or approved by the Board on the use of therapeutic pharmaceutical agents.

(Mar. 25, 1986, D.C. Law 6-99, § 207, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(f), 42 DCR 457; July 24, 1998, D.C. Law 12-139, § 2(b), 45 DCR 2975.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

Law 12-139, the “Definitions of Optometry Amendment Act of 1998,” was introduced in Council and assigned Bill No. 12-152, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on March 17, 1998, and April 7, 1998, respectively. Signed by the Mayor on April 22, 1998, it was assigned Act No. 12-341 and transmitted to both Houses of Congress for its review. D.C. Law 12-139 became effective on July 24, 1998.

### **§ 3-1201.08. Board of Pharmacy.**

- (a) There is established a Board of Pharmacy to consist of 7 members appointed by the Mayor.
- (b) The Board shall regulate the practice of pharmacy.
- (c) Of the members of the Board, 5 shall be pharmacists licensed in the District and 2 shall be consumer members.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 2 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 3 shall be appointed for a term of 3 years.

(Mar. 25, 1986, D.C. Law 6-99, § 208, 33 DCR 729.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1202.09. Board of Physical Therapy.**

- (a) There is established a Board of Physical Therapy to consist of 5 members appointed by the Mayor.
- (b) The Board shall regulate the practice of physical therapy.
- (c) Of the members of the Board, 4 shall be physical therapists licensed in the District and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of two years, and 2 shall be appointed for a term of 3 years.

(Mar. 25, 1986, D.C. Law 6-99, § 209, 33 DCR 729)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1202.10. Board of Podiatry.**

- (a) There is established a Board of Podiatry to consist of 3 members appointed by the Mayor.
- (b) The Board shall regulate the practice of podiatry.
- (c) Of the members of the Board, 2 shall be podiatrists licensed in the District and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 1 shall be appointed for a term of 2 years, and 1 shall be appointed for a term of 3 years.

(Mar. 25, 1986, D.C. Law 6-99, § 210, 33 DCR 729.)



## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1202.11. Board of Psychology.**

- (a) There is established a Board of Psychology to consist of 5 members appointed by the Mayor with the advice and consent of the Council.
- (b) The Board shall regulate the practice of psychology.
- (c) Of the members of the Board, 4 shall be psychologists licensed in the District and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

(Mar. 25, 1986, D.C. Law 6-99, § 211, 33 DCR 729; Oct. 7, 1987, D.C. Law 7-31, § 3(e), 34 DCR 3789.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 7-31, see Historical and Statutory Notes following § 3-1202.01.

#### **§ 3-1202.12 Board of Social Work.**

- (a) There is established a Board of Social Work to consist of 5 members appointed by the Mayor with the advice and consent of the Council.

- (b) The Board shall regulate the practice of social work, including categories of specialties within the social work profession.
- (c) Of the members of the Board, 4 shall be social workers licensed in the District, representing each of the 4 licensing categories established by subchapter VIII of this chapter, and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

(Mar. 25, 1986, D.C. Law 6-99, § 212, 33 DCR 729; Oct. 7, 1987, D.C. Law 7-31, § 3(f), 34 DCR 3789.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 7-31, see Historical and Statutory Notes following § 3-1202.01.

#### **§ 3-1202.13. Board of Professional Counseling.**

- (a) There is established a Board of Professional Counseling to consist of 5 members appointed by the Mayor.
- (b) The Board shall regulate the practice of professional counseling.
- (c) Members of the Board shall serve a 3-year term. Of the members first appointed to the Board, 1 member shall be appointed to a 1-year term, 2 members shall be appointed to a 2-year term, and 2 members shall be appointed to a 3-year term.
- (d) Of the members of the Board, 3 shall be professional counselors licensed in the District, 1 shall be an educator engaged in teaching counseling, and 1 shall be a consumer member.

(Mar. 25, 1986, D.C. Law 6-99, § 213, as added July 22, 1992, D.C. Law 9-126, § 2(d), 39 DCR 3824.)

## Historical and Statutory Notes

### Legislative History of Laws

Law 9-126, the “District of Columbia Health Occupations Revision Act of 1985 Professional Counselors Amendment Act of 1992,” was introduced in Council and assigned Bill No. 9-197, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on April 7, 1992, and May 6, 1992, respectively. Signed by the Mayor on May 28, 1992, it was assigned Act No. 9-210 and transmitted to both Houses of Congress for its review. D.C.

Law 9-126 became effective on July 22, 1992.

### § 3-1202.14. Board of Respiratory Care.

- (a) There is established a Board of Respiratory Care to consist of 5 members appointed by the Mayor with the advice and consent of the Council.
- (b) The Board shall regulate the practice of respiratory therapy.
- (c) Of the members of the Board, 3 shall be respiratory therapists licensed in the District; 1 shall be a physician with knowledge and experience in the practice of respiratory care; and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for a term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

(Mar. 25, 1986, D.C. Law 6-99, § 214, as added Mar. 14, 1995, D.C. Law 10-203, § 2 (c), 41 DCR 7707).

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 10-203, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1202.15. Board of Massage Therapy.**

- (a) There is established a Board of Massage Therapy to consist of 5 members appointed by the Mayor.
- (b) The Board shall regulate the practice of massage therapy.
- (c) Of the members of the Board, 4 shall be massage therapists licensed in the District and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) Of the members initially appointed under this section, 1 shall be appointed for the term of 1 year, 2 shall be appointed for a term of 2 years, and 2 shall be appointed for a term of 3 years. The terms of the members first appointed shall begin on the date that a majority of the first members are sworn in, which shall become the anniversary date for all subsequent appointments.

(Mar. 25, 1986, D.C. Law 6-99, § 215, as added Mar. 14, 1995, D.C. Law 10-205, § 2(b), 41 DCR 7712.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 10-205, see Historical and Statutory Notes following § 3-1207.31.

**§ 3-1202.16. Board of Chiropractic.**

- (a) There is established a Board of Chiropractic to consist of 5 members appointed by the Mayor with the advice and consent of the Council.
- (b) The Board shall regulate the practice of chiropractic.
- (c) Of the members of the Board, 3 shall be doctors of chiropractic licensed to practice in the District, 1 shall be the Commissioner of Public Health or his or her designee, and 1 shall be a consumer member.
- (d) Except as provided in subsection (e) of this section, members of the Board shall be appointed for terms of 3 years.
- (e) The members of the Advisory Committee on Chiropractic abolished by the Chiropractic Licensing Amendment Act of 1994 shall continue to serve as members of the Board of Chiropractic established by this section until the expiration of their terms on the Advisory

Committee or until successors are appointed, whichever occurs later, and may be reappointed.

(Mar. 25, 1986, D.C. Law 6-99, § 216, as added Mar. 21, 1995, D.C. Law 10-231, § 2(d), 42 DCR 15; Apr. 18, 1996, D.C. Law 11-110, § 7(a), 43 DCR 530.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 10-231, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 11-110, see Historical and Statutory Notes following § 3-1201.02.

#### **References in Text**

The reference in (e) to the “Chiropractic Licensing Amendment Act of 1994” refers to D.C. Law 10-231.

The Advisory Committee on Chiropractic, referred to in (e), was abolished by § 2(c) (5) of D.C. Law 10-231.

### **Subchapter III. Administration.**

#### **§ 3-1203.01. Administration.**

The boards established by this chapter shall be under the administrative control of the Mayor.

(Mar. 25, 1986, D.C. Law 6-99, § 301, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1203.02. Responsibilities of Mayor.**

The Mayor shall be responsible for:

- (1) Planning, developing, and maintaining procedures to ensure that that boards receive administrative support, including staff and facilities, sufficient to enable them to perform their responsibilities;
- (2) Processing and providing licenses as required and approved by the boards;
- (3) Providing investigative and inspection services;
- (4) Holding hearings on cases pursuant to guidelines established in § 3-1205.19 when requested to do so by the board, and appointing hearing officers to enable the board to hold hearings;
- (5) Furnishing expert services in noncompliance cases brought in an administrative or court proceeding;
- (6) Providing budgetary and personnel services;
- (7) Maintaining central files of records pertaining to licensure, inspections, investigations, and other matters requested by the boards;
- (8) Furnishing facilities and staff for hearings and other proceedings;
- (9) Providing information to the public concerning licensing requirements and procedures;
- (10) Publishing and distributing procedural manuals concerning licensing and inspections and other materials prepared by the boards;
- (11) Assisting, supplying, furnishing, and performing other administrative, clerical, and technical support the Mayor determines is necessary or appropriate;
- (12) Issuing rules, as the Mayor may periodically determine to be necessary to protect the health and welfare of the citizens of the District, for the temporary licensure for a fixed period of time not to exceed 90 days and under conditions to be prescribed by the Mayor by rule, of applicants for licensure to practice a health occupation in the District, except the Mayor may provide for the issuance of temporary licenses to applicants for licensure to practice social work for a period not to exceed 1 year.
- (13) Making necessary rules relating to the administrative procedures of the boards; and
- (14) Issuing all rules necessary to implement the provisions of this chapter.

(Mar. 25, 1986, D.C. Law § 302, 33 EDCR 729; Oct. 1, 1992, D.C. Law 9-165, § 2, 39 DCR 5817.)

### **Historical and Statutory Notes**

## **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

Law 9-165, the “District of Columbia Health Occupations Revision Act of 1985 Temporary Licensure of Social Workers Amendment Act of 1992,” was introduced in Council and assigned Bill No. 9-370, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on June 2, 1992, and July 7, 1992, respectively. Signed by the Mayor on July 23, 1992, it was assigned Act No. 9-263 and transmitted to both Houses of Congress for its review. D.C. Law 9-165 became effective on October 1, 1992.

### **Subchapter IV. General Provisions Relating to Health Occupations Boards.**

#### **§ 3-1204.01. Qualifications of members.**

- (a) The members of each board shall be residents of the District at the time of their appointments and while they are members of the Board.
- (b)(1) Each professional member of a board, in addition to the requirements of subsection (a) of this section, shall have been engaged in the practice of the health occupation regulated by the board for at least 3 years preceding appointment.
- (2) The dietitian and nutritionist members initially appointed to the Board of Dietetics and Nutrition, the nonphysician acupuncturist member initially appointed to the Advisory Committee on Acupuncture, the physician assistant member initially appointed to the Advisory Committee on Physician Assistants, the respiratory care members initially appointed to the Board of Respiratory Care, the social worker members initially appointed to the Board of Social Work, the professional counselor members initially appointed to the Board of Professional Counseling, and the massage therapy members initially appointed to the Board of Massage Therapy shall be eligible for and shall file a timely application for licensure in the District. The advanced registered nurse members initially appointed to the Board of Nursing shall be licensed in the District as registered nurses, shall meet the qualifications of this chapter to practice their respective specialties, shall have practiced their respective specialties for at least 3 years preceding appointment, and shall file a timely application for certification to practice their respective specialties.
- (c) Each consumer member of a board, in addition to the requirements of subsection (a) of this section, shall:
  - (1) Be at least 18 years old;
  - (2) Not be a health professional or in training to become a health professional;

- (3) Not have a household member who is a health professional or is in training to become a health professional; and
- (4) Not own, operate, or be employed in or have a household member who owns, operates, or is employed in a business which has as its primary purpose the sale of goods or services to health professionals or health-care facilities.
- (d) Within the meaning of subsection (c) of this section, the term “household member” means a relative, by blood or marriage, or a ward of an individual who shares the individual’s actual residence.
- (e) The office of a member of a board of advisory committee shall be forfeited upon the member’s failure to maintain the qualifications required by this chapter.
- (f) Each professional member of a board of advisory committee shall disqualify himself or herself from acting on his or her own application for licensure or license renewal or on any other matter related to his or her practice of a health occupation.

(Mar. 25, 1986, D.C. Law 6-99, § 401, 33 DCR 729; July 22, 1992, D.C. Law 9-126, § 2(e), 39 DCR 3824; Mar. 14, 1995, D.C. Law 10-203, § 2(d), 41 DCR 7707; Mar. 14, 1995, D.C. Law 10-205, § 2(c), 41 DCR 7712; Apr. 18, 1996, D.C. Law 11-110, § 7(a), 43 DCR 530.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

For legislative history of D.C. Law 10-203, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-205, see Historical and Statutory Notes following § 3-1207.31.

For legislative history of D.C. Law 11-110, see Historical and Statutory Notes following § 3-1201.02.

#### **§3-1204.02 Terms of members; filling of vacancies.**

- (a) The terms of members of a board or advisory committee, after the initial terms, shall expire on the 3<sup>rd</sup> anniversary of the date the 1<sup>st</sup> members constituting a quorum take the oath of office.



- (b) At the end of a term, a member shall continue to serve until a successor is appointed and sworn into office.
- (c) A vacancy on a board or advisory committee shall be filled in the same manner as the original appointment was made.
- (d) A member appointed to fill a vacancy shall serve only until the expiration of the term or until a successor is appointed and sworn into office.

(Mar. 25, 1986, D.C. Law 6-99, § 402, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1204.03.           Limitation on consecutive terms.**

No member of a board or advisory committee shall be appointed to serve more than 3 full consecutive 3-year terms.

(Mar. 25, 1986, D.C. Law 6-99, § 403, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1204.04.           Removal.**

- (a) The Mayor may remove a member of a board or advisory committee for incompetence, misconduct, or neglect of duty, after due notice and a hearing.
- (b) The failure of a member of a board or advisory committee to attend at least ½ of the regular, scheduled meetings of the board or advisory committee within a 12-month period shall constitute neglect of duty within the meaning of subsection (a) of this section.

(Mar. 25, 1986, D.C. Law 6-99, § 404, 33 DCR 729.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1204.05. Officers; meetings; quorum.**

- (a) From among the members of each board and advisory committee, the Mayor shall designate a chairperson.
- (b) Each board and advisory committee shall determine the times and places of its meetings and shall publish notice of regular meetings at least 1 week in advance in the District of Columbia Register.
- (c) A majority of the members of each board and advisory committee shall constitute a quorum.

(Mar. 25, 1986, D.C. Law 6-99, § 405, 33 DCR 729.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1204.06. Compensation.**

Members of each board and advisory committee shall be entitled to receive compensation in accordance with § 1-611.08, and in addition shall be reimbursed for reasonable travel and other expenses incurred in the performance of their duties.

(Mar. 25, 1986, D.C. Law 6-99, § 406, 33 DCR 729.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1204.07. Staff.**

For each board, the Mayor may set the compensation of personnel he or she deems advisable, subject to available appropriations, in accordance with Chapter 6 of Title 1.

(Mar. 25, 1986, D.C. Law 6-99, § 407, 33 DCR 729.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

### **§ 3-1204.08. General powers and duties.**

Each board shall:

- (1) Administer and enforce the provisions of this chapter, and rules and regulations issued pursuant to this chapter, related to the health occupation regulated by the board;
- (2) Evaluate the qualifications and supervise the examinations of applicants for licenses, either personally or through the use of consultant services;
- (3) Make recommendations to the Mayor, upon request by the Mayor or when the board determines it necessary, for standards and procedures to be used in determining the acceptability of foreign education and training programs as substantially equivalent to the requirements of this chapter;
- (4) Issue licenses to qualified applicants;
- (5) Issue subpoenas, examine witnesses, and administer oaths;
- (6) Receive and review complaints of violations of this chapter or rules and regulations issued pursuant to this chapter;
- (7) Request the Mayor, on its own initiative or on the basis of a complaint, to conduct investigations of allegations of practices violating the provisions of this chapter with respect to the health occupation regulated by the board; and
- (8) Conduct hearings and keep records and minutes necessary to carry out its functions.
- (9) Issue advisory opinions regarding compliance with acceptable standards of practice.

(Mar. 25, 1986, D.C. Law 6-99, § 408, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(g), 42 DCR 457.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C., Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1204.09. Fees.**

The Mayor is authorized to establish a fee schedule for all services related to the regulation of all health occupations under this chapter, in accordance with the requirements of District law.

(Mar. 25, 1986, D.C. Law 6-99, § 409, 33 DCR 729.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1204.10. Disposition of funds.**

All fees, civil fines, and other funds collected pursuant to this chapter shall be deposited to the General Fund of the District.

(Mar. 25, 1986, D.C. Law 6-99, § 410, 33 DCR 729.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1204.11. Annual report.**

Each board shall, before January 1 of each year, submit a report to the Mayor and the Council of its official acts during the preceding fiscal year.

(Mar. 25, 1986, D.C. Law 6-99, § 411, 33 DCR 729.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

## **Subchapter V. Licensing of Health Professionals.**

### **§ 3-1205.01. License required.**

A license issued pursuant to this chapter is required to practice medicine, acupuncture, chiropractic, registered nursing, practical nursing, dentistry, dental hygiene, dietetics, massage therapy, nutrition, nursing home administration, occupational therapy, optometry, pharmacy, physical therapy, podiatry, psychology, social work, professional counseling, and respiratory care or to practice as a physician assistant or occupational therapy assistant in the District, except as provided in this chapter. A certification issued pursuant to this chapter is required to practice advanced practice registered nursing.

