

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Professional Licensing Administration



ADVISORY COMMITTEE ON PHYSICIAN ASSISTANTS

**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE
TO PRACTICE AS A PHYSICIAN ASSISTANT
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Physician Assistant in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded.

All individuals who wish to practice as a Physician Assistant in the District of Columbia have to meet the general requirements of these instructions.

Applicants who have successfully completed the examination administered by the National Commission on Certification of Physician Assistants (NCCPA) shall apply by examination **only**. The District of Columbia does not have a standing reciprocal agreement with any state or jurisdiction for Physician Assistants.

WHERE TO FILE

All new license applications and documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
899 North Capitol Street, NE
First Floor
Washington, DC 20002

Cheques or money orders for application and license fees should be made payable to DC Treasurer and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-888-204-6193 between 8:00 a.m. and 5:00 p.m. Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

Applicant must not have been convicted of an offense, _____ which bears _____ directly on the applicant's fitness to be licensed.

Applicant must be at least 18 years of age.

Applicant shall submit the following:

1. A complete and signed application form;
2. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
3. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.

4. An applicant for a license to practice as a Physician Assistant shall submit with a completed application three (3) letters of reference from licensed physician assistants or physicians who have personal knowledge of the applicant's abilities and qualification to practice as a physician assistant.
 5. A Delegation Agreement completed by the collaborating physician (necessary to practice but not for licensure).
- D. Comply with all other applicable requirements set forth in these instructions.
- E. Application Fees

All fees are earned when paid and cannot be transferred or refunded. Please make check or money order payable to DC Treasurer.

Application fee for license by examination..... **\$230.00**

For information concerning the application process call (888)-204-6193
For information concerning Advisory Committee Meetings call (202) 724-4900

EDUCATIONAL REQUIREMENTS

- A. Applicants for a license by examination must have successfully completed an educational program to practice as a physician assistant accredited by the Accreditation Review Commission on Education of the Physician Assistant (ARC-PA).
1. A certified transcript of the Applicant's record verifying graduation should be submitted with a completed application in a sealed envelope from the educational institution attended.
 2. A statement of successful completion of an educational program to practice as a physician assistant accredited by the ARC-PA.

EXAMINATION

- A. Applicants must have received a passing score on an examination administered by the National Commission on Certification of Physician Assistants (NCCPA). The passing score is determined by NCCPA.
It is the applicant's responsibility to arrange for the applicant's examination results to be sent directly from the testing service to the Board of Medicine.
- B. Enclosed in this application package is a form titled "Authorization for Release of Information" that is to be notarized and submitted with your request for official scores in order for your examination scores and the number of attempts to be released to the DC Board of Medicine's Application Division.
- C. An applicant who fails the certifying examination three (3) times shall successfully complete for the second time an educational program to practice as a physician assistant accredited by ARC-PA in order to be eligible to take the examination a fourth time.
- D. An applicant who fails the NCCPA examination (administered in any jurisdiction) six (6) times shall not be eligible for licensure in the District of Columbia by any means.

COMPLETING THE LICENSE APPLICATION

Section 1. TYPE OF LICENSE

- a. Check the box next to the license description of which you are applying.

Section 2. APPLICANT NAME / DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that is has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

Section 3. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Medicine. Keep a photocopy of all supporting documents for your records.

Section 4. PREVIOUS NAME CHANGE

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Sections 5A & B. HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

Section 5C. PREFERRED MAILING ADDRESS

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

Section 6A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical/professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants: Certified must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if you transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in sealed envelopes.

Section 6B. PROFESSIONAL TRAINING AND PRACTICE

List all experience since medical/professional school graduation. Include letters from employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If **other** description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of two months or more please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

Section 6C. LICENSES IN OTHER STATES / JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, past and/or present.

Section 7. SCREENING QUESTIONS

If you answer "yes" to questions B through J, then please provide a complete typed explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. LICENSEE AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA's website at www.hpla.doh.dc.gov or call HPLA's Customer Service number at 1-888-204-6198. The forms that make up this package are:

Physician Assistant, New License Instructions
 Physician Assistant, New License Application
 Chapter 49 Physician Assistants
 Character Reference Forms (3)
 Standard Job Description
 Collaboration Agreement
 Advanced Job Description
 Certification of Training from ARC-PA
 Authorization for Release of Information

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing physician assistant licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing physician assistant are included in *DC Municipal Regulations Title 17, Chapters 49*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DC Medical Programs Branch/Allied Health if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

License Type	Licensing Description	Signed Application for License	Two 2" x 2" Photos	National Exam Results(NCCPA)	Official Certified Transcript	Three Character Reference Forms	Authorization for Release of Information Form	Delegation Agreement *	Certificate of Training from ARC-PA	Check or Money Order
PA	Physician Assistant	X	X	X	X	X	X	X	X	\$230

X = Required

O = Not required

***Required to practice at the indicated level, but not for licensure.**

An applicant must have received a passing score on an examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

A certified transcript of the Applicant's record verifying graduation submitted in a sealed envelope from the educational institution. Transcripts may be sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

Three (3) Character References from licensed physician assistants or physicians who have personal knowledge of the applicant's abilities and qualification to practice as a physician assistant.

Check or money order MUST be made payable to DC Treasurer.