

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Department of Health

Health Regulation and Licensing Administration

Board of Medicine

**APPLICATION INSTRUCTIONS
FOR TRAUMA TECHNOLOGY LICENSE
IN THE DISTRICT OF COLUMBIA**

Updated February 19, 2016

Thank you for your interest in becoming a licensed Trauma Technologist in the District of Columbia. Here at the Health Regulation and Licensing Administration (HRLA), we look forward to providing you expedient and professional service. However, in order for us to help you, we need your application to be complete. Please read these instructions carefully to complete your application for licensure. Please note that all fees paid cannot be transferred or refunded except as specified in these instructions and the application.

THE APPLICATION PROCESS

Upon submission of a completed application and the required documents, the DC Board of Medicine (“the Board”) will review your application. Please note that the Board meets on the last Wednesday of each month, unless otherwise noted. Open session is from 10:30am - 11:30am and members of the public are invited to join the Board. For exact dates of the Board’s meetings, please visit

<http://doh.dc.gov/node/120612> .

When applying for licensure, please submit your application and fees before sending required documents (such as transcripts and license verifications from other jurisdictions). If you submit an application that is incomplete, a representative from HRLA’s Processing Center will notify you in writing. If the Board has questions or concerns regarding your application, you will be notified in writing.

WHERE TO FILE

All license application documents should be sent to the following address:

**D.C. Board of Medicine-Trauma Technology New License Application
HRLA1
P.O. Box 37801
Washington, Dc 20013**

If you have any questions, please call HRLA’s toll-free Customer Service line at 1-877-672-2174 Monday through Friday between 8:30AM and 4:30PM EST. 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 on application except signatures.

PENDING APPLICATIONS FOR LICENSURE

Pending applications for licensure will become invalid after 120 days if the application has not been completed due to failure to submit required materials by the applicant. Should the applicant wish to pursue licensure after this time, she/he must submit a new application and pay the required fees once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a Trauma Technology license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude, which, bears directly on the applicant’s fitness to be licensed.

All applicants must submit the following in order to be considered for licensure:

1. A complete and signed application, including required supporting documents.
2. Two recent and identical passport-type photos of the applicant’s face, measuring approximately 2” x 2” with the applicant’s name printed on the back. Home snapshots or computer photographs are not acceptable.

3. Submit one (1) clear photocopy of a government issued photo ID, such as your valid driver's license, as proof of identity.
4. Criminal Background Check (CBC): All applicants are required to undergo a Criminal Background Check. To schedule an appointment, please call 1-877-783-4187 or visit www.identogo.com.
5. Letter(s) of Verification of 1,300 hrs. of experience at Level 1 Trauma Center(s)*
6. Copy of Current Basic Life Support Certification approved by the American Heart Association.

Grandfathering-Army:

If you are applying for licensure through Grandfathering-Army, in addition to the above requirements, you must provide:

- a. Copy of DD214 Form; **OR**
- b. 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.

Grandfathering-Navy:

If you are applying for licensure through Grandfathering-Navy, in addition to the above requirements, you must provide:

- a. Copy of DD214 Form; **OR**
- b. 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).

Grandfathering-Other:

If you are applying for licensure through Grandfathering-Other, in addition to the above requirement, you must provide:

- a. proof of Verification of completion of Trauma Technologist training program

* **NOTE:** Letter must be from supervising Physician, Hospital Human Resources, or Director of Emergency Services on official letter head with signature and contact information.

*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.

COMPLETING THE LICENSE APPLICATION

Section 1A. Requested License Type / Fees

There are three (3) methods for becoming licensed in the District of Columbia outlined below. Indicate the correct method of the “Requested License Type /Fees” of your application:

Grandfathering by Army- \$230

Grandfathering by Navy- \$230

Grandfathering by Other- \$230

Section 2A. 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.

Section 2B. Other Names Used (If Applicable)

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, or court order.

Section 2C. Race & Ethnicity Designation/Language(s) Spoken

Place an "X" in the appropriate box to indicate your race/ethnicity and language spoken.

Section 3A. Trauma Technologist Program

Please provide the Board with the Trauma Technologist program that you have attended.

Section 3B. Home Address

Please provide the Board with your home/business address, home (mobile, fax number (if applicable) and most current email address. Each licensee shall notify the Board in writing of any change of address or place of residence within 30 days after the move.

Section 4C. Preferred Mailing Address

Please indicate clearly in the appropriate box your preferred mailing address. This will be the address to which all future licensing documents will be mailed. Each licensee, registrant, or person certified shall notify the Board in writing of any change of address or place of residence or business or employment within 30 days after the move.

Section 5. Screening Questions

If you answer "no" to question A or "yes" to questions B through G, please provide a typed, signed, and dated explanation on a separate sheet of paper. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 6. Licensee Application Attestation and Signature

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.