(Mar. 25, 1986, D.C. Law 6-99, § 501, 33 DCR 729; July 22, 1992, D.C. Law 9-126, § 2(f), 39 DCR 3824; Mar. 14, 1995, D.C. Law 10-203, § 2(e), 41 DCR 7707; Mar. 14, 1995, D.C. Law 10-205, § 2(d), 41 DCR 7712; Mar. 23, 1995, D.C. Law 10-247, § 2(h), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative and History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

For legislative history of D.C. Law 10-203, see Historical and Statutory Notes following § 3-1207.31.

For legislative history of D.C. Law 10-205, see Historical and Statutory Notes following § 3-1207.31.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

### **§ 3-1205.02. Exemptions.**

The provisions of this chapter prohibiting the practice of health occupation without a license shall not apply:

- (1) To an individual who administers treatment or provides advice in any case of emergency;

- (2) To an individual employed in the District by the federal government, while he or she is acting in the official discharge of the duties of employment;
- (3) To an individual, licensed to practice a health occupation in a state, who is called from the state in professional consultation by or on behalf of a specific patient to visit, examine, treat, or advise the specific patient in the District, or to give a demonstration, or clinic in the District, provided that the individual engages in the consultation, demonstration, or clinic in affiliation with a comparable health professional licensed pursuant to this chapter;
- (4) To a health professional who is authorized to practice a health occupation in any state adjoining the District who treats patients in the District if:
  - (A) The health professional does not have an office or other regularly appointed place in the District to meet patients;
  - (B) The health professional registers with the appropriate board and pays the registration fee prescribed by the board prior to practicing in the District; and
  - (C) The state in which the individual is licensed allows individuals licensed by the District in that particular health profession to practice in that state under the conditions set forth in this subsection.
  - (D) Notwithstanding the provisions of subparagraphs (A), (B), and (C) of this paragraph, a health professional practicing in the District pursuant to this paragraph shall not see patients or clients in the office or other place of practice of a District licensee, or otherwise circumvent the provisions of this chapter.

(Mar. 25, 1986, D.C. Law 6-99, § 502, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.03. General qualifications of applicants.**

- (a) An individual applying for a license under this chapter shall establish to the satisfaction of the board regulating the health occupation that the individual:
  - (1) Has not been convicted of an offense which bears directly on the fitness of the individual to be licensed;
  - (2) Is at least 18 years of age;
  - (3) Has successfully completed the additional requirements set forth in

§ 3-1205.04 and subchapters VI, VII, and VIII of this chapter, as applicable;

(4) Has passed an examination, administered by the board or recognized by the Mayor pursuant to § 3-1205.06, to practice the health occupation; and

(5) Meets any other requirements established by the Mayor by rule to assure that the applicant has had the proper training, experience, and qualifications to practice the health occupation.

(b) The board may grant a license to a applicant whose education and training in the health occupation has been successfully completed in a foreign school, college, university, or training program if the applicant otherwise qualifies for licensure and if the board determines, in accordance with rules issued by the Mayor, that the education and training are substantially equivalent to the requirements of this chapter in assuring that the applicant has the proper training, experience, and qualifications to practice the health occupation.

(c) The board may deny a license to an applicant whose license to practice a health occupation was revoked or suspended in another state if the basis of the license revocation or suspension would have caused a similar result in the District, or if the applicant is the subject of pending disciplinary action regarding his or her right to practice in another state.

(d) The references in § 3-1205.04 and subchapters VI, VII, and VIII of this chapter to named professional organizations and governmental entities for purposes of accreditation or the administration of national examinations shall be considered to refer to successor organizations or entities upon a determination by the Mayor that the successor is substantially equivalent in standards and purposes as the organization or entity named in this chapter.

(Mar. 25, 1986, D.C. Law 6-99, § 503, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.04. Additional qualifications of applicants.**

(a) An individual applying for a license to practice acupuncture under this chapter shall establish to the satisfaction of the Board of Medicine that the individual:

(1) If he or she is a licensed physician, has successfully completed at least 100 hours of instruction in the practice of acupuncture at a school or college accredited by the

National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine, or other training approved by the Board; or

- (2) If he or she is not a licensed physician, has successfully completed an educational program in the practice of acupuncture of at least 3 academic years at the post-baccalaureate level at a school or college accredited by the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine, or other training approved by the Board.
- (b) An individual applying for a license to practice chiropractic under this chapter shall establish to the satisfaction of the Board of Chiropractic that the individual:
- (1) Is a graduate of an educational program in the practice of chiropractic of at least 4 academic years at a college of chiropractic accredited by the Council on Chiropractic Education or the Straight Chiropractic Academic Standards Association; and
  - (2) Has satisfied any clinical experience established by rule.
- (c) An individual applying for a license to practice dental hygiene under this chapter shall establish to the satisfaction of the Board of Dentistry that the individual is a graduate of an educational program in the practice of dental hygiene of at least 2 academic years which is approved by the Board.
- (d) An individual applying for a license to practice dentistry under this chapter shall establish to the satisfaction of the Board of Dentistry that the individual is a graduate of a school of dentistry accredited by the Commission on Dental Accreditation.
- (d-1) An individual applying for a license to practice massage therapy under this chapter shall establish to the satisfaction of the Board of Massage Therapy that the individual has successfully completed a minimum of 500 hours of training in massage therapy.
- (e) An individual applying for a license to practice medicine under this chapter shall establish to the satisfaction of the Board of Medicine that the individual is a graduate of an accredited school of medicine and has completed at least 1 year of residence in a hospital or other health-care facility licensed by the District or by any state.
- (f)(1) An individual applying for a license to practice nursing home administration under this chapter shall establish to the satisfaction of the Board of Nursing Home Administration that the individual:
- (A) Has earned a baccalaureate degree from an accredited 4-year institution of higher education with a specialty in the courses or program of study applicable to the practice of nursing home administration; and



- (B) Except as provided in paragraph (2) of this subsection, has worked for at least 1 year in a nursing home licensed in the District under the supervision of a licensed nursing home administrator.
- (2) The requirement of paragraph (1) (B) of this subsection shall not apply to an applicant who has earned a master's degree in nursing home administration or other appropriate specialty from an accredited institution of higher education.
- (g)(1) An individual applying for a license to practice occupational therapy under this chapter shall establish to the satisfaction of the Board of Occupational Therapy that the individual:
  - (A) Has successfully completed an educational program in the practice of occupational therapy at an institution accredited by the Committee on Allied Health Education of the American Medical Association in collaboration with the American Occupational Therapy Association; and
  - (B) Has successfully completed a period of at least 6 months of supervised work experience at an accredited educational institution or program approved by an accredited educational institution.
- (2)(A) An individual applying for a license to practice as an occupational therapy assistant under this chapter shall establish to the satisfaction of the Board of Occupational Therapy that the individual has successfully completed an educational program in occupational therapy, at the level of occupational therapy assistant, which is approved by the American Occupational Therapy Association; and
  - (B) Has successfully completed a period of at least 2 months of supervised work experience at an accredited educational institution or program approved by an accredited educational institution.
- (3)(A) The Board of Occupational Therapy shall waive the examination requirement of this chapter for any applicant for licensure as an occupational therapist or occupational therapy assistant who was certified prior to April 6, 1978, as an occupational therapist registered ("O.T.R.") or a certified occupational therapy assistant ("C.O.T.A."), respectively, by the American Occupational Therapy Association. The Board may waive the examination requirement for any applicant so certified after April 6, 1978, if the Board determines that the requirements for certification were substantially equivalent at the time of the certification to the requirements of this chapter.
  - (B) The Board of Occupational Therapy shall waive the education, experience, and examination requirements of this chapter for any applicant who presents evidence satisfactory to the Board that he or she has engaged in the practice of occupational therapy, or as an occupational therapy assistant, on and prior to April 6, 1978.

- (C) The waivers provided by this paragraph shall be granted only upon request by an applicant within 12 months of March 25, 1986.
- (h) An individual applying for a license to practice optometry under this chapter shall establish to the satisfaction of the Board of Optometry that the individual is a graduate of a school of optometry approved by the Board.
- (i) An individual applying for a license to practice pharmacy under this chapter shall establish to the satisfaction of the Board of Pharmacy that the individual:
- (1) Has earned a degree in pharmacy from a college or school of pharmacy accredited by the American Council of Pharmaceutical Education; and
  - (2) Has worked as a pharmacy intern in a pharmacy for the period of time required by the Mayor or has gained other equivalent experience the Mayor may permit by rule.
- (j) An individual applying for a license to practice physical therapy under this chapter shall establish to the satisfaction of the Board of Physical Therapy that the individual has successfully completed an educational program in the practice of physical therapy which is accredited by an agency recognized for that purpose by the United States Department of Education, or which is approved by the Board.
- (k) An individual applying for a license to practice as a physician assistant under this chapter shall establish to the satisfaction of the Board of Medicine that the individual has successfully completed a physician assistant educational program accredited by the Committee on Allied Health Education and Accreditation.
- (l) An individual applying for a license to practice podiatry under this chapter shall establish to the satisfaction of the Board of Podiatry that the individual is a graduate of a podiatry college recognized by the American Podiatric Medical Association and approved by the Board.
- (m) An individual applying for a license to practice practical nursing under this chapter shall establish to the satisfaction of the Board of Nursing that the individual has successfully completed an educational program in practical nursing which is approved by the Board.
- (n) An individual applying for a license to practice registered nursing under this chapter shall establish to the satisfaction of the Board of Nursing that the individual has successfully completed an educational program in registered nursing approved by the Board or by a state board of nursing with standards substantially equivalent to the standards of the District.
- (o) An individual applying for a license to practice psychology under this chapter shall establish to the satisfaction of the Board of Psychology that the individual has:

- (1)(A) Earned a doctoral degree in psychology from an accredited college or university; or
- (B) Earned a doctoral degree that the Board determines is related to psychology, provided that the application is received by the Board within 2 years from March 25, 1986; and
  - (i) The applicant commenced the doctoral program after March 24, 1978, but before March 25, 1986; or
  - (ii) The doctoral degree was conferred on the applicant after March 24, 1983, but before March 25, 1986; and
- (2) Completed at least 2 years of postdoctoral experience acceptable to the Board.
- (p) An individual applying for a license to practice respiratory therapy under this subchapter shall establish to the satisfaction of the Board of Respiratory Therapy that the individual has successfully completed a respiratory care educational program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation ("CAHEA") in collaboration with the Joint Review Committee for Respiratory Therapy Education ("JRCRTE") or their successor organizations.

(Mar. 25, 1986, D.C. Law 6-99, § 504, 33 DCR 729; Mar. 14, 1995, D.C. Law 10-203, § 2(f), 41 DCR 7707; Mar. 14, 1995, D.C. Law 10-205, § 2(e), 41 DCR 7712; Mar. 21, 1995, D.C. Law 10-231, § 2(e), 42 DCR 15; Mar. 23, 1995, D.C. Law 10-247, § 2(i)-(k), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-203, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-205, see Historical and Statutory Notes following § 3-1207.31.

For legislative history of D.C. Law 10-231, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.05. Application for license.**

- (a) An applicant for a license shall:
  - (1) Submit an application to the board regulating the health occupation on the form required by the board; and
  - (2) Pay the applicable fees established by the Mayor.
- (b) The social security number of each applicant for a license issued pursuant to this chapter shall be recorded on the application. If a number other than the social security number is used on the face of the license, the issuing agency or entity shall keep the applicant's social security number on file and the applicant shall be so advised.

(Mar. 25, 1986, D.C. Law 6-99, § 6-99, § 505, 33 DCR 729; Apr. 3, 2001, D.C. Law 13-269, § 103, 48 DCR 1270.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

Law 13-269, the "Child Support and Welfare Reform Compliance Amendment Act of 2000", was introduced in Council and assigned Bill No. 13-254, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on November 8, 2000, and December 5, 2000, respectively. Signed by the Mayor on January 8, 2000, it was assigned Act No. 13-559 and transmitted to Both Houses of Congress for its review. D.C. Law 13-269 became effective on April 3, 2001.

#### **§ 3-1205.06. Examinations.**

- (a) An applicant who otherwise qualifies for a license is entitled to be examined as provided by this chapter.
- (b)(1) Each board that administers examinations shall give examinations to applicants at least twice a year at times and places to be determined by the Board.
- (2) When the Mayor, pursuant to subsection (e)(2) of this section, determines that a national examination is acceptable, then the frequency, time, and place that the national examination is given shall be considered acceptable and in accordance with this chapter.
- (c) Each board shall notify each qualified applicant of the time and place of examination.

(d) Except as otherwise provided by this chapter, each board shall determine the subjects, scope, form, and passing score for examinations to assess the ability of the applicant to practice effectively the health occupation regulated by the board.

(e) Each board, in its discretion, may waive the examination requirements:

(1) For any applicants who meets the requirements of § 3-1205.07 for licensure by reciprocity or endorsement; or

(2) For any person who has been certified by a national examining board if the Mayor determines by rule that the examination was as effective for the testing of professional competence as that required in the District.

(Mar. 25, 1986, D.C. Law 6-99, § 506, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(1), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.07. Reciprocity and endorsement.**

Each board shall issue a license by reciprocity or endorsement to an applicant:

(1) Who is licensed or certified and in good standing under the laws of another state with requirements which, in the opinion of the Board, were substantially equivalent at the time of licensure to the requirements of this chapter, and which state admits health professionals licensed by the District in a like manner; or

(2) Who is certified or accredited by a recognized national accrediting association, acceptable to the Board, as a qualified professional according to standards that were the substantial equivalent at the time of the certification or accreditation to the standards for that profession as set forth in this chapter and who has continually remained in good standing with the certifying or accrediting association from the date of certification or accrediting until the date of licensing; and

(3) Who pays the applicable fees established by the Mayor.

(Mar. 25, 1986, D.C. Law 6-99, § 507, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(m), 42 DCR 457; Apr. 29, 1998; D.C. Law 12-86, § 403, 45 DCR 1172.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

Law 12-86, the “Omnibus Regulatory Reform Amendment Act of 1998,” was introduced in Council and assigned Bill No. 12-458, which was referred to the Committee on Public Works and the Environment and the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on December 19, 1997, and January 6, 1998, respectively. Signed by the Mayor on January 21, 1998, it was assigned Act No. 12-256 and transmitted to both Houses of Congress for its review. D.C. Law 12-86 became effective on April 29, 1998.

### § 3-1205.08. Issuance of license.

Each board shall issue a license to an applicant who meets the requirements of this chapter and rules and regulations issued pursuant to this chapter to practice the health occupation regulated by the board.

(Mar. 25, 1986, D.C. Law 6-99, § 508, 33 DCR 729.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

### § 3-1205.09. Scope of license.

- (a)(1) A person licensed under this chapter to practice a health occupation is authorized to practice that occupation in the District while the license is effective.
- (2) A person certified to practice advanced registered nursing is authorized to practice the specialty for which he or she has been certified by the Board of Nursing.
- (b) An individual who fails to renew a license to practice a health occupation shall be considered to be unlicensed and subject to the penalties set forth in this chapter and other applicable laws of the District, if he or she continues to practice the health occupation.

(Mar. 25, 1986, D.C. Law 6-99, § 509, 33 DCR 729.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### § 3-1205.09a. Licenses for foreign doctors of eminence and authority.

- (a) Notwithstanding any other provision of this subchapter, the Board shall grant a limited license to practice specialized medicine with a university, hospital or medical center in the District of Columbia to an applicant licensed as a physician in a foreign country or state who by virtue of the recognized and conceded eminence and authority in the profession of medicine or medical research in the international community, if this applicant:
  - (1) Is recommended to the Board by:
    - (A) The dean of an accredited school of medicine in the District of Columbia;
    - (B) The Director of the National Institute of Health; or
    - (C) The Director of an accredited and licensed hospital in the District of Columbia;
  - (2) Is to receive an appointment at the institution making the recommendation under paragraph (1) of this subsection; and
  - (3) Meets the requirements of subsection (d) of this section.
- (b) The Board shall not issue to any entity under paragraph (1) of this section more than 1 such license in any single year.
- (c) Any license issued under this section shall be issued jointly in the name of the applicant and the sponsoring entity under subsection (a)(1) of this section.
- (d) In determining whether an applicant is a recognized and conceded eminence and authority in the profession, the Board shall consider, but not be limited to, whether the applicant meets the following criteria:
  - (1) Is a bona fide graduate in good standing who has successfully completed medical education at a foreign medical school which is recognized or accredited by the foreign country, the Liaison Committee on Medical Education of the Association of American Medical Colleges, or other organization satisfactory to the Board;

- (2) Holds a valid foreign medical license or registration certificate, in good standing, issued by the United States or a foreign country on the basis of a foreign examination;
  - (3) Practiced medicine for at least 10 years in patient care, excluding the 2 years of postgraduate clinical training, 5 years of which occurred immediately preceding the date application is made to the Board;
  - (4) Successfully completed no less than 2 years of post graduate clinical training in a recognized medical specialty or subspecialty either in the United States or other foreign country, or in lieu of each year of required graduate medical training, documents a practice as a full time university medical school faculty member at an accredited institution;
  - (5) Meets the Federal Professional Visa requirements for HI Visa or holds a Federally issued HI Visa;
  - (6) Has been the recipient of professional honors and awards, and professional recognition in the international medical community, for achievements, contributions, or advancements in the field of medicine, or medical research as evidenced by (i) publications in recognized scientific, medical, or medical research journals, including American peer review journals, (ii) being the recipient or nominee for international or national awards for distinguished contributions to the advancement of medicine or medical research, (iii) acknowledgement of expertise from recognized American authorities in the applicant's field of medical specialty, or (iv) other professional accomplishments as determined meritorious in the sole discretion of the Board;
  - (7) Submits documentation from the university, hospital or medical center from which the candidate is to receive an academic appointment at such institution or has been accepted for practice, pending receipt of a license, with privileges at a university medical school, local hospital, or medical institution making the recommendation under subsection (a)(1) of this section;
  - (8) Submits 3 letters of recommendation from District of Columbia physicians who are licensed in the areas of medical practice for which the applicant is applying for licensure who shall attest to the candidate's qualifications, character, and ethical behavior;
  - (9) Submits 5 letters from renowned American specialists in the candidate's discipline who attest to his eminence and qualifications;
  - (10) Has never been convicted of a felony; and
  - (11) Agrees to perform a maximum of 15 hours per month of community service for patient care, teaching, or training as may be required by the Board.
- (e) As an exception to the general education and examination requirements of



§§ 3-1205.03, 3-1205.04, and 3-1205.06, the Board shall waive those requirements when an applicant under this section shall furnish proof satisfactory to the Board of successful completion or satisfaction of the requirements of subsections (a) and (b) of this section, and shall provide documentation sufficient to support the application, including, but not limited to, a diploma or certified transcripts of the applicant's medical or, if applicable, premedical education and certified verification of licensure or registration to practice medicine in a foreign country.

