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| District of Columbia Department of Health Procedure Title | | PROCEDURE 000.000 Implementing Office: Training Required: Originally Issued: Revised/Reviewed: |
| Approved by: _____ | Review by Legal Counsel: _____ | Effective Date: Valid Through Date (if applicable): |
| Name, Agency Director | Name, General Counsel | |

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| I. Authority | (Insert a citation of the District or federal law, regulations, administrative guidance, or other basis for the issuance of the procedure.) |
| II. Reason for the Policy | (Include two to four sentences explaining why the procedure must exist, the problem or conflict the procedure seeks to address, or cite any legal, regulatory, or other requirement the procedure aims to meet.) |
| III. Applicability | (List who this procedure applies to; e.g. all DOH employees, DOH employees authorized to drive government vehicles, etc.) |
| IV. Policy Statement | (List all rules and standards associated with the process, as well as the accountable manager/office/bureau for maintaining those standards) |
| IV. Definitions & Acronyms | (Define terms that have specialized or particular meanings in the policy.) |
| VI. Procedures | (Describe, in comprehensive detail, all of the steps and activities required of the procedure.) |
| VII. Contacts | (Identify the responsible office that should be contacted to obtain clarification and/or interpretation of this procedure. List only the name of the office, or a position title, and provide a phone number. If identifying an individual responsible, rather than an office, a person's title should be used rather than an individual's name.) |
| VIII. Related Documents, Forms and Tools | (Attach to the procedure all forms, instructions for forms, applications, samples or other tools that will help a reader implement the procedure.) |