

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH REGULATION LICENSING ADMINISTRATION
TRAINED MEDICATION EMPLOYEE APPLICATION

SECTION 3B. BUSINESS ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable. ZIP code should correspond to the PO Box number.

AGENCY'S NAME

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

E-MAIL ADDRESS

SECTION 4. PREFERRED MAILING ADDRESS

This will be the address to which all future documents will be mailed.

HOME

BUSINESS

SECTION 5. SUPPORTING DOCUMENTS REQUIRED

Please submit all of the following supporting documents along with your application. Incomplete applications may be returned.

			HPLA ONLY	
A.	Two 2x2 passport – type photos of the applicant’s face with the applicant’s name and social security number printed on the back. [Photo copies will not be accepted]	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B.	Letter from employer affirming at least one (1) year of clinical experience in a health care facility.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C.	Copy of current CPR certificate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D.	Copy of first-aid certificate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E.	Reciprocity applicants only Evidence of current certification from MD, VA, or any other state approved by the Board	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F.	Full information and complete details on a separate sheet of paper, including: Letter from DC Office of Tax and Revenue regarding “Yes” response to question 6A Relevant court documents, letter from employer, etc, regarding your “Yes” response to questions 6B-H	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G.	Employer/Trainer attach following to each application package: <u>Class List</u> signed by Trainer verifying satisfactory completion of TME Course <u>Checklist for Administration of Oral Medications</u> signed by Trainer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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SECTION 6. 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 the questions 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

<p>A. <u>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.</u></p> <p>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 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><u>PLEASE NOTE: Pursuant to D.C. Official Code §47-2862(a) (FY 2007 Budget Support Act of 2006) you can not be reissued a license if you have failed to file your District tax returns.</u></p> <p style="color: red;">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 REINSTATEMENT APPLICATION BE DENIED.</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> <table style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <ol style="list-style-type: none"> 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)? <p>The information presented above is in compliance with the requirement to submit with your application for licensure or permit 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>		Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	HPLA ONLY
	Yes	No								
	<input type="checkbox"/>	<input type="checkbox"/>								
B. Have you ever been convicted or arrested for a crime (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>							
C. Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>							
D. Have you ever voluntarily surrendered a license/certification after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>							
E. Have you ever been terminated from or resigned from a clinical or professional training program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>							
F. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your vocation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>							
G. Have you withdrawn an application (in DC or any other state/jurisdiction) to practice your vocation, or are you currently under investigation by any authority for any violation of state, federal, or local law, or has any authority informed you of any pending charges not previously reported to this board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>							
H. Have you ever been terminated or asked to resign from employment since obtaining your license/certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>							

SECTION 7. APPLICANT'S 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.

				HPLA ONLY
APPLICANT'S SIGNATURE	NAME (Please Print)	DATE	<input type="checkbox"/>	

To report waste, fraud, or abuse by any DC Government office or official, call the DC Inspector General at 1-800-521-1639.