- (1) An applicant under this section shall arrange to have certified transcripts of all medical and premedical, if applicable, education sent directly from the educational institution to the Board.
  - (2) The Board may waive the educational transcript requirement of this section on a showing of extraordinary hardship if the applicant is able to establish by substitute documentation that the applicant possesses the requisite education and degrees.
  - (3) If a document required by this section is in a language other than English, an applicant shall arrange for its translation into English by a translation service for the Board, and shall submit a notarized translation signed by the translator attesting to its accuracy.
  - (4) All applicants shall pay an applicant fee of \$500 to the Board.
- (f) No license granted under this section shall issue to any candidate until the Board reviews the qualifications for eminence and makes a final decision. The Board shall have the sole authority and responsibility to interpret the qualifications for eminence and for licensure under these provisions, and may qualify, restrict, or otherwise limit a license granted under this section by controlling the type of medical areas of practice and patient care as the applicant has received credentials and acceptance from an institution under subsection (a)(1) of this section.
- (g) All applicants who have complied with these requirements, and have otherwise complied with the provisions of this subchapter, shall receive from the Board within 90 days after the application is complete by the candidate's submission of all requirements imposed under subsection (b) of this section, a license entitling them to the right to practice in the District of Columbia. Each such license shall be duly recorded in the office of the Board, in a record to be properly kept for that purpose which shall be open to public inspection, and a certified copy of the record shall be received as evidence in all courts in the District of Columbia in the trial of any case.
- (1) It shall be the duty of all persons now or hereafter licensed to be registered with the Board and, thereafter, to register in like manner at such intervals and by such methods as the Board shall determine by regulations, but in no case shall such renewal period be longer than any other licensed physician. The form and method of such registration shall be determined by the Board.

- (2) Each person so registering with the Board shall pay, for each biennial registration, a fee of \$1,000, which shall accompany the application for such registration.
- (3) Upon receiving a proper application for such registration accompanied by the fee, if any, the Board shall issue a license to the applicant; provided, however, such license shall automatically expire when the holder's relationship with any institution under subsection (a)(1) of this section is terminated.
- (h) The holder of the limited license practicing medicine or surgery beyond the areas of the medical specialty or practice as laid down in said license shall be guilty of a misdemeanor, and upon conviction shall be fined not less than \$10,000 for each and every offense; and the Board is empowered to revoke such limited license, for cause, after due notice.
- (i) Any person granted a limited license under this section who subsequently desires to obtain a license without restriction shall be required to meet all of the requirements of such license as set forth in this section.

(Mar. 25, 1986, D.C. Law 6-99, § 509a, as added May 16, 1995, D.C. Law 11-14, § 2, 42 DCR 1388.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

Law 11-14, the "Foreign Physicians of Conceded Eminence University, Hospital, and Medical Centers Practices Amendment Act of 1995," was introduced in Council and assigned Bill No. 11-39, which was retained by Council. The Bill was adopted on first and second readings on January 17, 1995, and February 7, 1995, respectively. Signed by the Mayor on March 9, 1995, it was assigned Act No. 11-26 and transmitted to both Houses of Congress for its review. D. C. Law 11-14 became effective on May 16, 1995.

#### **§ 3-1205.10. Term and renewal of licenses.**

- (a) A license expires 1 year from the date of its first issuance or renewal unless renewed by the board that issued it as provided in this section, except that the Mayor, by rule, may provide for a period of licensure of not more than 3 years.
- (b) The Mayor may establish by rule continuing education requirements as a condition for renewal of licenses under this section.
- (c) At least 30 days before the license expires, or a greater period as established by the Mayor by rule, each board shall send to the licensee, by first class mail to the last known address of the licensee, a renewal notice that states:
  - (1) The date on which the current license expires;

- (2) The date by which the renewal application must be received by the board for renewal to be issued and mailed before the license expires; and
  - (3) The amount of the renewal fee.
- (d) Before the license expires, the licensee may renew it for an additional term, if the licensee:
- (1) Submits a timely application to the board;
  - (2) Is otherwise entitled to be licensed;
  - (3) Pays the renewal fee established by the Mayor; and
  - (4) Submits to the board satisfactory evidence of compliance with any continuing education requirements established by the board for license renewal.
- (e) Each board shall renew the license of each licensee who meets the requirements of this section.

(Mar. 25, 1986, D.C. Law 6-99, § 510, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.11. Inactive status.**

- (a) Upon application by a licensee and payment of the inactive status fee established by the Mayor, each board shall place a licensee on inactive status.
- (b) While on inactive status, the individual shall not be subject to the renewal fee and shall not practice, attempt to practice, or offer to practice the health occupation in the District.
- (c) Each board shall issue a license to an individual who is on inactive status and who desires to resume the practice of a health occupation if the individual:
  - (1) Pays the fees established by the Mayor;
  - (2) Complies with the continuing education requirements in effect when the licensee seeks to reactivate the license; and
  - (3) Complies with the current requirements for renewal of licenses.

(Mar. 25, 1986, D.C. Law 6-99, § 511, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.12. Reinstatement of expired licenses.**

- (a) If a health professional fails for any reason to renew the license issued under this subchapter, the board regulating the health occupation shall reinstate the license if the health professional:
  - (1) Applies to the board for reinstatement of the license within 5 years after the license expires;
  - (2) Complies with current requirements for renewal of a license as set forth in this subchapter;
  - (3) Pays a reinstatement fee established by the Mayor; and
  - (4) Submits to the board satisfactory evidence of compliance with the qualifications and requirements established under this subchapter for license reinstatements.
- (b) The board shall not reinstate the license of a health professional who fails to apply for reinstatement of a license within 5 years after the license expires. The health professional may become licensed by meeting the requirements then in existence for obtaining an initial license under this subchapter.

(Mar. 25, 1986, D.C. Law 6-99, § 512, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.13. Display of licenses; change of address.**

- (a) Each licensee shall display the license conspicuously in any and all places of business or employment of the licensee.

(b) Each licensee shall notify the board of any change of address of the place of residence or place of business or employment within 30 days after the change of address.

(c) Each licensee shall be subject to the penalties provided by this chapter for failure to comply with the requirements of this section.

(Mar. 25, 1986, D.C. Law 6-99, § 513, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.14.           Revocation, suspension, or denial of license or privilege; civil penalty; reprimand.**

(a) Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a majority of its members then serving, may take 1 or more of the disciplinary actions provided in subsection (c) of this section against any applicant, licensee, or person permitted by this subchapter to practice the health occupation regulated by the board in the District who:

(1) Fraudulently or deceptively obtains or attempts to obtain a license for an applicant or licensee or for another person;

(2) Fraudulently or deceptively uses a license;

(3) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any jurisdiction for conduct that would be grounds for disciplinary action under this section;

(4) Has been convicted in any jurisdiction of any crime involving moral turpitude, if the offense bears directly on the fitness of the individual to be licensed;

(5) Is professionally or mentally incompetent or physically incapable;

(6) Is addicted to, or habitually abuses, any narcotic or controlled substance as defined by Unit A of Chapter 9 of Title 48;

(7) Provides, or attempts to provide, professional services while under the influence of alcohol or while using any narcotic or controlled substance as defined by Unit A of chapter 9 of title 48, or other drug in excess of therapeutic amounts or without valid medical indication;

(8) Willfully makes or files a false report or record in the practice of a health occupation;

- (9) Willfully fails to file or record any medical report as required by law, impedes or obstructs the filing or recording of the report, or induces another to fail or file or record the report;
- (10) On proper request in accordance with law, fails to provide details of a patient's medical record to a hospital or another health professional licensed under this chapter or under the laws of another jurisdiction;
- (11) Willfully makes a misrepresentation in treatment;
- (12) Willfully practices a health occupation with an unauthorized person or aids an unauthorized person in the practice of a health occupation;
- (13) Submits false statements to collect fees for which services are not provided or submits statements to collect fees for services which are not medically necessary;
- (14) Pays or agrees to pay anything of value to, or to split or divide fees for professional services with, any person for bringing or referring a patient;
- (15) Fails to pay a civil fine imposed by a board, other administrative officer, or court;
- (16) Willfully breaches a statutory, regulatory, or ethical requirement of confidentiality with respect to a person who is a patient or client of the health professional, unless ordered by a court;
- (17) Refuses to provide service to a person in contravention of Chapter 14 of Title 2;
- (18) Violates any of the conditions of an agreement between the licensee and the board to voluntarily limit the practice of the licensee made pursuant to § 3-1205.18;
- (19) Prescribes, dispenses, or administers drugs when not authorized to do so;
- (20) Practices without a protocol when required by subchapter VI of this chapter;
- (21) Performs, offers, or attempts to perform services beyond the scope of those authorized by the license held by the health professional;
- (22) Maintains an unsanitary office or performs professional services under unsanitary conditions;
- (23) Engages in sexual harassment of a patient or client;

- (24) Violates any provision of this chapter or rules and regulations issued pursuant to this chapter;
  - (25) Violates any District of Columbia or federal law, regulation, or rule related to the practice of a health profession or drugs;
  - (26) Fails to conform to standards of acceptable conduct and prevailing practice within a health profession;
  - (27) Violates an order of the board or the Mayor, or violates a consent decree or negotiated settlement entered into with a board or the Mayor;
  - (28) Demonstrates a willful or careless disregard for the health, welfare, or safety of a patient, regardless of whether the patient sustains actual injury as a result; or
  - (29) Fails to pay the applicable fees established by the Mayor.
- (b)(1) A board may require a health professional to submit to a mental or physical examination whenever it has probable cause to believe the health professional is impaired due to the reasons specified in subsection (a)(5), (6), and (7) of this section. The examination shall be conducted by 1 or more health professionals designated by the board, and he, she, or they shall report their findings concerning the nature and extent of the impairment, if any, to the board and to the health professional who was examined.
- (2) Notwithstanding the findings of the examination commissioned by the board, the health professional may submit, in any proceedings before a board or other adjudicatory body, the findings of an examination conducted by 1 or more health professionals of his or her choice to rebut the findings of the examination commissioned by the board.
  - (3) Willful failure or refusal to submit to an examination requested by a board shall be considered as affirmative evidence that the health professional is in violation of subsection (a)(5), (6), or (7) of this section, and the health professional shall not then be entitled to submit the findings of another examination in disciplinary or adjudicatory proceedings related to the violation.
- (c) Upon determination by the board that an applicant, licensee, or person permitted by this subchapter to practice in the District has committed any of the acts described in subsection (a) of this section, the board may:
- (1) Deny a license to any applicant;
  - (2) Revoke or suspend the license of any licensee;

- (3) Revoke or suspend the privilege to practice in the District of any person permitted by this subchapter to practice in the District;
  - (4) Reprimand any licensee or person permitted by this subchapter to practice in the District;
  - (5) Impose a civil fine not to exceed \$5,000 for each violation by any applicant, licensee, or person permitted by this subchapter to practice in the District;
  - (6) Require a course of remediation, approved by the board, which may include:
    - (A) Therapy or treatment;
    - (B) Retraining; and
    - (C) Reexamination, in the discretion of and in the manner prescribed by the board, after the completion of the course of remediation;
  - (7) Require a period of probation; or
  - (8) Issue a cease and desist order pursuant to § 3-1205.16.
- (d) Nothing in this subchapter shall preclude prosecution for a criminal violation of this chapter regardless of whether the same violation has been or is the subject of 1 or more of the disciplinary actions provided by this subchapter. Criminal prosecution may proceed prior to, simultaneously with, or subsequent to administrative enforcement action.
- (e) A person licensed to practice a health occupation in the District of Columbia is subject to the disciplinary authority of the board although engaged in practice elsewhere. Subsection (a) of this section shall not be construed to limit the disciplinary authority of the board only to conduct or activities engaged in outside of the District that result in the imposition of discipline by a licensing or disciplinary authority where the conduct occurred.

(Mar. 25, 1986, D.C. Law 6-99, § 514, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(n), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.15. Summary action.**



- (a) If the Mayor determines, after investigation, that the conduct of a licensee presents an imminent danger to the health and safety of the residents of the District, the Mayor may summarily suspend or restrict, without a hearing, the license to practice a health occupation.
- (b) The Mayor, at the time of the summary suspension or restriction of a license, shall provide the licensee with written notice stating the action being taken, the basis for the action, and the right of the licensee to request a hearing.
- (c) A licensee shall have the right to request a hearing within 72 hours after service of notice of the summary suspension or restriction of license. The Mayor shall hold a hearing within 72 hours of receipt of a timely request, and shall issue a decision within 72 hours after the hearing.
- (d) Every decision and order adverse to a licensee shall be in writing and shall be accompanied by findings of fact and conclusions of law. The findings shall be supported by, and in accordance with, reliable, probative, and substantial evidence. The Mayor shall provide a copy of the decision and order and accompanying findings of fact and conclusions of law to each party to a case or to his or her attorney of record.
- (e) Any person aggrieved by a final summary action may file an appeal in accordance with subchapter I of Chapter 5 of Title 2.

(Mar. 25, 1986, D.C. Law 6-99, § 515, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.16. Cease and desist orders.**

- (a) When a board or the Mayor, after investigation but prior to a hearing, has cause to believe that any person is violating any provision of this chapter and the violation has caused or may cause immediate and irreparable harm to the public, the board or the Mayor may issue an order requiring the alleged violator to cease and desist immediately from the violation. The order shall be served by certified mail or delivery in person.
- (b)(1) The alleged violator may, within 15 days of the service of the order, submit a written request to the board of the Mayor to hold a hearing on the alleged violation.

- (2) Upon receipt of a timely request, the board or the Mayor shall conduct a hearing and render a decision pursuant to § 3-1205.19.
- (c)(1) The alleged violator may, within 10 days of the service of an order, submit a written request to the board or the Mayor for an expedited hearing on the alleged violation, in which case he or she shall waive his or her right to the 15-day notice required by § 3-1205.19(d).
- (2) Upon receipt of a timely request for an expedited hearing, the board or the Mayor shall conduct a hearing within 10 days of the date of receiving the request and shall deliver to the alleged violator at his or her last known address a written notice of the hearing by any means guaranteed to be received at least 5 days before the hearing date.
- (3) The board or the Mayor shall issue a decision within 30 days after an expedited hearing.
- (d) If a request for a hearing is not made, the order of the board or the Mayor to cease and desist is final.
- (e) If, after a hearing, the board determines that the alleged violator is not in violation of this chapter, the board or the Mayor shall revoke the order to cease and desist.
- (f) If any person fails to comply with a lawful order of a board of the Mayor issued pursuant to this section, the board or the Mayor may petition the court to issue an order compelling compliance or take any other action authorized by this chapter.

(Mar. 25, 1986, D.C. Law 6-99, § 516, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.17. Voluntary surrender of license.**

- (a) Any health professional who is the subject of an investigation into, or a pending proceeding involving, allegations involving misconduct may voluntarily surrender his or her license or privilege to practice in the District, but only by delivering to the board regulating the health occupation an affidavit stating that the health professional desires to surrender the license or privilege and that the action is freely and voluntarily taken, and not the result of duress or coercion.
- (b) Upon receipt of the required affidavit, the board shall enter an order revoking or suspending the license of the health professional or the privilege to practice.

- (c) The voluntary surrender of a license shall not preclude the imposition of civil or criminal penalties against the licensee.

