



### APPLICATION FOR LICENSURE

#### SECTION 3B. HOME ADDRESS AND CONTACT INFORMATION

**P.O. BOX MAY NOT BE USED FOR AN ADDRESS. PLEASE PROVIDE A STREET ADDRESS.** This will be the address to which all future documents related to your license will be mailed.

ADDRESS: \_\_\_\_\_  
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT # \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**You are statutorily required to notify the DC BOARD OF MEDICINE in writing of an address change within 30 days. Failure to do so may result in your not receiving your certificate, renewal notice or other official notices and can result in a disciplinary action or a fine.**

EMAIL ADDRESS (Please provide) : \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

#### SECTION 4A. REQUIRED DOCUMENTS FOR ALL APPLICANTS

- Signed Application
  - Clear photocopy of government issued ID card
  - Criminal Background Check
  - Two Recent Passport Photos (approx. 2"X2") **(Name and SSN on back)**
  - Letter(s) of Verification of 1,300 hrs. of experience at Level 1 Trauma Center(s)\*
    - **Letter must be from supervising Physician, Hospital Human Resources, or Director of Emergency Services on official letter head with signature and contact information**
  - Copy of Current Basic Life Support Certification approved by the American Heart Association
- \*Level 1 Trauma Centers in DC: Children’s National Medical Center – DC, George Washington University Hospital, Howard University Hospital, and MedStar Washington Hospital Center.
- \*Please visit <https://www.facs.org/search/trauma-centers> to verify if your hospital is a Level 1 Trauma Center

#### SECTION 4B. ARMY APPLICANT REQUIREMENTS - ONLY

- Copy of DD214 Form
- OR
- Verification of Expert Field Medical Badge,  Army – Military Occupational Specialty Code,
- Combat Life Save Course Certificate,  Officer or Enlisted Record Brief,
- Tactical Combat Casualty Course (TCCC), and  Verification of Expert Field Medical Badge

#### SECTION 4C. NAVY APPLICANT – ONLY

- Copy of DD214 Form
- OR
- Navy – Navy Enlisted Classification,  Verification of Endorsement Course Code 8404 (Navy Medical Deployment),
- Combat Life Save Course Certificate,  Verification of Field Medical Service School (2005 – Back), and
- Verification of Field Medical Trauma Badge (2005 – Present)

#### SECTION 4D. OTHER APPLICANTS

- Verification of completion of Trauma Technologist training program

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION**

**APPLICATION FOR LICENSURE**

SECTION 5. SCREENING QUESTIONS Applicants must answer all of the following questions		
<b><u>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement</u></b>		
A.	<p>Please read the information below carefully before responding to this yes or no question, as <b>any false information provided requires that the Department of Health proceed immediately to revoke your license</b> for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).</p> <p><b>PLEASE NOTE: Pursuant to D.C. Official Code §47-2862(a) (FY 2007 Budget Support Act of 2006) you cannot be certified if you have failed to file your District tax returns.</b></p> <p><b>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.</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);</li> <li>2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);</li> <li>3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);</li> <li>4. Past due taxes;</li> <li>5. Past due District of Columbia Water and Sewer Authority service fees; or</li> <li>6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</li> </ol> <p>Information presented above is in compliance with the requirement to submit with your application for licensure under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i>, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
B.	Have you been arrested, convicted or charged for a felony or misdemeanor including DUI, OWI, DWI's (other than minor traffic violations for which a fine or ticket is the maximum penalty), regardless of whether the arrest, conviction or charge was sealed or expunged?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
C.	Have you been diagnosed or treated for alcohol abuse, controlled substance abuse, prescribed medication abuse, or illegal drug abuse?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
D.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to safely provide patient care?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
E.	Have you been terminated, asked to resign, or resigned in lieu of being terminated from employment or a clinical training/fellowship program for any health profession?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
F.	Do you have a mental condition that currently impairs your ability to safely provide patient care?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
G.	<p>Please answer with respect to DC or any other jurisdiction/state:</p> <p>(1) Have you withdrawn an application to practice your profession or voluntarily surrendered a license/certification after formal charges have been filed against you or while under investigation?</p> <p>(2) Have you been (or are you currently being) investigated by any authority or peer review board for any violation of state, federal, or local law?</p> <p>(3) Have you surrendered a license, certification, or registration to practice any health profession in any jurisdiction?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p> <p>YES NO <input type="checkbox"/> <input type="checkbox"/></p> <p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<b>SECTION 6. LICENSEE AFFIDAVIT</b>		
<p><i>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.</i></p>		
_____	_____	_____
<b>SIGNATURE</b>	<b>PRINT NAME</b>	<b>DATE</b>
<b>*PLEASE NOTE: PRINT AND MAIL ORIGINAL APPLICATION TO THE BOARD OF MEDICINE AND RETAIN A COPY FOR YOUR FILES.</b>		
To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.		
<b>IMPORTANT CONTACT INFORMATION</b>		

**D.C. BOARD OF MEDICINE-TRAUMA TECHNOLOGY NEW LICENSE APPLICATION**  
**HLA1**  
**P.O. BOX 37801**  
**WASHINGTON, DC 20013**  
**Main Number: (202) 724-8800 Fax Number: (202) 442-8117**