District of Columbia Department of Health
Health Regulation and Licensing Administration
Board of Pharmacy

NEW LICENSE APPLICATION

Pharmaceutical Detailer

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-877-672-2174 Monday through Friday, 8:15AM to 4:40PM EST. A charge of $65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee – see instructions)

☐ Pharmaceutical Detailer $175.00

☐ Duplicate Licenses (limit 5) _____ X $34.00 = $ ____.00

Total Enclosed **$ ____.00**

This license will expire at 12:00 MIDNIGHT, the last day of February each even numbered year.

All applicants are required to undergo a Criminal Background Check
Criminal Background Check: For payment and to schedule an appointment, call **1-877-783-4187** or use the following webpage: http://www.l1enrollment.com/

NOTE: Checks or money orders which are not made payable to **"DC Treasurer"** will be returned to you and your application processing will be delayed.

Make check or money order payable to DC Treasurer.
MAIL TO:
Department of Health
Health Regulation and Licensing Administration
Board of Pharmacy
P.O. Box 37801
Washington, DC 20013

HPLA ONLY		
Check $	Check #	Staff
$ _ _ _ .00		

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also 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.

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

___ — __ — ____
SOCIAL SECURITY NUMBER
If applicant does not provide a social security number, a sworn affidavit is required.

MM __ — DD __ — YYYY ____
DATE OF BIRTH

PLACE OF BIRTH
Provide City and State for US birthplace or Country for foreign place of birth.

☐ Male ☐ Female
GENDER
Please check the correct box.

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 Pharmacy. Keep a photocopy of all supporting documents for your records.

		YES	NO	HPLA ONLY
A.	Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	☐	☐	☐
B.	One (1) clear photocopy of a US government-issued ID	☐	☐	☐
C.	Official certificate of graduation in a sealed envelope from the educational institution to the Board of Pharmacy with the completed application. To waive educational requirements, complete, sign, and notarize the *"Waiver of Educational Requirement"* Form.	☐	☐	☐
D.	Completed, signed, and notarized *"Affidavit to Abide by code of Ethics"* Form	☐	☐	☐
E.	As of January 3, 2011, each new applicant for licensure, registration or certification shall obtain a FBI and State criminal background check.	☐	☐	☐
F.	Check made payable to "DC Treasurer" in the amount of _____	☐	☐	☐

Revised 02/2015

NEW LICENSE APPLICATION

Section 4. PREVIOUS NAMES

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

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

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

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

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

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

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

Section 5A. HOME ADDRESS

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

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

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

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

CITY

STATE | ZIP CODE + 4

HOME PHONE NUMBER | HOME FAX NUMBER | EMAIL ADDRESS

Section 5B. BUSINESS ADDRESS

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

COMPANY NAME

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

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

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

CITY

STATE | ZIP CODE + 4

BUSINESS PHONE NUMBER | BUSINESS FAX NUMBER | EMAIL ADDRESS

Section 5C. PREFERRED MAILING ADDRESS

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

☐ HOME ☐ BUSINESS

NEW LICENSE APPLICATION

Section 6A. HIGHER EDUCATION SCHOOLS ATTENDED

List all schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

Section 6B. WORK EXPERIENCE

List all work experience since graduation from college, university and professional school, in reverse chronological order, beginning with the most recent.

Organization/Institution	Location	Start Date	End Date	Type of Position	Full Time	Part Time

NEW LICENSE APPLICATION

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

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions B through J below, you must provide full information and complete details **on a separate sheet of paper, including copies of relevant court documents,** and attach to this application.

HPLA ONLY

A. **Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.**

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars ($1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars ($100.00) to the District of Columbia Government as a result of any of the following: Yes ☐ No ☐

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

YES ☐ NO ☐

B.	Have you ever been arrested or convicted of a crime or misdemeanor (other than minor traffic violations)?	YES ☐ NO ☐	☐
C.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES ☐ NO ☐	☐
D.	Have you ever been diagnosed or treated for substance abuse or is your ability to practice your profession impaired by alcohol or drug use?	YES ☐ NO ☐	☐
E.	Has any authority, peer review board, or professional association taken adverse action against you?	YES ☐ NO ☐	☐
F.	Are you currently under investigation or were you investigated by any authority, peer review board, or professional association for any violation of state, federal, or local law?	YES ☐ NO ☐	☐
G.	Has any authority or peer review board informed you of any pending charges or investigations?	YES ☐ NO ☐	☐
H.	Have you ever been terminated or asked to resign from a pharmaceutical detailer position?	YES ☐ NO ☐	☐

SECTION 8. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

LICENSEE SIGNATURE	NAME (Please Print)	DATE	HPLA ONLY
			☐

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 202-727-2540