(Mar. 25, 1986, D.C. Law 6-99, § 517, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.18. Voluntary limitation or surrender of license by impaired health professional.**

- (a)(1) Any license issued under this chapter may be voluntarily limited by the licensee either:
  - (A) Permanently;
  - (B) For an indefinite period of time to be restored at the discretion of the board regulating the health occupation; or
  - (C) For a definite period of time under an agreement between the licensee and the board.
- (2) During the period of time that the license has been limited, the licensee shall not engage in the practices or activities to which the voluntary limitation of practice relates.
- (3) As a condition for accepting the voluntary limitation of practice, the board may require the licensee to do 1 or more of the following:
  - (A) Accept care, counseling, or treatment by physicians or other health professionals acceptable to the board;
  - (B) Participate in a program of education prescribed by the board; and
  - (C) Practice under the direction of a health professional acceptable to the board for a specified period of time.
- (b)(1) Any license issued under this chapter may be voluntarily surrendered to the board by the licensee either:
  - (A) Permanently;

- (B) For an indefinite period of time to be restored at the discretion of the board regulating the health occupation; or
  - (C) For a definite period of time under an agreement between the licensee and the board.
- (2) During the period of time that the license has been surrendered, the individual surrendering the license shall not practice, attempt to practice, or offer to practice the health occupation for which the license is required, shall be considered as unlicensed, and shall not be required to pay the fees for the license.
- (c) All records, communications, and proceedings of the board related to the voluntary limitation or surrender of a license under this section shall be confidential.

(Mar. 25, 1986, D.C. Law 6-99, § 518, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.19. Hearings.**

- (a) Before a board denies an applicant a license, revokes or suspends a license or privilege to practice, reprimands a licensee, imposes a civil fine, requires a course of remediation or a period of probation, or denies an application for reinstatement, it shall give the individual against whom the action is contemplated an opportunity for a hearing before the board except where the denial of the license is based solely on an applicant's failure to meet minimum age requirements, hold a required degree, pass a required examination, pay the applicable fees established by the Mayor, or where there are no material facts at issue.
- (b) A board, at its discretion, may request the applicant or licensee to attend a settlement conference prior to holding a hearing under this section, and may enter into negotiated settlement agreements and consent decrees to carry out its functions.
- (c) Except to the extent that this chapter specifically provides otherwise, a board shall give notice and hold the hearing in accordance with subchapter 1 of Chapter 5 of Title 2.
- (d) The hearing notice to be given to the individual shall be sent by certified mail to the last known address of the individual at least 15 days before the hearing.
- (e) The individual may be represented at the hearing by counsel.

- (f)(1) A board may administer oaths and require the attendance and testimony of witnesses and the production of books, papers, and other evidence in connection with any proceedings under this section.
- (2) A board shall require the attendance of witnesses and the production of books, papers, and other evidence reasonably requested by the person against whom an action is contemplated.
- (3) In case of contumacy by or refusal to obey a subpoena issued by the board to any person, a board may refer the matter to the Superior Court of the District of Columbia, which may by order require the person to appear and give testimony or produce books, papers, or other evidence bearing on the hearing. Refusal to obey such an order shall constitute contempt of court.
- (g) If, after due notice, the individual against whom the action is contemplated fails or refuses to appear, a board may nevertheless hear and determine the matter.
- (h) A board shall issue its final decision in writing within 90 days after conducting a hearing.
- (i) A board may delegate its authority under this chapter to hold hearings and issue final decisions to a panel of 3 or more members of the board in accordance with rules promulgated by the Mayor. Final decisions of a hearing panel shall be considered final decisions of the board for purposes of appeal to the District of Columbia Court of Appeals.

(Mar. 25, 1986, D.C. Law 6-99, § 519, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(o), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1205.20. Judicial and administrative review of actions of board.**

Any person aggrieved by a final decision of a board or the Mayor may appeal the decision to the District of Columbia Court of Appeals pursuant to § 2-510.

(Mar. 25, 1986, D.C. Law 6-99, § 520, 22 DCR 729.)

### **Historical and Statutory Notes**

## Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

### § 3-1205.21. Reinstatement of suspended or revoked license.

(a) Except as provided in subsection (b) of this section, a board may reinstate the license or privilege of an individual whose license or privilege has been suspended or revoked by the board only in accordance with:

- (1) The terms and conditions of the order of suspension or revocation; or
- (2) A final judgment or order in any proceeding for review.

(b)(1) If an order of suspension or revocation was based on the conviction of a crime which bears directly on the fitness of the individual to be licensed, and the conviction subsequently is overturned at any stage of an appeal or other postconviction proceeding, the suspension or revocation shall end when the conviction is overturned.

(2) After the process of review is completed, the clerk of the court issuing the final disposition of the case shall notify the board or the Mayor of that disposition.

(Mar. 25, 1986, D.C. Law 6-99, § 521, 33 DCR 729.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

### Subchapter VI. Advanced Registered Nursing; Scope of Practice; Requirement of Protocol; Collaboration.

#### § 3-1206.01. General authorization.

(a) The advanced practice registered nurse may perform actions of medical diagnosis, treatment, prescription, and other functions authorized by this subchapter.

(b) **Repealed.**

(Mar. 25, 1986, D.C. Law 6-99, § 601, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(p), 42 DCR 457.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative and history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

### **§ 3-1206.02. Requirements of protocols. [Repealed]**

(Mar. 25, 1986, D.C. Law 6-99, § 602, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(q) 42 DCR 457.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

### **§ 3-1206.03. Collaboration.**

(a) Generally, advanced practice registered nurses shall carry out acts of advanced registered nursing in collaboration with a licensed health care provider.

(b), (c) **Repealed.**

(d) Notwithstanding the provisions of this section, hospitals, facilities, and agencies, in requiring specific levels of collaboration and licensed health care providers in agreeing to the levels of collaboration, shall apply reasonable, nondiscriminatory standards, free of anticompetitive intent or purpose, in accordance with Chapter 14 of Title 2, Chapter 45 of Title 28, and § 44-507.

(Mar. 25, 1986, D.C. Law 6-99, § 603, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(r), 42 DCR 457.)

## Historical and Statutory Notes

### Legislative History of Laws

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1206.04. Authorized acts.**

An advanced practice registered nurse may:

- (1) Initiate, monitor, and alter drug therapies;
- (2) Initiate appropriate therapies or treatments;
- (3) Make referrals for appropriate therapies or treatments; and
- (4) Perform additional functions within his or her specialty determined in accordance with rules and regulations promulgated by the board.

(Mar. 25, 1986, D.C. Law 6-99, § 603, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(r), 42 DCR 457.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1206.05. Nurse-anesthesia. [Repealed]**

(Mar. 25, 1986, D.C. Law 6-99, § 606, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(t), 42 DCR 457.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1206.06. Nurse-midwifery. [Repealed]**

(Mar. 25, 1986, D.C. Law 6-99, § 606, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(u), 42 DCR 457.)

**Historical and Statutory Notes**

**Legislative History of Laws**



For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1206.07. Nurse-practitioner practice. [Repealed]**

(Mar. 25, 1986, D.C. Law 6-99, § 607, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(v), 42 DCR 457.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1206.08. Qualifications, certification.**

(a) In addition to the general qualifications for licensure set forth in subchapter V of this chapter and any requirements which the Mayor may establish by rule, an advanced practice registered nurse shall:

- (1) Be a registered nurse holding a current, valid license pursuant to subchapter V of this chapter, and be in good standing with the Board, with no action pending or in effect against the license which could adversely affect the legal right to practice;
- (2) Be in good ethical standing with the profession;
- (3) Successfully complete a post-basic education program applicable to the area of practice which is acceptable to the Board or accredited by a national accrediting body which is relevant to the advanced practice registered nurses' area of practice; and
- (4) Pass the examination required by the Mayor.

(b) In addition to the general qualifications for licensure set forth in subchapter V of this chapter, and any requirements which the Mayor may establish by rule, a nurse-midwife shall:

- (1) Be a registered nurse holding a current valid license pursuant to subchapter V of this chapter, and be in good standing with the Board, with no action pending or in effect against the license which could adversely affect the legal right to practice;
- (2) Be in good ethical standing within the profession;
- (3) Be a graduate of a nurse-midwifery educational program approved by the American College of Nurse-Midwives;

- (4) Have undertaken the care of not less than 20 women in each of the antepartum, intrapartum, and early postpartum periods, but the same women need not be seen through all 3 periods, and have observed an additional 20 women in the intrapartum periods before qualifying as a candidate for certification by the Board; and
  - (5) Pass the national certification examination of the American College of Nurse-Midwives and any additional examination required by the Board.
- (c) In addition to the general qualifications for licensure set forth in subchapter V of this chapter, and any requirements which the Mayor may establish by rule, a nurse-practitioner shall:
- (1) Be a registered nurse holding a current valid license pursuant to subchapter V of this chapter, and be in good standing with the Board, with no action pending or in effect against the license which could adversely affect the legal right to practice;
  - (2) Be in good ethical standing within the profession;
  - (3) Have successfully completed a post-basic education program applicable to the area of practice which is acceptable to the Board or accredited by a national accrediting body and which is relevant to the nurse-practitioner's area of practice; and
  - (4) Pass the examination required by the Mayor.

(Mar. 25, 1986, D.C. Law 6-99, § 608, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(w), 42 DCR 457; Apr. 18, 1996 D.C. Law 11-110, § 69, 43 DCR 530.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 11-110, see Historical and Statutory Notes following § 3-1201.02.

#### **Subchapter VII.      Qualifications for Licensure to Practice Dietetics and Nutrition; Waiver of Examination.**

##### **§ 3-1207.01.          Qualifications for licensure.**

- (a) In addition to the general qualifications for licensure set forth in subchapter V of this chapter, and any requirements which the Mayor may establish by rule, a dietitian shall:
- (1) Hold a baccalaureate or higher degree with a major in human nutrition, foods and nutrition, dietetics, food systems management, or an equivalent major course of study, approved by the Board, from a school, college, or university that was approved by the appropriate accrediting body recognized by the Council on Postsecondary Accreditation or the United States Department of Education at the time the degree was conferred; and
  - (2) Successfully complete the certification examination of the Commission on Dietetic Registration of the American Dietetic Association.
- (b) Licensure to practice dietetics pursuant to this chapter shall also entitle the licensee to use the title of nutritionist.
- (c) In addition to the general qualifications for licensure set forth in subchapter V of this chapter, and any requirements which the Mayor may establish by rule, a nutritionist shall:
- (1) Hold a baccalaureate or higher degree with a major in human nutrition, food and nutrition, dietetics, food systems management, or an equivalent major course of study, approved by the Board, from a school, college, or university that was approved by the appropriate accrediting body recognized by the Council on Postsecondary Accreditation or the United States Department of Education at the time the degree was conferred, or shall have completed other training, approved by the Board, which is substantially equivalent to the curricula of accredited institutions; and
  - (2) Successfully complete the examination developed and required by the Mayor and administered by the Board.
- (d) The Mayor, by rule, shall establish requirements for the completion of a planned, continuous, preprofessional program of supervised experience as a condition for licensure as a dietitian or nutritionist.
- (e) The Mayor shall, within 12 months of March 25, 1986, develop, and update as necessary, an examination to assess an applicant's knowledge and understanding of the principles of nutrition and ability to apply the principles effectively and for the benefit of patients or clients in the practice of nutrition.

(Mar. 25, 1986, D.C. Law 6-99, § 701, 33 DCR 729; Feb. 24, 1987, D.C. Law 6-192, § 8, 33 DCR 7836)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

Law 6-192, the “Technical Amendments Act of 1986,” was introduced in Council and assigned Bill No. 6-544, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on November 5, 1986, and November 18, 1986, respectively. Signed by the Mayor on December 10, 1986, it was assigned Act No. 6-246 and transmitted to both Houses of Congress for its review.

**§ 3-1207.02. Waiver of examination.**

The board shall waive the examination requirement of § 3-1207.01(a)(2) and (c)(2) for any applicant for licensure as a dietitian or nutritionist who presents evidence satisfactory to the Board that the applicant meets the qualifications required by § 3-1207.01(a)(1) or § 3-1207.01(c)(1) and has been employed in the practice of dietetics or nutrition on a full-time or substantially full-time basis for at least 3 of the last 5 years immediately preceding March 25, 1986, provided that application for the waiver is made within 24 months of March 25, 1986.

(Mar. 25, 1986, D.C. Law 6-99, § 702, 33 DCR 729; Mar. 11, 1988, D.C. Law 7-87, § 2(a), 353 DCR 162.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

Law 7-87, the “District of Columbia Health Occupations Revision Act of 1985 Amendment Act of 1987,” was introduced in Council and assigned Bill No. 7-211, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second reading on November 24, 1987 and December 8, 1987, respectively. Signed by the Mayor on December 22, 1987, it was assigned Act No. 7-125 and transmitted to both Houses of Congress for its review.

**Subchapter VII-A. Qualifications for Licensure to Practice Professional Counseling; Transition of Professional Counselors; Waiver of Licensure Requirements.**

**§ 3-1207.10. Qualifications for licensure.**

The Board of Professional Counseling shall license as a professional counselor a person who, in addition to meeting the requirements of subchapter V of this chapter, has satisfactorily completed the examination process, has completed 60 hours of postgraduate education in counseling or a related subject from an accredited college or university, and has completed 2 years of supervised counseling experience.

(Mar. 25, 1986, D.C. Law 6-99, § 710, as added July 22, 1992, D.C. Law 9-126,

§ 2(g), 39 DCR 3824.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

#### **§ 3-1207.11. Transition of professional counselors.**

For a period of 2 years following July 22, 1992, all reference to a professional counselor shall be deemed to refer to a person meeting the requirements for licensure in the District, regardless of whether that person is licensed.

(Mar. 25, 1986, D.C. Law 6-99, § 711, as added July 22, 1992, D.C. Law 9-126, § 2(g), 39 DCR 3824.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

#### **§ 3-1207.12. Waiver of licensure requirements.**

- (a) The Board of Professional Counseling shall waive the 60 hours of postgraduate education and examination requirements for any applicant for licensure as a professional counselor who can demonstrate, to the satisfaction of the Board, that he or she holds a bachelor's degree in counseling or a related subject from an accredited college or university and has been performing the functions of a professional counselor, as defined by this subchapter, on a full-time or substantially full-time basis continually for at least 24 months immediately preceding July 22, 1992, and is qualified to do so on the basis of pertinent education, training, experience, and demonstrated current competence, provided that the application for licensure is made within 24 months of July 22, 1992.
- (b) The Board of Professional Counseling shall waive the examination requirement for any applicant who meets the educational requirements for licensure as a professional counselor if the person has practiced as a professional counselor or as a professional counselor administrator within a 3-year period immediately preceding July 22, 1992, and is qualified to do so on the basis of pertinent experience and demonstrated current competence, provided that the application for licensure is made within 12 months of July 22, 1992.

(c) Applicants licensed under the waiver provisions of this section shall be eligible for license renewal on the same terms as all other licensed professional counselors.

(Mar. 25, 1986, D.C. Law 6-99, § 712, as added July 22, 1992, D.C. Law 9-126, § 2(g), 39 DCR 3824.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

#### **Subchapter VII-B. Waiver of Licensure Requirements for Respiratory Care Practitioners.**

##### **§ 3-1207.21. Waiver of licensure requirements – Demonstration of performance.**

The Board of Respiratory Care shall waive the educational and examination requirements for any applicant for licensure as a respiratory therapist who can demonstrate, to the satisfaction of the Board, that he or she has been performing the functions of a respiratory therapist, as defined in this chapter, on a full-time or substantially full-time basis continually at least 12 months immediately preceding March 14, 1995, and is qualified to do so on the basis of permanent education, training, experience and demonstrated current competence, provided that the application for the license is made within 24 months of March 14, 1995.

(Mar. 25, 1986, D.C. Law 6-99, § 720, as added Mar. 14, 1995, D.C. Law 10-203, § 2(h), 41 DCR 7707; Apr. 18, 1996, D.C. Law 11-110, § 7(d), 43 DCR 530.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 10-203, see Historical and Statutory Notes following § 3-1202.01.

For legislative history of D.C. Law 11-110, see Historical and Statutory Notes following § 3-1202.02.

For Law 14-142, see notes following § 3-1202.21.

**§ 3-1207.23. Eligibility for license renewal**

Applicants licensed under the waiver provisions of this subchapter shall be eligible for license renewal on the same terms as all other licensed respiratory care practitioners.

(Mar. 25, 1986, D.C. Law 6-99, § 722, as added Mar. 14, 1995, D.C. Law 10-203, § 2(h), 41 DCR 7707.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 10-203, see Historical and Statutory Notes following § 3-1201.01.

**Subchapter VII-C. Waiver of Licensure Requirements for Massage Therapists.**

**§ 3-1207.31. Waiver of licensure requirements –  
Demonstration of performance.**

The Board of Massage Therapy shall waive the educational and examination requirements for any applicant for licensure as a massage therapist who can demonstrate, to the satisfaction of the Board, that he or she has been performing the functions of a massage therapist, as defined in this chapter, on a full-time or substantially full-time basis continually at least 12 months immediately preceding March 14, 1995, and is qualified to do so on the basis of pertinent education, training, experience and demonstrated current competence, provided that the application for the license is made within 24 months of March 14, 1995.

(Mar. 25, 1986, D.C. Law 6-99, § 730, as added Mar. 14, 1995, D.C. Law 10-205, § 2(f), 41 DCR 7712; Apr. 18, 1996, D.C. Law 11-110, § 7e, 43 DCR 530.)

**Historical and Statutory Notes**

**Legislative History of Laws**

Law 10-205, the “Qualified Massage Therapists Amendment Act of 1994,” was introduced in Council and assigned Bill No. 10-540, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on October 4, 1994, and November 22, 1994, it was assigned Act No. 10-343 and transmitted to both Houses of Congress for its review. D.C. Law 10-205 became effective on March 14, 1995.

For legislative history of D.C. Law 11-110, see Historical and Statutory Notes following § 3-1201.02.

**§ 3-1207.32. Waiver of licensure requirements –  
Meeting educational requirements.**

The Board of Massage Therapy shall waive the examination requirement for any applicant who meets the educational requirements for licensure as a massage therapist, has practiced as a massage therapist, whether full time or not, within a 3-year period immediately preceding March 14, 1995, and is qualified to do so on the basis of pertinent experience, and demonstrated current competence, provided that application for the license is made within 24 months of March 14, 1995.

(Mar. 25, 1986, D.C. Law 6-99, § 731, as added Mar. 14, 1995, D.C. Law 10-205, § 2(f), 41 DCR 7712; Apr. 18, 1996, D.C. Law 11-110, § 7(f), 43 DCR 530.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 10-205, see Historical and Statutory Notes following § 3-1207.31.

For legislative history of D.C. Law 11-110, see Historical and Statutory Notes following § 3-1201.02.

#### **§ 3-1207.33. Eligibility for license renewal**

Applicants licensed under the waiver provisions of this subchapter shall be eligible for license renewal on the same terms as all other licensed massage therapists.

(Mar. 25, 1986, D.C. Law 6-99, § 732, as added Mar. 14, 1995, D.C. Law 10-205, § 2(f), 41 DCR 7712.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 10-205, see Historical and Statutory Notes following § 3-1207.31.

#### **Subchapter VIII. Categories and Qualifications Of Social Workers**

##### **§ 3-1208.01. Licensed social work associate.**

- (a) The Board of Social Work shall license as a social work associate a person who, in addition to meeting the requirements of subchapter V of this chapter, has a baccalaureate degree (“B.S.W.”) from a social work program accredited by the Council of Social Work Education, and has satisfactorily completed the examination process at the associate level.



- (b) A licensed social work associate (“L.S.W.A.”) may perform case work, group work and community organization services under the supervision of a social worker licensed under § 3-1208.03 or § 3-1208.04.

(Mar. 25, 1986, D.C. Law 6-99, § 801,33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1208.02. Licensed graduate social worker.**

- (a) The Board of Social Work shall license as a graduate social worker a person who, in addition to meeting the requirements of subchapter V of this chapter, has a master’s degree or a doctorate from a social work program accredited by the Council on Social Work Education, and has satisfactorily completed the examination process at the graduate level.
- (b) A licensed graduate social worker (“L.G.S.W.”) may perform any function described as the practice of social work in this chapter, other than psychotherapy, under the supervision of a social worker licensed under § 3-1208.03 or § 3-1208.04, and may perform psychotherapy under the supervision of a social worker licensed under § 3-1208.04.

(Mar. 25, 1986, D.C. Law 6-99, § 802, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1208.03. Licensed independent social worker.**

- (a) The Board of Social Work shall license as an independent social worker a person who, in addition to meeting the requirements of subchapter V of this chapter, has a master’s degree or a doctorate from a social work program accredited by the Council on Social Work Education, has satisfactorily completed the examination process at the independent level, and has at least 3,000 hours post-master’s or postdoctoral experience under the supervision of a licensed independent social worker over a period of not less than 2 or more than 4 years.

- (b) A licensed independent social worker (“L.I.S.W.”) may perform any function described as the practice of social work in this chapter, other than the diagnosis or treatment (including psychotherapy) of psychosocial problems, in an autonomous, self-regulated fashion, in an agency setting or independently, and may direct other persons in the performance of these functions.

(Mar. 25, 1986, D.C. Law 6-99, § 803, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1208.04. Licensed independent clinical social worker.**

- (a) The Board of Social Work shall license as an independent clinical social worker a person who, in addition to meeting the requirements of subchapter V of this chapter, has a master’s degree or a doctorate from a social work program accredited by the Council on Social Work Education, has satisfactorily completed the examination process at the independent clinical level, and has at least 3,000 hours of post-master’s or postdoctoral experience participating in the diagnosis and treatment of individuals, families, and groups with psychosocial problems, under the supervision of a licensed independent clinical social worker over a period of not less than 2 years or more than 4 years; under special circumstances approved by the Board, supervision by a licensed psychiatrist or psychologist may be substituted for up to 1500 hours of this requirement.
- (b) A licensed independent clinical social worker (“L.I.C.S.W.”) may perform any function described as the practice of social work in this chapter, in an autonomous, self-regulated fashion, in an agency setting or independently, and may supervise other persons in the performance of these functions. A licensed independent clinical social worker shall not engage in the practice of medicine and shall refer patients or clients with apparent medical problems to an appropriate and qualified medical practitioner.

(Mar. 25, 1986, D.C. Law 6-99, § 804, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1208.05. Transition.**

For a period of 2 years following March 25, 1986, all references in this subchapter to supervision by licensed social workers shall be deemed to refer to supervision by persons

meeting the requirements for licensure in the District, regardless of whether they are licensed in fact.

(Mar. 25, 1986, D.C. Law 6-99, § 805, 33 DCR 729.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1208.06. Waiver of requirements.**

- (a) The Board of Social Work shall waive the educational and examination requirements for any applicant for licensure as a social worker who can demonstrate, to the satisfaction of the Board, that he or she has been performing the functions of a social worker, as defined in this chapter, on a full-time or substantially full-time basis continually at least 12 months immediately preceding March 25, 1986, and is qualified to do so on the basis of pertinent education, training, experience, and demonstrated current competence, provided that application for the license is made within 24 months of March 25, 1986.
- (b) The Board of Social Work shall waive the examination requirement for any applicant who meets the educational requirements for licensure as a social worker, has practiced as a social worker or as a social work administrator, whether full time or not, within a 3-year period immediately preceding March 25, 1986, and is qualified to do so on the basis of pertinent experience, and demonstrated current competence, provided that application for the license is made within 24 months of March 25, 1986.
- (c) Applicants licensed under the waiver provisions of this section shall be eligible for license renewal on the same terms as all other licensed social workers.

(Mar. 25, 1986, D.C. Law 6-99, § 806, 33 DCR 729; July 25, 1987, D.C. Law 7-20, § 2(b), 34 DCR 3814; Mar. 11, 1988, D.C. Law 7-87, § 2(b), 35 DCR 162.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 7-20, see Historical and Statutory Notes following § 3-1207.02.

For legislative history of D.C. Law 7-87, see Historical and Statutory Notes following § 3-1207.02.

**Subchapter IX.        Related Occupations; Registration Requirements;  
Prohibited Actions.**

**§ 3-1209.01.        Naturopathy.**

- (a) Any person who practices or offers to practice naturopathy or naturopathic healing in the District shall register with the Mayor on forms prescribed by the Mayor, reregister at intervals the Mayor may require by rule, and pay the registration fee established by the Mayor.
- (b) A person registered to practice naturopathy or naturopathic healing may counsel individuals and treat human conditions through the use of naturally occurring substances in accordance with the requirements of this chapter.
- (c) Practitioners of naturopathy or naturopathic healing, unless also licensed by the Board of Medicine to practice medicine in the District, shall provide to all clients or patients a written notice stating that the practitioner is not licensed to practice medicine, and further stating that it is unlawful for a practitioner of naturopathy to perform any of the functions listed in subsection (e) of this section which shall be itemized in the notice, and shall post an identical notice in a prominent place, in printing of a size to be easily readable, in each office or location of practice.
- (d) Practitioners of naturopathy or naturopathic healing may use the title “Doctor of Naturopathy.”
- (e) It shall be unlawful for a practitioner of naturopathy or naturopathic healing to:
  - (1) By use of a title or description of services, falsely lead any person to believe the practitioner practices medicine as defined in § 3-1201.02(7);
  - (2) Use X-rays, perform any surgical procedure, inject any substance into another person by needle, or perform any invasive procedure on another person;
  - (3) Deliver infants;
  - (4) Prescribe for or provide to another person any drug, substance, or device regulated by the laws of the District or federal governments or available by prescription only;  
or

(5) File birth or death certificates or sign claims or authorization for payment of workers' compensation benefits, Medicare or Medicaid benefits, or benefits provided for health care through other publicly assisted programs.

(f) The Mayor may by rules set forth the standards of education and experience required to qualify for registration as a naturopath, and, in doing so, may adopt the standards of a national professional association of naturopaths.

(Mar. 25, 1986, D.C. Law 6-99, § 901, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(x), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1209.02. Dance and recreation therapy.**

- (a) Any person who practices or offers to practice dance therapy or recreation therapy in the District shall register with the Mayor on forms prescribed by the Mayor, reregister at intervals the Mayor may require by rule, and pay the registration fee established by the Mayor.
- (b) A person registered to practice dance therapy or recreation therapy may employ the theories and techniques of the profession, in accordance with appropriate ethical requirements, to aid in the restoration and rehabilitation of mental and physical functions.
- (c) The Mayor shall, by rule, set forth standards of education and experience required to qualify for registration as a dance therapist or recreation therapist and, in doing so, may adopt the standards of the recognized national professional associations of dance therapists or recreation therapists.

(Mar. 25, 1986, D.C. Law 6-99, § 902, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1209.03. Registered acupuncture therapist.**

- (a) For the purposes of this section, “registered acupuncture therapist” means a person who has successfully completed a program in acupuncture therapy approved by the Advisory Committee on Acupuncture and the Board of Medicine for the specific purpose of treating drug and alcohol abuse in a clinical setting and who does not otherwise possess the credentials or qualifications for the practice of acupuncture as required by § 3-1205.04.
- (b) A person who is engaged as an acupuncture therapist in the District shall register with the Mayor, renew the registration as required by the rule, and pay the required registration fee established by the Mayor.
- (c) Any person registered to practice as an acupuncture therapist shall practice under the direct collaboration of a person licensed to practice acupuncture or a physician licensed to practice acupuncture.
- (d) The Mayor, in accordance with the provisions of subchapter I of Chapter 5 of Title 2, shall issue rules setting forth the standards of education and experience required to qualify for registration as an acupuncture therapist.

(Mar. 25, 1986, D.C. Law 6-99, § 903, as added Mar. 20, 1992, D.C. Law 9-77, § 2, 39 DCR 669.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

Law 9-77, the “Health Occupations Revision Act of 1985 Acupuncture Practice Amendment Act of 1992,” was introduced in Council and assigned Bill No. 9-18, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on December 3, 1991, and January 7, 1992, respectively. Signed by the Mayor on January 28, 1992, it was assigned Act No. 9-134 and transmitted to both Houses of Congress for its review. D.C. Law 9-77 became effective on March 20, 1992.

#### **§ 3-1209.04.           Addiction counselor.**

- (a) For the purposes of this section, the term “addiction counselor” means a person who possesses and utilizes a unique knowledge and skill base to assist (i) substance abusers; (ii) a person or group affected by a problem related to substance abuse; or (iii) the public for whom the prevention of substance abuse is a primary concern. This knowledge and skill base may be attained through a combination of specialized training, education, supervised work experience, and life experience.
- (b) A person who is engaged as an addiction counselor in the District shall register with the Mayor, renew the registration as required by rule, and pay the required registration fee established by the Mayor.

- (c) A person registered to practice as an addiction counselor may assist substance abusers, persons affected by problems and related to substance abuse, and the public.
- (d) The Mayor, in accordance with the provisions of subchapter I of Chapter 5 of Title 2, shall issue rules setting forth the required standards for education and experience needed to qualify as a registered addiction counselor. The Mayor may adopt the standards of a recognized professional association of addiction counselors.

(Mar. 25, 1986, D.C. Law 6-99, § 904, as added July 22, 1992, D.C. Law 9-126, § 2(h), 39 DCR 3824.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

### **Subchapter X. Prohibited Acts; Penalties; Injunctions.**

#### **§ 3-1210.01. Practicing without license.**

No person shall practice, attempt to practice, or offer to practice a health occupation licensed or regulated under this chapter in the District unless currently licensed, or exempted from licensing, under this chapter.

(Mar. 25, 1986, D.C. Law 6-99, § 1001, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **§ 3-1210.02. Misrepresentation.**

Unless authorized to practice a health occupation under this chapter, a person shall not represent to the public by title, description of services, methods, or procedures, or otherwise that the person is authorized to practice the health occupation in the District.

(Mar. 25, 1986, D.C. Law 6-99, § 1002, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1210.03. Certain representations prohibited.**

- (a) Unless authorized to practice acupuncture under this chapter, a person shall not use or imply the use of the words or terms “acupuncture,” “acupuncturist,” or any similar title or description of services with the intent to represent that the person practices acupuncture.
- (b) Unless authorized to practice as an advanced practice registered nurse under this chapter, a person shall not use or imply the use of the words or terms “advanced practice registered nurse”, “A.P.R.N.”, “certified registered nurse anesthetist”, “C.R.N.A.”, “certified nurse midwife”, “C.N.M.”, “clinical nurse specialist”, “C.N.S.”, “nurse practitioner”, “N.P.”, or any similar title or description of services with the intent to represent that the person practices advanced registered nursing.
- (c) Unless authorized to practice chiropractic under this chapter, a person shall not use or imply the use of the words or terms “chiropractic,” “chiropractor,” “Doctor of Chiropractic,” “D.C.”, or any similar title or description of services with the intent to represent that the person practices chiropractic.
- (d) Unless authorized to practice dentistry under this chapter, a person shall not use or imply the use of the words or terms “dentistry,” “dentist,” “D.D.S.”, “D.M.D.”, “endodontist,” “oral surgeon,” “maxillofacial surgeon,” “oral pathologist,” “orthodontist,” “pedodontist,” “periodontist,” “prosthodontist,” “public health dentist,” or any similar title or description of services with the intent to represent that the person practices dentistry.
- (e) Unless authorized to practice dentistry or dental hygiene under this chapter, a person shall not use or imply the use of the words or terms “dental hygiene,” “dental hygienist,” or similar title or description of services with the intent to represent that the person practices dental hygiene.
- (f) Unless authorized to practice dietetics or nutrition under this chapter, a person shall not use or imply the use of the words or terms “dietitian/nutritionist,” “licensed dietitian,” “licensed nutritionist,” “dietitian,” “nutritionist,” “L.D.N.”, “L.D.”, “L.N.”, or any similar title or description of services with the intent to represent that the person practices dietetics or nutrition.
- (g) Unless authorized to practice medicine under this chapter, a person shall not use or imply the use of the words or terms “physician,” “surgeon,” “medical doctor,” “doctor of osteopathy,” “M.D.”, “anesthesiologist,” “cardiologist,” “dermatologist,” “endocrinologist,” “gastroenterologist,” “general practitioner,” “gynecologist,” “hematologist,” “internist,” “laryngologist,” “nephrologist,” “neurologist,” “obstetrician,” “oncologist,” “ophthalmologist,” orthopedic surgeon,” “orthopedist,” “osteopath,”



“otologist,” “otolaryngologist,” “otorhinolaryngologist,” “pathologist,” “pediatrician,” “primary care physician,” “proctologist,” “psychiatrist,” “radiologist,” “rheumatologist,” “rhinologist,” “urologist,” or any similar title or description of services with the intent to represent that the person practices medicine.

- (h) Unless authorized to practice nursing home administration under this chapter, a person shall not use the words or terms “nursing home administration,” “nursing home administrator,” “N.H.A.,” or any similar title or description of services with the intent to represent that the person practices nursing home administration.
- (i) Unless authorized to practice occupational therapy under this chapter, a person shall not use the words or terms “occupational therapy,” “occupational therapist,” “licensed occupational therapist,” “O.T.,” “O.T.R.,” “L.O.T.,” or any similar title or description of services with the intent to represent that the person practices occupational therapy.
- (j) Unless authorized to practice as an occupational therapy assistant under this chapter, a person shall not use the words or terms “occupational therapy assistant,” “licensed occupational therapy assistant,” “certified occupational therapy assistant,” “O.T.A.,” “L.O.T.A.,” “C.O.T.A.,” or any similar title or description of services with the intent to represent that the person practices as an occupational assistant.
- (k) Unless authorized to practice optometry under this chapter, a person shall not use the words or terms “optometry,” “optometrist,” “Doctor of Optometry,” “contactologist,” “O.D.,” or any similar title or description of services with the intent to represent that the person practices optometry.
- (l) Unless authorized to practice pharmacy under this chapter, a person shall not use the words or terms “pharmacy,” “pharmacist,” “druggist,” “registered pharmacist,” “R.Ph.,” “Ph.G.,” or any similar title or description of services with the intent to represent that the person practices pharmacy.
- (m) Unless authorized to practice physical therapy under this chapter, a person shall not use the words or terms “physical therapy,” “physical therapist,” “physiotherapist,” “physical therapy technician,” “P.T.,” “L.P.T.,” “R.P.T.,” “P.T.T.,” or any similar title or description of services with the intent to represent that the person practices physical therapy.
- (n) Unless authorized to practice as a physician assistant under this chapter, a person shall not use or imply the use of the words or terms “physician assistant,” “P.A.,” “surgeon’s assistant,” or any similar title or description of services with the intent to represent that the person practices as a physician assistant.
- (o) Unless authorized to practice podiatry under this chapter, a person shall not use the words or terms “podiatry,” “podiatrist,” “podiatric,” “foot specialist,” “foot correctionist,” “foot expert,” “practipedist,” “podologist,” “D.P.M.,” or any similar title or description of services with the intent to represent that the person practices podiatry.

- (p) Unless authorized to practice practical nursing under this chapter, a person shall not use the words or terms “practical nurse,” “licensed practical nurse,” “L.P.N”, or any similar title or description of services with the intent to represent that the person practices practical nursing.
- (q) Unless authorized to practice psychology under this chapter, a person shall not use the words or terms “psychology,” “psychologist,” or similar title or description of services with the intent to represent that the person practices psychology.
- (r) Unless authorized to practice registered nursing under this chapter, a person shall not use the words or terms “registered nurse,” “certified nurse,” “graduate nurse,” “trained nurse,” “R.N.,” or any similar title or description of services with the intent to represent that the person practices registered nursing.
- (s) Unless authorized to practice social work under this chapter, a person shall not use the words or terms “social worker,” “clinical social worker,” “graduate social worker,” “independent social worker,” “licensed social worker,” “L.I.S.W.,” “licensed independent clinical social worker,” “L.I.C.S.W.,” or any similar title or description of services with the intent to represent that the person practices social work.
- (t) Unless authorized to practice professional counseling pursuant to this chapter, a person shall not use the phrase “licensed professional counselor,” or any similar title or description of services with the intent to represent that the person practices professional counseling. Nothing in this subsection shall restrict the use of the generic terms “counseling” or “counselor.”
- (u) Unless authorized to practice respiratory care pursuant to this chapter, a person shall not use the phrase “licensed respiratory care practitioner,” or any similar title or description of services with the intent to represent that the person is a respiratory care practitioner.
- (v) Unless authorized to practice massage therapy under this chapter, a person shall not use or imply the use of the words or terms “massage therapy”, “therapeutic massage”, “myotherapy”, “bodyrub”, or similar title or description of services, or the initials “LMT”, with the intent to represent that the person practices massage.

(Mar. 25, 1986, D.C. Law 6-99, § 1003, 33 DCR 729; July 22, 1992, D.C. Law 9-126, § 2(i), 39 DCR 3824; Mar. 14, 1995, D.C. Law 10-203, § 2(g), 41 DCR 7707; Mar. 14, 1995, D.C., Law 10-205, § 2(g), 41 DCR 7712; Mar. 23, 1995, D.C. Law 10-247, § 2(y), 42 DCR 457; Apr. 18, 1996, D.C. Law 11-110, § 7(g), 43 DCR 530.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 9-126, see Historical and Statutory Notes following § 3-1202.13.

For legislative history of D.C. Law 10-203, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-205, see Historical and Statutory Notes following § 3-1207.31.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 11-110, see Historical and Statutory Notes following § 3-1201.02.

**§ 3-1210.04. Filing false document or evidence; false statements.**

(a) No person shall file or attempt to file with any board or the Mayor any statement, diploma, certificate, credential, or other evidence if the person knows, or should know, that it is false or misleading.

(b) No person shall knowingly make a false statement that is in fact material under oath or affirmation administered by any board or hearing officer.

(Mar. 25, 1986, D.C. Law 6-99, § 1004, 33 DCR 729.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1210.05. Fraudulent sale, obtaining, or furnishing of documents.**

No person shall sell or fraudulently obtain or furnish any diploma, license, certificate or registration, record, or other document required by this chapter, by any board, or by the Mayor.

(Mar. 25, 1986, D.C. Law 6-99, § 1005, 33 DCR 729.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1210.06. Restrictions relating to pharmacies.**

- (a) Nothing in this chapter regulating the practice of pharmacy shall be construed as altering or affecting in any way District or federal laws requiring a written prescription for controlled substances or other dangerous drugs.
- (b)(1) No pharmacist shall supervise more than 1 pharmacy intern at a time without prior approval of the Board of Pharmacy.
- (2) No one other than a licensed pharmacist shall receive an oral prescription for Schedule II controlled substances.
- (3) It shall be unlawful for a pharmacy intern to compound or dispense any drug by prescription in the District except while in the presence of and under the immediate supervision of a pharmacist.
- (4) Any person engaging in the practice of pharmacy as a pharmacy intern shall register with the Mayor and shall comply with the applicable provisions of this chapter and subpart C of subchapter IV of Chapter 28 of Title 47.

(Mar. 25, 1986, D.C. Law 6-99, § 1006, 33 DCR 729.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1210.06a. Pharmacist consultation with medical assistance recipient or caregivers; records.**

- (a) A pharmacist who provides prescription services to medical assistance recipients shall offer to discuss with each medical assistance recipient or caregiver who presents a prescription order for outpatient drugs any matter which, in the exercise of the pharmacist's professional judgment, the pharmacist deems significant, which may include the following:
  - (1) The name and description of the medication;

- (2) The dosage form, dosage, route of administration, and duration of drug therapy;
  - (3) Special directions, precautions for preparation, administration, and use by the patient;
  - (4) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
  - (5) Techniques for self-monitoring drug therapy;
  - (6) Proper storage;
  - (7) Prescription refill information; and
  - (8) Action to be taken in the event of a missed dose.
- (b) The offer to discuss may be made in the manner determined by the professional judgment of the pharmacist, which may include any 1 or a combination of the following:
- (1) A face-to-face communication with the pharmacist or the pharmacist's designee;
  - (2) A sign posted in such a manner that it can be seen by patients;
  - (3) A notation affixed to or written on the bag in which the prescription is to be dispensed;
  - (4) A notation contained on the prescription container;
  - (5) Communication by telephone; or
  - (6) Any other manner prescribed by rule.
- (c) Nothing in this section shall be construed as requiring a pharmacist to provide consultation if the medical assistance recipient or caregiver refuses the consultation. These refusals shall be noted in the profile maintained in accord with subsection (d) of this section for a medical assistance recipient.
- (d) A pharmacist shall make a reasonable effort to obtain, record, and maintain, at the individual pharmacy, the following minimal information regarding a medical assistance recipient receiving a prescription:
- (1) Name, address, telephone number, date of birth or age, and gender;
  - (2) Individual patient history when significant, including known allergies and drug reactions, and a comprehensive list of medications and relevant devices, and

- (3) Pharmacist comments relevant to the individual's drug therapy, which may be recorded either manually or electronically in the patient's profile, including any failure to accept the pharmacist's offer to counsel.
- (e) This section shall apply only to medical assistance recipients presenting prescriptions for covered outpatient drugs.
- (f) The requirements of this section do not apply to refill prescriptions.
- (g) The Mayor may adopt regulations implementing the provisions of this section to assure compliance with federal medical assistance requirements.

(Mar. 25, 1986, D.C. Law 6-99, § 3-1006a, as added Apr. 26, 1994, D.C. Law 10-102, § 2, 41 DCR 1002.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

Law 10-102, the "Patient Counseling Amendment Act of 1994," was introduced in Council and assigned Bill No. 10-376, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on January 4, 1994, and February 1, 1994, respectively. Signed by the mayor on February 17, 1994, it was assigned Act No. 10-190 and transmitted to both Houses of Congress for its review. D.C. Law 10-102 became effective on April 26, 1994.

#### **§ 3-1210.07. Criminal penalties.**

- (a) Any person who violates any provision of this chapter shall, upon conviction, be subject to imprisonment not to exceed 1 year, or a fine not to exceed \$10,000, or both.
- (b) Any person who has been previously convicted under this chapter shall, upon conviction, be subject to imprisonment not to exceed 1 year, or a fine not to exceed \$25,000, or both.

(Mar. 25, 1986, D.C. Law 6-99, § 1007, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(z), 42 DCR 457.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1210.08. Prosecutions.**

- (a) Prosecutions for violations of this chapter shall be brought in the name of the District of Columbia by the Corporation Counsel.
- (b) In any prosecution brought under this chapter, any person claiming an exemption from licensing under this chapter shall have the burden of providing entitlement to the exemption.

(Mar. 25, 1986, D.C. Law 6-99, § 1008, 33 DCR 729; Mar. 23, 1995, D.C. Law 10-247, § 2(aa), 42 DCR 457.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 10-247, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1210.09. Alternative sanctions.**

Civil fines, penalties, and fees may be imposed as alternative sanctions for any infraction of the provisions of this chapter, or any rules or regulations issued under the authority of this chapter, pursuant to Chapter 18 of Title 2.

(Mar. 25, 1986, D.C. Law 6-99, § 1009, 33 DCR 729.)

**Historical and Statutory Notes**

**Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

**§ 3-1210.10. Injunctions.**

- (a) The Corporation Counsel may bring an action in the Superior Court of the District of Columbia in the name of the District of Columbia to enjoin the unlawful practice of any health occupation or any other action which is grounds for the imposition of a criminal penalty or disciplinary action under this chapter.
- (b) The Corporation Counsel may bring an action in the Superior court of the District of Columbia in the name of the District of Columbia to enjoin the unlawful sale of drugs or the unlawful trade practice or unlawful operation of a pharmacy, nursing home,

community residential facility, or any other establishment purporting to provide health services.

(c) Remedies under this section are in addition to criminal prosecution or any disciplinary action by a board.

(d) In any proceeding under this section, it shall not be necessary to prove that any person is individually injured by the action or actions alleged.

(Mar. 25, 1986, D.C. Law 6-99, § 1010, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

#### **Subchapter XI. [Reserved]**

#### **Subchapter XII. Transitional Provisions.**

##### **§ 3-1212.01. Transfer of personnel, records, property, and funds.**

- (a) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Dental Examiners are transferred to the Board of Dentistry established by this chapter.
- (b) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Commission on Licensure to Practice the Healing Arts are transferred to the Board of Medicine established by this chapter.
- (c) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Nurses' Examining Board are transferred to the Board of Nursing established by this chapter.
- (d) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Examiners for Nursing Home Administrators are transferred to the Board of Nursing Home Administration established by this chapter.
- (e) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Occupational Therapy Practice are transferred to the Board of Occupational Therapy established by this chapter.



- (f) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Optometry are transferred to the Board of Optometry established by this chapter.
- (g) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Physical Therapists Examining Board are transferred to the Board of Physical Therapy established by this chapter.
- (h) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Pharmacy are transferred to the Board of Pharmacy established by this chapter.
- (i) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Podiatry Examiners are transferred to the Board of Podiatry established by this chapter.
- (j) The personnel, records, property, and unexpended balances of appropriations and other funds which relate primarily to the functions of the Board of Psychologist Examiners are transferred to the Board of Psychology established by this chapter.

(Mar. 25, 1986, D.C. Law 6-99, § 1201, 33 DCR 729.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following, § 1201.01.

#### **§ 3-1212.02. Members of boards abolished.**

Members of boards or commissions abolished by section 1104 shall serve as members of the successor boards to which their functions are transferred until the expiration of their terms or the appointment of their successors, whichever occurs first.

(Mar. 25, 1986, D.C. Law 6-99, § 1202, 33 DCR 729; Apr. 30, 1988, D.C. Law 7-104, § 26(a), 35 DCR 147.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

Law 7-104, the “Technical Amendments Act of 1987,” was introduced in Council and assigned Bill No. 7-346, which was referred to the Committee of the Whole. The Bill was

adopted on first and second readings on November 24, 1987 and December 8, 1987, respectively. Signed by the Mayor on December 22, 1987, it was assigned to Act No. 7-124 and transmitted to both Houses of Congress for its review.

### **References in Text**

“Section 1104,” referred to near the beginning of the section, is § 1104 of D.C. Law 6-99, which repealed Chapters 12, 17, 18, and 22 of Title 2 [Chapters 21, 23, 24, and 26 of Title 3, 2001 Ed.] and §§ 2-1301 to 2-1343 (§§ 3-2901 to 3-2943, 2001 Ed.).

### **§ 3-1212.03. Pending actions and proceedings; existing rules and orders.**

- (a) No suit, action, or other judicial proceeding lawfully commenced by or against any board or commission specified in section 1104, or against any member, officer or employee of the board or commission in the official capacity of the officer or employee, shall abate by reason of the taking effect of this chapter, but the court or agency, unless it determines that survival of the suit, action, or other proceeding is not necessary for purposes of settlement of the question involved, shall allow the suit, action, or other proceeding to be maintained, with substitutions as to parties as are appropriate.
- (b) No disciplinary action against a health professional or other administrative action or proceeding lawfully commenced shall abate solely by reason of the taking effect of any provision of this chapter, but the action or proceeding shall be continued with substitutions as to parties and officers or agencies as are appropriate.
- (c) Except as otherwise provided in this chapter, all rules and orders promulgated by the boards abolished by this act shall continue in effect and shall apply to their successor boards until the rules or orders are repealed or suspended.

(Mar. 25, 1986, D.C. Law 6-99, § 3-1203, 33 DCR 729; Apr. 30, 1988, D.C. Law 7-104, § 26(b), 35 DCR 147.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

For legislative history of D.C. Law 7-104, see Historical and Statutory Notes following § 3-1212.02.

### **References in Text**

“Section 1104”, referred to near the beginning of subsection (a), is § 1104 of D.C. Law 6-99, which repealed Chapters 12, 17, 18, and 22 of Title 2 [Chapters 21, 23, 24, and 26 of Title 3,

2001 Ed.] and § 2-1301 to 2-1343 [§§ 3-2901 to 3-2943, 2001 Ed.]. “This act”, referred to near the middle of subsection (c) is D.C. Law 6-99.

## **Subchapter XII. Appropriations.**

### **§ 3-1213.01 Appropriations.**

Funds may be appropriated to carry out the purposes of this chapter.

(Mar. 25, 1986, D.C. Law 6-99, § 1301, 33 DCR 729.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For legislative history of D.C. Law 6-99, see Historical and Statutory Notes following § 3-1201.01.

## **Unit B. Special Programs Associated with Board Duties**

### **Subchapter I. Nurse’s Rehabilitation Program.**

#### **§ 3-1251.01. Definitions.**

(a) For the purposes of this subchapter, the term:

- (1) “Board” means the District of Columbia Board of Nursing.
- (2) “Committee” means the Committee on Impaired Nurses.
- (3) “Contract” means a written agreement between the impaired nurse and the Committee providing the terms and conditions of the nurse’s participation in the Program.
- (4) “Disciplinary action” means any proceeding which may lead to a fine or probation, or to reprimand, restriction, revocation, suspension, denial or other order relating to the licensure or certification of a nurse by the Board of Nursing.
- (5) “Impaired nurse” means a nurse who is unable to perform his or her professional responsibilities due to drug or alcohol dependency or mental illness.

- (6) “Licensed Nurse” means an advanced practice registered nurse, a registered nurse, or a licensed practical nurse.
- (7) “Program” means the treatment and rehabilitation program for impaired nurses described in this subchapter. Program shall also refer to the facility where program services shall be provided.
- (8) “Provider” means an experienced and licensed, registered, or certified individual approved by the Board.
- (9) “Treatment facility” means a facility for the treatment of impairments that meets the certification requirements of the District of Columbia’s Department of Health, the Joint Commission on the Accreditation of Health Care Organizations, the Commission on the Accreditation of Rehabilitation Facilities, or other accrediting body approved by the Board.

(May 1, 2001, D.C. Law 13-297, § 2, 48 DCR 2036.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

Law 13-297, the “Nurse’s Rehabilitation Program Act of 2001,” was introduced in Council and assigned Bill No. 13-794, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on December 5, 2000 and December 19, 2001, respectively. Signed by the Mayor on January 24, 2001, it was assigned Act No. 13-587 and transmitted to Both Houses of Congress for its review. D.C. Law 13-297 became effective on May 1, 2001.

### **§ 3-1251.02. Formation of Committee Impaired Nurses.**

- (a) A Committee on Impaired Nurses is established to supervise operation of the Program. The Committee shall be composed of 5 nurses licensed in the District of Columbia who shall be appointed by the Board. The Board may establish additional committees as may be necessary to perform the functions described in this subchapter.
- (b) All members of the Committee shall be knowledgeable about impairment and rehabilitation.
- (c) The members of the Committee shall be appointed for a 3-year term, except in the first year of any Committee, when the terms shall be staggered. At the end of a term, a member shall continue to serve until a successor is appointed.

- (d) A committee member who is appointed after a term has begun, or to replace a former member of the Committee, shall serve for the rest of the term of his or her predecessor. The appointed member shall continue to serve until a successor is appointed.
- (e) The Board may appoint a Committee member for successive terms.
- (f) The Committee shall select a chairperson from among its members.
- (g) The Board may remove a committee member for cause.
- (h) The Board shall review and approve all procedures established by the Committee.

(May 1, 2001, D.C. Law 13-297, § 3, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.03. Committee meetings.**

- (a) The committee shall determine where meetings are held and the frequency of meetings.
- (b) Minutes of Committee meetings shall be confidential. Only Committee members shall have access to these documents.
- (c) Records of the Committee shall be privileged and confidential, and shall not be disclosed. The records shall be used by the Committee only in the exercise of the proper functions of the Committee, as set forth in this subchapter, and shall not be public records. The records shall not be subject to court order, except as provided in § 3-1251.07, nor subject to discovery or introduction as evidence in any civil, criminal, or administrative proceedings, except those conducted by a health regulatory board.
- (d) A majority of the members serving on the Committee shall be required to establish a quorum.

(May 1, 2001, D.C. Law 13-297, § 4, 48 DCR 2036.)

### **Historical and Statutory Notes**

## **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

### **§ 3-1251.04. Committee staff.**

The Committee may employ staff or engage the services of a consultant to carry out its functions in accordance with the approved budget of the District of Columbia and as approved by the Board.

(May 1, 2001, D.C. Law 13-297, § 5, 48 DCR 2036.)

## **Historical and Statutory Notes**

### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

### **§ 3-1251.05. Committee powers and duties.**

In addition to the powers and duties set forth elsewhere in this subchapter, the Committee shall:

- (1) Evaluate a nurse who requests participation in the Program according to the guidelines prescribed by the Committee and consider recommendations for a nurse's admission into the Program;
- (2) Designate and review facilities and providers to which nurses in the Program may be referred for treatment and services;
- (3) Receive and review information concerning a nurse participating in the Program;
- (4) Consider whether a nurse participating in the Program may safely continue or resume the practice of nursing;
- (5) Hold meetings, as necessary, to consider the requests of nurses to participate in the Program and the reports regarding nurses participating in the Program;
- (6) Establish rules and guidelines for the operation of the Program, including the evaluation of facilities and providers that provide treatment and services to nurses eligible to participate in the program;
- (7) Prepare reports to be submitted to the Board; and
- (8) Set forth in writing a rehabilitation program established for each nurse participating in the Program, including the requirements for supervision and surveillance.

(May 1, 2001, D.C. Law 13-297, § 6, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.06. Notice of Program procedures.**

Each nurse who requests to participate in the Program shall be informed in writing of the Program's procedures, including the rights and responsibilities of the nurse, and the consequences of noncompliance with the procedures, including suspension and termination of the nursing license.

(May 1, 2001, D.C. Law 13-297, § 7, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.07. Disclosure of records.**

- (a) The Committee may disclose records relating to an impaired nurse only:
- (1) When disclosure of the information is essential to the intervention, treatment, or rehabilitation needs of the impaired nurse;
  - (2) When release of the information has been authorized in writing by the impaired nurse;
  - (3) To the Board, if the nurse fails to comply with the conditions of the contract; or
  - (4) Pursuant to an order issued by a court of competent jurisdiction.
- (b) A court shall order disclosure of records relating to an impaired nurse only upon a showing of good cause, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause, the court shall weigh the public interest and the need for disclosure against the potential for injury to the patient, to the nurse-patient relationship, and to the treatment services. In determining the extent to which any disclosure of all or any part of any record is necessary, the court shall impose appropriate protections against unauthorized disclosures.
- (c) The proceedings of the Committee which in any way pertain or refer to a specific nurse who may be, or who actually is, impaired and who may be or is, by reason of the impairment, subject to disciplinary action by the Board shall be excluded from the

requirements of subchapter II of Chapter 5 of Title 2 (“Freedom of Information Act”), and may be closed to the public. Such proceedings shall be privileged and confidential.

(May 1, 2001, D.C. Law 13-297, § 8, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.08. Immunity from liability.**

The members of the Committee shall be immune from liability in the exercise of their duties.

(May 1, 2001, D.C. Law 13-297, § 9, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.09. Description of the Program.**

- (a) Admission to the Program is voluntary.
- (b) A colleague, employer, or the Board may refer impaired nurses to the Program through a self-report, formal complaint.
- (c) A nurse requesting admission to the Program may not have:
  - (1) Caused an injury to an individual while practicing nursing;
  - (2) Malpractice litigation pending against him or her alleging that he or she caused an injury to an individual while practicing nursing; or
  - (3) Been arrested for diversion of controlled substances for sale or distribution.
- (d) The Committee and the nurse shall enter into a written contract that sets forth the requirements and conditions for the nurse’s participation in the Program.
- (e) A nurse who fails to comply with the requirements and conditions of the written contract shall be reported to the Board for disciplinary action. The Board may take such action as



described in § 3-1205.14 (revocation, suspension, or denial of license or privilege, civil penalty, reprimand) against a nurse who is expelled from the rehabilitation program for noncompliance. The Board shall not be required to recommend a course of remediation, as described in § 3-1205.14 (c)(6), for a nurse who is expelled from the rehabilitation program for noncompliance may be immediately suspended or restricted as described in § 3-1205.15 (summary action).

- (f) Evaluation of a nurse for participation in the Program shall be the responsibility of the Committee.
- (g) At the request of the Board, the Committee in consultation with the treatment providers, may evaluate a nurse with a drug or alcohol abuse problem, or mental illness, for readiness to return to the practice of nursing.
- (h) An impaired nurse who is participating in the rehabilitation program may voluntarily limit or surrender any license issued under Unit A of this chapter in accordance with § 3-1205.18.

(May 1, 2001, D.C. Law 13-297, § 10, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.10. Approval of treatment facilities.**

- (a) To qualify as a designated treatment facility to which a nurse in the Program may be referred, the treatment facility shall meet the following criteria:
  - (1) The treatment facility shall have a specific, identified contact person to whom the nurse can be referred for assistance;
  - (2) The treatment facility shall have convenient hours of operation;
  - (3) The costs of treatment services shall be clearly stated and defined to the Committee and to the nurse seeking assistance;
  - (4) Treatment and rehabilitation services shall be available and used in conjunction with appropriate individual and group therapy and other appropriate treatment modalities;
  - (5) The treatment facility shall have a provider who is available to conduct timely assessments and evaluations on site or at a convenient location;
  - (6) The treatment facility provider shall agree to submit written reports of the assessments and evaluations to the Committee within a designated period of time;

- (7) The treatment facility provider shall agree to disclose to the Committee, upon request, all information in its possession regarding a nurse's impairment or disability and the nurse's participation in the treatment facility, in accordance with a signed release of information from the nurse;
  - (8) The treatment facility shall agree to submit progress reports at least quarterly and upon request, and immediately if a significant event should occur in treatment that is related to the issues of impairment or disability and its effect on the nurse's practice; and
  - (9) The treatment facility shall conduct random, supervised testing to screen for drug use. The treatment facility shall agree to make available all results of drug screens to the Committee, and shall agree to inform the Committee immediately should a drug screen be positive.
- (b) The Committee shall evaluate the Program and participating treatment facilities at least annually to ensure that the criteria listed in subsection (a) of this section are maintained.

(May 1, 2001, D.C. Law 13-297, § 11, 48 DCR 2036.)

#### **Historical and Statutory Notes**

##### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

##### **§ 3-1251.11. Maintenance of records.**

- (a) Records shall be confidential and maintained in a locked file in the office of the Board.
- (b) A nurse's records shall be destroyed 2 years after the nurse's satisfactory discharge from the Program.

(May 1, 2001, D.C. Law 13-297, § 12, 48 DCR 2036.)

#### **Historical and Statutory Notes**

##### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

##### **§ 3-1251.12. Nurses leaving the District of Columbia or applying for licensure in another state.**

- (a) A nurse participating in the Program who moves to a jurisdiction where a rehabilitation program is in place and applies for licensure in that jurisdiction shall be transferred to that jurisdiction's rehabilitation program.
- (b) A nurse participating in the Program who moves to a jurisdiction where there is no rehabilitation program and applies for licensure in that jurisdiction shall have his or her records transferred to that jurisdiction's equivalent of the Board.
- (c) Whenever a nurse who applies for licensure in another jurisdiction continue to practice nursing in the District of Columbia:
  - (1) If the jurisdiction has a rehabilitation program in place, the program shall be notified that the nurse is participating in a rehabilitation program in the District of Columbia; or
  - (2) If there is no rehabilitation program in the jurisdiction, the jurisdiction's equivalent of the Board shall be notified that the nurse is participating in a rehabilitation program in the District of Columbia.

(May 1, 2001, D.C. Law 13-297, § 13, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.13. Information booklet.**

The Committee shall publish an informational booklet describing the Program for the public. The booklet shall be updated as may be necessary.

(May 1, 2001, D.C. Law 13-297, § 14, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.14. Reports to the Board.**

(a) The Board shall require reports from the Committee annually and at such other times as it believes may be necessary and appropriate. The reports shall include:

- (1) Information concerning the number of cases accepted, denied, and terminated, with compliance or noncompliance; and

(2) A cost analysis of the Program.

(May 1, 2001, D.C. Law 13-297, § 15, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.15. Rules.**

The Mayor, pursuant to subchapter I of Chapter 5 of Title 2, may issue rules to implement the provisions of this subchapter.

(May 1, 2001, D.C. Law 13-297, § 16, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

#### **§ 3-1251.16. Appropriations.**

This subchapter shall be subject to the availability of appropriations.

(May 1, 2001, D.C. Law 13-297, § 17, 48 DCR 2036.)

### **Historical and Statutory Notes**

#### **Legislative History of Laws**

For D.C. Law 13-297, see notes following § 3-1251.01.

**DISTRICT OF  
COLUMBIA  
MUNICIPAL  
REGULATIONS  
for  
PHYSICAL  
THERAPY**

**CHAPTER 67            PHYSICAL THERAPY**

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6703	Applicants Educated in Foreign Countries
6704	Licensure by Examination
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**6700            GENERAL PROVISIONS**

- 6700.1            This chapter shall apply to applicants for and holders of a license to practice physical therapy.
  
- 6700.2            Chapters 40 (Health Occupations: General Rules) 41 (Health Occupations: Administrative Procedures) of this title shall supplement this chapter.

**6701            TERM OF LICENSE**

- 6701.1            Subject to § 6701.2, a license issued pursuant to this chapter shall expire at 12:00 midnight of January 31<sup>st</sup> of each odd-numbered year.
  
- 6701.2            If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

**6702            EDUCATIONAL REQUIREMENTS**

- 6702.1            Except as otherwise provided in this subtitle, an applicant shall furnish proof satisfactory to the Board that the applicant has graduated from a professional physical therapy education program accredited by an agency recognized for that purpose by the United States Department of Education, or which is approved by the Board, in accordance with § 504(j) of the Act (D.C. Official Code § 3-1205.04(j)).

6702.2 An applicant shall submit with a completed application an official certified transcript of the applicant's educational record and certificate of graduation from the educational institution

**6703 APPLICANTS EDUCATED IN FOREIGN COUNTRIES**

6703.1 The Board may grant a license to practice physical therapy to an applicant who has been educated outside of the United States if the applicant meets the following requirements:

- (a) Provides satisfactory proof that the applicant's education is substantially equivalent to the requirements of physical therapists educated in an accredited education program as determined by the Board;
- (b) Passes the Board-approved English proficiency examination if the applicant's native language is not English; and
- (c) Passes the examination approved by the Board.

6703.2 For purposes of this section, "substantially equivalent" means that the applicant for licensure educated outside of the United States shall have:

- (a) Graduated from a physical therapy education program that prepares the applicant to engage without restriction in the practice of physical therapy;
- (b) Provided written proof that the applicant's school of physical therapy education is recognized by its own ministry of education or equivalent governmental authority;
- (c) Undergone a credentials evaluation as directed by a Board that determines the candidate has met uniform criteria for educational requirements as further established by rule; and
- (d) Completed any additional education as required by the Board.

6703.3 **[DELETED]**

6703.4 The Board may interview an applicant under this section to determine whether the applicant's education or training meets the requirements of the Act and this chapter.

6703.5 If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to its accuracy.

**6704 LICENSURE BY EXAMINATION**

- 6704.1 An applicant for licensure as a physical therapist by examination shall initiate the application process by submitting a completed application together with the appropriate application fee and the documentation required by § 6702.2.
- 6704.2 An applicant for licensure as a physical therapist shall have pre-approval from the Board before taking any licensure examination.
- 6704.3 An applicant for licensure by examination must take and pass a Board-approved national licensure examination in physical therapy (the national examination) and a Board-approved District of Columbia licensure examination in physical therapy (the District examination).
- 6704.4 Following approval from the Board to take the applicable examinations, the applicant may take the national examination and the District examination in any order.
- 6704.5 The passing score on the national examination shall be determined by the body administering the examination.
- 6704.6 The District examination shall be a written examination, developed and administered by the Board or a body approved by the Board, on laws and rules pertaining to the practice of physical therapy in the District of Columbia.
- 6704.7 The District examination may consist of questions on District of Columbia laws pertaining to physical therapy including the Act, this chapter, and chapters 40 and 41 of this title. The passing score on the District examination shall be determined by the Board.
- 6704.8 An applicant for licensure who does not pass either examination on the first attempt must seek and obtain Board approval for any subsequent attempts to retake the examination. Before the Board may approve an applicant for subsequent testing beyond three (3) attempts, an applicant shall submit proof satisfactory to the Board of having successfully completed any remediation as determined by the Board.
- 6704.9 If the Board determines that an applicant has engaged in or has attempted to engage in conduct that subverts or undermines the integrity of either the national examination process or District examination process, the Board may disqualify the applicant from taking the examinations. Examples of such conduct may include, but are not limited to the following:



- (a) Utilizing in any manner recalled or memorized examination questions;
- (b) Failing to comply with all test center security procedures;
- (c) Attempting to communicate with other examinees during the test; or
- (d) Copying or sharing examination questions or answers or portions of questions or answers.

6704.10 All occurrences of any violations set forth in § 6704.9 shall be recorded in the official records of the Board. Board action may include, but is not limited to, the following:

- (a) Disqualifying test results of the applicant's examinations;
- (b) Disqualifying the applicant, permanently or for a specified period of time, from eligibility for the examinations;
- (c) Disqualifying the applicant, permanently or for a specified period of time, from eligibility for licensure;
- (d) Revocation, suspension, or imposition of probationary conditions on a license issued to the applicant.

**6705 [DELETED AND RESERVED]**

**6706 CONTINUING EDUCATION REQUIREMENTS**

6706.1 Subject to §6706.2, this section shall apply to applicants for the renewal, reactivation, or reinstatement of a license for a term expiring January 31, 1991, and for subsequent terms.

6706.2 This section shall not apply to applicants for the first renewal of a license granted by examination.

6706.3 A continuing education credit shall be valid only if it is approved by the Board in accordance with § 6707.

6706.4 An applicant for renewal of a license shall submit proof pursuant to § 6706.7 of having completed four (4) continuing education units or forty (40) hours of approved continuing education credit during the two-year period preceding the date the license expires.

- 6706.5 To qualify for a license, a person in inactive status within the meaning of § 511 of the Act (D.C. Official Code § 3-1205.11) who submits an application to reactivate a license shall submit proof pursuant to § 6706.7 of having completed two (2) continuing education units or twenty (20) hours of approved continuing education credit for each license year after January 31, 1989, that the applicant was in inactive status.
- 6706.6 To qualify for a license, an applicant for reinstatement of a license that has expired pursuant to § 512(b) of the Act (D.C. Official Code § 3-1205.12(b)) shall submit proof pursuant to § 6706.7 of having completed two (2) continuing education units or twenty (20) hours of approved continuing education credit for each year after January 31, 1989, that the applicant was in an expired status, up to a maximum of ten (10) continuing education units or one hundred (100) hours.
- 6706.7 An applicant submitting proof of completion of continuing education units shall submit the following information with respect to each program:
- (a) The name and address of the sponsor of the program;
  - (b) The name of the program, its location, a description of the subject matter covered, and the names of the instructors;
  - (c) The dates on which the applicant attended the program;
  - (d) The hours of credit claimed; and
  - (e) Verification by the sponsor of completion, by signature or stamp.
- 6706.8 If an applicant for renewal of a license fails to submit proof of having completed continuing education requirements by the date the license expires, the applicant shall not practice until his or her license has been renewed.
- 6706.9 An applicant for renewal of a license who fails to submit proof of having completed continuing education requirements by the date the license expires may renew the license up to sixty (60) days after expiration by submitting proof pursuant to § 6706.7 and paying the late fee.
- 6706.10 If an applicant for renewal of a license fails to submit proof of completion of continuing education requirements or pay the late fee within sixty (60) days after the expiration of the applicant's license, the license shall be deemed to have lapsed and the applicant shall be required to apply for reinstatement pursuant to § 512 of the Act (D.C. Official Code § 3-1205.12).

6706.11 The Board may, in its discretion, grant an extension of the sixty (60) day period to renew after expiration if the applicant's failure to submit proof of completion was for good cause. For purposes of this section, "good cause" includes the following:

- (a) Serious and protracted illness of the applicant;
- (b) The death or serious and protracted illness of a member of the applicant's immediate family.

**6707 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES**

6707.1 The Board may, in its discretion, approve continuing education programs and activities that contribute to the growth of an applicant in professional competence in the practice of physical therapy and which meet the other requirements of this section.

6707.2 The Board may approve the following types of continuing education programs, if the program meets the requirements of § 6707.3:

- (a) An undergraduate or graduate course given at an accredited college or university;
- (b) A seminar or workshop;
- (c) An education program given at a conference;
- (d) In-service training;
- (e) Home study courses; and
- (f) Online courses.

6707.3 To qualify for approval by the Board, a continuing education program shall do the following:

- (a) Be current in its subject matter;
- (b) Be developed and taught by qualified individuals; and
- (c) Meet one of the following requirements:

- (1) Be administered or approved by a recognized national, state or local physical therapy organization; health care organization; accredited health care facility; or an accredited college or university; or
- (2) Be submitted by the program sponsors or the applicant to the Board for review no less than sixty (60) days prior to the date of the presentation and be approved by the Board.

6707.4 The Board may issue and update a list of approved continuing education programs.

6707.5 An applicant shall have the burden of verifying whether a program is approved by the Board pursuant to this section prior to attending the program.

6707.6 The Board may approve the following continuing education activities by an applicant:

- (a) Serving as an instructor or speaker at a conference, seminar, workshop, or in-service training;
- (b) Publication of an article in a professional journal or publication of a book or a chapter in a book or publication of a book review in a professional journal or bulletin; and
- (c) Participating in research as a principal investigator or research assistant.

## **6708 CONTINUING EDUCATION CREDITS**

6708.1 The Board may grant continuing education credit for whole hours only, with a minimum of fifty (50) minutes constituting one (1) credit hour.

6708.2 For approved undergraduate or graduate courses, each semester hour of credit shall constitute fifteen (15) hours of continuing education credit, and each quarter hour of credit constitutes ten (10) hours of continuing education credit.

6708.3 The Board may grant a maximum of ten (10) continuing education credits per year to an applicant who attends in-service education programs.

6708.4 The Board may grant to an applicant who serves as an instructor or speaker at an acceptable program for both preparation and presentation time, subject to the restrictions in §§ 6708.5 through 6708.8.

- 6708.5 The maximum amount of credit that may be granted for operation time is twice the amount of the associated presentation time.
- 6708.6 The maximum amount of credit that may be granted pursuant to § 6708.4 is fifty percent (50%) of an applicant's continuing education requirement.
- 6708.7 If an applicant has previously received credit in connection with a particular presentation, the Board shall not grant credit for a subsequent presentation unless it involves either a different subject or substantial additional research concerning the same subject.
- 6708.8 The presentation shall have been completed during the period for which credit is claimed.
- 6708.9 The Board may grant an applicant who is an author or editor of a published book four (4) units of forty (40) hours of continuing education credit, if the book has been published or accepted for publication during the period for which credit is claimed and the applicant submits proof of this fact in the application.
- 6708.10 The Board may grant an applicant who is the sole author or co-author of a published original paper, journal article or poster presentation, two (2) continuing education units or twenty (20) hours of continuing education credit, subject to the same restrictions set forth for books in § 6708.9.
- 6708.11 The Board may grant an applicant who is the sole author of a published book review, review paper, or abstract one (1) unit or ten (10) hours of continuing education credit, subject to the same restrictions set forth for books in § 6708.9.

**6709 LICENSURE BY ENDORSEMENT**

- 6709.1 The Board shall issue a license by endorsement to a physical therapist who has a valid unrestricted license in good standing from another jurisdiction of the United States and who meets all other requirements of this section.
- 6709.2 An applicant for licensure as a physical therapist by endorsement shall submit with a completed application the following:
- (a) Official, certified proof of licensure as a physical therapist in good standing from another jurisdiction of the United States;
  - (b) Official, certified proof, from the body administering the examination, that the applicant has passed the Board-approved national licensure examination in physical therapy; and

(c) Proof pursuant to § 6702.1.

6709.3 After submission of the completed application and all required documentation, the Board may approve the applicant to take the District of Columbia licensure examination in physical therapy.

6709.4 An applicant shall take and pass the District of Columbia licensure examination in physical therapy after obtaining Board approval pursuant to § 6709.3.

**6710      **LAWFUL PRACTICE****

6710.1 A physical therapist licensed under this act is fully authorized to practice physical therapy within the District of Columbia as defined herein.

6710.2 A physical therapist shall adhere to the recognized standards of ethics of the physical therapy profession and as further established by rule.

6710.3 A physical therapist may purchase, store and administer topical and aerosol medications as part of the practice of physical therapy as defined herein, as long as the purchasing, storage, and administration of those medications is carried out pursuant to all laws and regulations of the Federal Government and District of Columbia.

6710.4 A physical therapist shall use the letters “PT” in connection with the physical therapist’s name or place of business to denote licensure under the Act.

6710.5 Unless authorized to practice physical therapy, a person or business entity, its employees, agents or representatives shall not use in connection with that person’s name or the name or activity of the business, the words “physical therapy,” “physical therapist,” “physiotherapy,” “physiotherapist,” “registered physical therapist,” the letters “PT,” “DPT,” “LPT,” “RPT,” or any other words, abbreviations or insignia indicating or implying directly or indirectly that physical therapy is provided or supplied.

6710.6 A person or business entity shall not advertise or otherwise promote another person as being a “physical therapist” or “physiotherapist” unless the individual so advertised or promoted is licensed as a physical therapist under the Act.

- 6710.7 A person or business entity that offers, provides or bills any other person for services shall not characterize those services as “physical therapy” or “physiotherapy” unless the individual performing those services is a person licensed as a physical therapist under the Act.
- 6710.8 A physical therapist’s assistant shall use the letters “PTA” in connection with his or her name.
- 6710.9 A physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient. A physical therapist shall provide:
- (a) The initial evaluation for each patient and all supporting documentation;
  - (b) Periodic reevaluation of each patient and all supporting documentation; and
  - (c) The documented discharge of the patient, including the response to therapeutic intervention at the time of discharge.
- 6710.10 A physical therapist shall assure the qualifications of all physical therapy students, physical therapist’s assistants, physical therapist’s aides, and first-time applicants practicing pursuant to § 6711, under his or her direction and supervision.
- 6710.11 A physical therapist may not have more than a total of three (3) physical therapy students or physical therapist’s aides or physical therapist’s assistants or first-time applicants for a physical therapy license practicing pursuant to § 6711, under his or her direct supervision at any one time.
- 6710.12 A physical therapist shall review and co-sign any documentation written by a physical therapy student, physical therapist’s assistant, physical therapist’s aide, or first-time applicant for a physical therapy license practicing pursuant to § 6711.

**6711 PRACTICE OF PHYSICAL THERAPY BY STUDENTS OR GRADUATES**

- 6711.1 This section shall apply to the following:
- (a) Students enrolled in recognized schools or colleges as candidates for a degree in physical therapy; and
  - (b) Applicants for a license whose first application for a license in the District of Columbia is pending.

- 6711.2 A student or applicant may perform actions which require a license as a physical therapist only in accordance with the Act and this section.
- 6711.3 A first-time applicant for a physical therapy license may practice physical therapy under the direct supervision of a physical therapist licensed in the District of Columbia while the initial application is pending.
- 6711.4 A first-time applicant practicing physical therapy pursuant to § 6711.3 who fails the national examination or the District examination on the first attempt shall not thereafter continue to practice physical therapy until such time as a physical therapy license is duly issued to that individual.
- 6711.5 A student or applicant may practice physical therapy only under the direct supervision of a licensed physical therapist.
- 6711.6 A student or applicant shall identify himself or herself as a student or applicant at all times when performing actions of a physical therapist.
- 6711.7 A physical therapist supervising a student or an applicant shall be fully responsible for all of the actions performed by the student or applicant during the time of the supervision and is subject to disciplinary action for any violation of the Act or this chapter by the person supervised.
- 6711.8 A student may not be paid or receive compensation of any nature, directly or indirectly from a patient.
- 6711.9 A student or applicant shall be subject to all of the applicable provisions of the Act and this chapter. The Board may deny an application for a license by, or take other disciplinary action against a student or applicant who is found to have violated the Act or this chapter, in accordance with chapter 41 of this title.
- 6711.10 If the Board finds that a student or applicant has violated the Act or this chapter, the Board may, in addition to any other disciplinary actions permitted by the Act, revoke, suspend, or restrict the privilege of the student or applicant to practice.
- 6711.11 Pursuant to § 6710.12, a physical therapist shall review and co-sign any documentation written by a physical therapy student or a first-time applicant for a physical therapy license practicing pursuant to § 6711.

## **6712 PHYSICAL THERAPIST'S ASSISTANTS AND AIDES**

- 6712.1 A physical therapist's assistant or physical therapist's aide may perform physical therapy functions only in accordance with this section.



- 6712.2 A physical therapist's assistant may perform the following functions under the direct supervision of a physical therapist:
- (a) Use of therapeutic exercise, mechanical traction, therapeutic message, compression, heat, cold, ultraviolet, water, and electricity;
  - (b) Measurement and adjustment of crutches, canes, walkers, and wheelchairs, and instruction in their use and care;
  - (c) Instruction, motivation, an assistance to patients and others in improving pulmonary function, learning, and functional activities such as pre-ambulation, transfer, ambulation and daily living activities; and the use and care of orthoses, prostheses, and supportive devices;
  - (d) Modification of treatment procedures as indicated by patient response and within the limits specified in the plan of care, and reported orally or in writing to the physical therapist; and
  - (e) Participation in routine administrative procedures required for a physical therapy service.

6712.3 A physical therapist's aide may perform the following functions under the direct supervision of a physical therapist:

- (a) Gait practice;
- (b) Activities of daily living;
- (c) Transfer activities;
- (d) Hot or cold packs;
- (e) Paraffin bath;
- (f) Hydrotherapy;
- (g) Whirlpool; and
- (h) Therapeutic exercises.

6712.4 A physical therapist's assistant or physical therapist's aide may not perform the following:

- (a) Interpret referrals;

- (b) Perform evaluation procedures;
- (c) Initiate or adjust treatment programs; or
- (d) Assume responsibility for planning patient care.

6712.5 Pursuant to § 6710.12, a physical therapist shall review and co-sign any documentation written by a physical therapist's assistant or physical therapist's aide.

6712.6 A physical therapist shall review and co-sign any documentation written by a physical therapist's assistant or physical therapist's aide.

### **6713 RESTRICTED LICENSES**

6713.1 Pursuant to § 514 of the Act (D.C. Official Code § 3-1205.14) the Board may restrict the license of any person as a condition of probation pursuant to § 514(c)(7) of the Act (D.C. Official Code § 3-1205.14(c)(7)).

### **6714 STANDARDS OF CONDUCT**

6714.1 A physical therapist shall protect the patient's right to privacy by not divulging confidential information without consent of the patient or guardian unless required by law or unless, in the judgment of the physical therapist, the information is needed to protect the patient or the community.

6714.2 A physical therapist shall provide information about fees upon request by the patient.

6714.3 A physical therapist who has information of illegal or unsafe practice of physical therapy shall promptly report the information to the Board.

6714.4 Any holder of a license under this chapter or any person authorized to practice physical therapy or to perform physical therapy functions under this chapter shall comply with the standards of ethical and professional conduct established by the American Physical Therapy Association (APTA), as they may be amended or republished from time to time.

### **6715 SCOPE OF PRACTICE**

6715.1 A physical therapist or any person so authorized under the Act to perform physical therapy may perform the following functions:

- (a) Examining individuals with impairments, functional limitations and disabilities or other health-related conditions in order to determine a diagnosis, prognosis and course of intervention while utilizing tests and measurements consistent with the practice of physical therapy; and
- (b) Alleviating impairment and functional limitation by designing, implementing, and modifying therapeutic interventions consistent with the practice of physical therapy.
- (c) Preventing injury, impairment, functional limitation and disability, including the promotion and maintenance of health, wellness, fitness and quality of life in all age populations.
- (d) Engaging in consultation, education and research.

**6799 DEFINITIONS**

6799.1 As used in this chapter, the following terms shall have the meanings ascribed:

**Applicant** - a person applying for a license to practice physical therapy under this chapter.

**Board** - the Board of Physical Therapy, established by § 209 of the Act (D.C. Official Code § 2-1202.09).

**Continuing education unit** – a unit of measurement representing ten (10) hours of continuing education credit.

**Direct supervision** - the supervision in which a physical therapist is available on the premises and within vocal communication either directly or by a communications device.

**Physical therapist** - a person licensed to practice physical therapy under the Act.

**Physical therapist’s aide** - a person trained by a physical therapist to perform designated routine tasks related to the operation of a physical therapy service under the direct supervision of a physical therapist.

**Physical therapist’s assistant** - a graduate of a physical therapy assistant program accredited by an agency recognized by the Secretary of the Department of Education or the Council of Postsecondary Accreditation who performs selected physical therapy procedures and related tasks under the direct supervision of a physical therapist.

**Practice of physical therapy** – the independent evaluation of human disability, injury, or disease by means of noninvasive tests of neuromuscular functions and other standard procedures of physical therapy, and the treatment of human disability, injury, or disease by therapeutic procedures, rendered on the prescription of or referral by a licensed physician, osteopath, dentist, or podiatrist, or by a licensed registered nurse certified to practice as an advanced registered nurse as authorized pursuant to § 601 of the Act (D.C. Official Code § 3-1206.01), embracing the specific scientific application of physical measures to secure the functional rehabilitation of the human body. These measures include the use of therapeutic exercise, therapeutic massage, heat or cold, air, light, water, electricity, or sound for the purpose of correcting or alleviating any physical or mental disability, or preventing the development of any physical or mental disability, or the performance of noninvasive tests of neuromuscular functions as an aid to the detection or treatment of any human condition.

**Restricted license** – a license upon which the board has placed any restrictions.

6799.2 The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

## Appendix C

### **APTA CODE OF ETHICS**

#### **PREAMBLE**

This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

#### **PRINCIPLE 1**

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

#### **PRINCIPLE 2**

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

#### **PRINCIPLE 3**

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

#### **PRINCIPLE 4**

A physical therapist shall exercise sound professional judgment.

#### **PRINCIPLE 5**

A physical therapist shall achieve and maintain professional competence.

#### **PRINCIPLE 6**

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

#### **PRINCIPLE 7**

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

#### **PRINCIPLE 8**

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

#### **PRINCIPLE 9**

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

#### **PRINCIPLE 10**

A physical therapist shall endeavor to address the health needs of society.

#### **PRINCIPLE 11**

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

## Appendix D

### District of Columbia Jurisprudence Examination Content Areas

Model Practice Act Key Area	Section	DC Code	DC Regulations	# of Items	% of Exam
Legislative Intent & Definitions	Legislative Intent	3-1202.09 (b)		3	15%
	Physical therapy/practice of physical therapy		6799.1 (except definition of CE unit and supervision)		
	PT		6799.1 (except definition of CE unit and supervision)	2	
	PTA		6799.1 (except definition of CE unit and supervision)		
	Aides		6799.1 (except definition of CE unit and supervision)		
	Types of Licenses/certificates (restricted)	3-1205.01	6713.1	1	
	Board/Department		6799.1	0	
Board of Physical Therapy: Powers and Duties	Board Make-up, terms, meetings	3-1204.01-07 3-1202.09 a),c),d),e)		0	12.5%
	Powers and Duties: - Evaluate qualifications of licensees - Adopt Passing Scores for examinations - Issue licenses, permits or certificates - Regulate Practice Adopt and revise rules - Report and publish disciplinary Action - Issue subpoenas, examine witnesses and administer oaths - Issue Advisories	3-1204.08 (2); 3-1205.06 (d); 3-1204.08; 3-1205.08; 3-1204.08; 3-1204.08.1; 3-1204.08.5; 3-1204.08.9		1	
	Fees	3-1204.09 3-1204.10		4	
	Continued competence & Definition of CE Unit		6706 6707 6708 6799.1 (6799.1 - definition of CE unit only)		
Licensure and Examination	Qualifications for licensure, application and exemptions	3-1205.02; 3-1205.03; 3-1205.04 (j); 3-1205.05	6702.1; 6702.2; 6703	2	17.5%
	Examination/re-examination	3-1205.06 a),b),c),e)	6704	1	
	Licensure by endorsement	3-1205.07	6709	1	
	Renewal/name changes, display of license	3-1205.10; 3-1205.13	6701.1	2	
	Restricted License, in-active license, reinstatement	3-1205.12; 3-1205.11	6799.1; 6713	1	

Patient Care Management	Lawful Practice, Use of Titles	3-1205.01; 3-1205.09; 3-1210.03 (m)	6710.1; 6710.3; 6710.4; 6710.5; 6710.6; 6710.7; 6710.8	4	40%
	Standards of Practice, Standards of Conduct		6710.2; 6714; APTA Code of Ethics	5	
	Components of Care, Scope of Practice	3-1205.09	6715.1; 6710.9	2	
	Supervision (including definition of supervision)		6710.10; 6710.11; 6710.12; 6711; 6712; 6799.1; (6799.1 -definition of supervision only)	5	
Disciplinary Actions/ Procedures, Unlawful Practice	Investigative powers, emergency action, hearing officers	3-1205.15		1	10%
	Hearings	3-1205.19			
	Reinstatement of suspended or revoked License	3-1205.21			
	Disciplinary Actions/penalties, voluntary surrender of license	3-1205.7; 3-1205.14; 3-1210.07; 3-1210.04; 3-1205.17		2	
	Unlawful practice, classification, civil penalties, injunctive relief	3-1205.14; 3-1206.07			
	Procedural due process	3-1205.15; 3-1205.16; 3-1205.20		1	
Consumer Advocacy	Substance abuse recovery program	3-1205.14 (c and g)		2	5%
	Voluntary Surrender by impaired practitioner	3-1205.18			
				40	100.00%