

# DC | HEALTH

## Board of Medicine

2020 MSDC Renewal Webinar  
*September 16, 2020*

## **PRESENTER(S)**

**Andrea Anderson, MD**

*Chairperson*

DC Board of Medicine

**Frank B. Meyers, JD**

*Associate Director*

Health Regulation & Licensing Administration

Office of Health Professional Licensing Boards

*Executive Director*

DC Board of Medicine

DC Board of Chiropractic

# MISSION STATEMENT

## DC Health

*The District of Columbia Department of Health **promotes** health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital.*

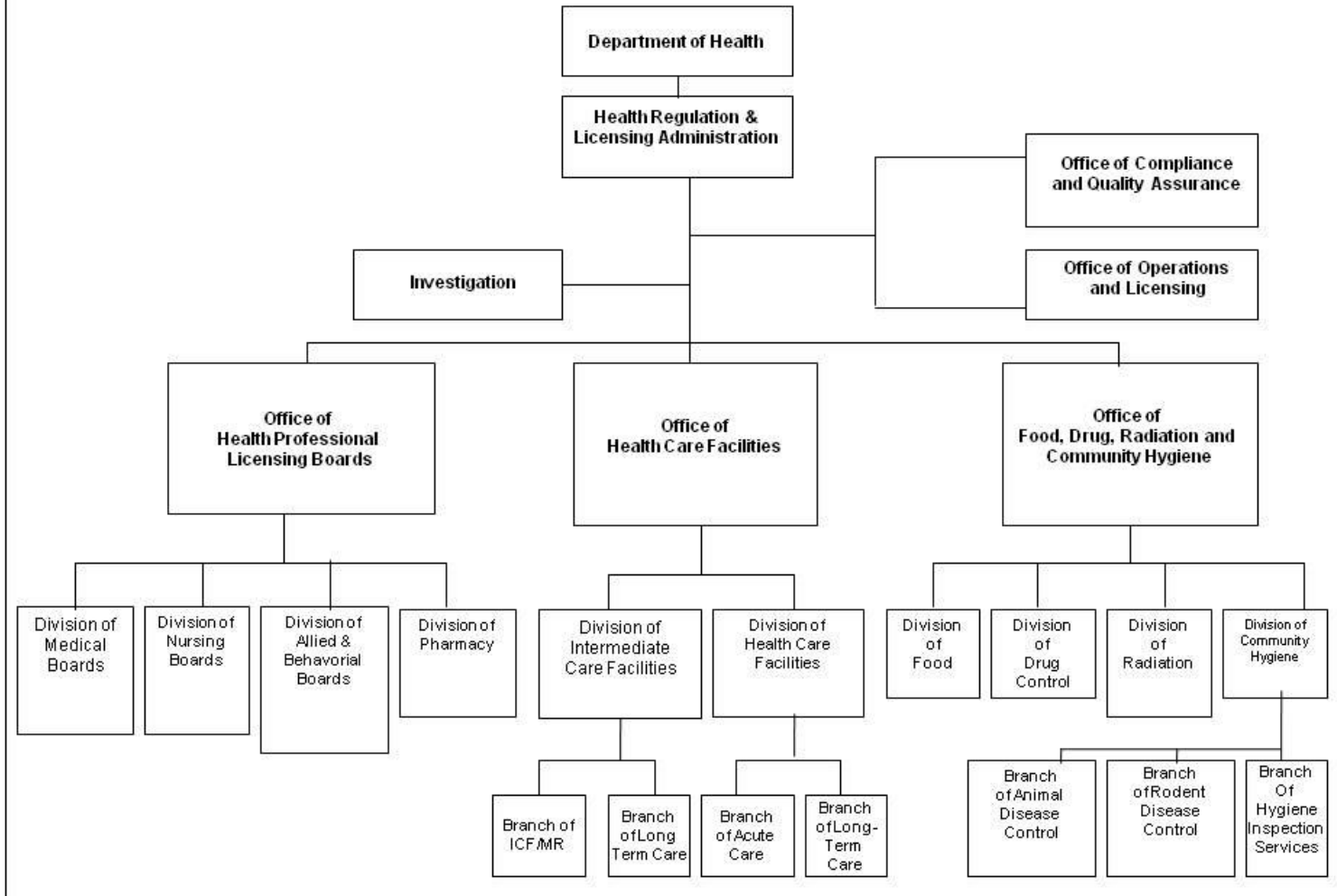
## Health Regulation and Licensing Administration (HRLA)

*The mission of the Health Regulation and Licensing Administration (HRLA) is to **protect the health** of the residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework.*

## Board of Medicine

*To **protect** and enhance the health, safety, and well-being of District of Columbia residents by **promoting evidence-based best practices in health regulation, high standards of quality care and implementing policies that prevent adverse events.***

**Health Regulation and Licensing Administration  
Organizational Structure**



# BOARD MEMBER COMPOSITION

- Fifteen (15) Members Total:
  - Ten (10) Physician Members
  - Four (4) Consumer Members
  - One (1) Director of Department of Health or his/her Designee
- Current Membership:
  1. Dr. Andrea Anderson, Chair
  2. Dr. Vikisha Fripp
  3. Dr. William Strudwick
  4. Dr. Jeffrey Smith
  5. Dr. David Wessel
  6. Dr. Joshua Wind
  7. Dr. Preetha Iyengar
  8. Dr. Chris Raczynski
  9. Dr. Joelle Simpson
  10. Dr. Konrad Dawson
  11. Mr. Terrence Straub
  12. Mr. Thomas Dawson
  13. Mr. Thomas Smith
  14. Mr. Archie Rich

# FACTS AND STATS - OFFICE OF HEALTH PROFESSIONAL LICENSING BOARDS (OHPLB)

- Approx. 72 licensed professions.
- Approx. 89,000 active licensees.
- 19 licensing boards.
- 3 programs.
- 1 practitioner health program.
- Approx. 50 staff.

# FACTS AND STATS – BOARD OF MEDICINE

- Approximately 2,000 applications/year.
- Approx. 14,000 licensees.
- Approx. 11,000 physicians (MD & DO).
- Approx. 1,662 MTL.
- Approx. 423 MTR.
- More than 90% of applications are approved within seventy-two (72) hours.
- Less than 10% of applications go before the board for additional review.

# HEALTH PROFESSIONS

- Statutes
  - [Health Occupations Revision Act of 2009 \(DC Official Code §§3-1201.01, et seq.\)\(2016 Supp.\)](#)
- Professions
  1. Physicians (MD & DO)
  2. Physician Assistants
  3. Anesthesiologist Assistants
  4. Acupuncturists
  5. Surgical Assistants
  6. Naturopathic Physicians
  7. Polysomnographers
  8. Trauma Technologists
  9. Athletic Trainers (TBD)



# CURRENT LICENSE CENSUS

	Active
ACUPUNCTURIST	198
ANESTHESIOLOGIST ASSISTANT	105
MEDICAL TRAINING LICENSE I	1,131
MEDICAL TRAINING LICENSE II	348
MEDICAL TRAINING LICENSE III	18
MEDICAL TRAINING REGISTRAR	718
MEDICINE AND SURGERY	11,612
NATUROPATH PHYSICIAN	61
OSTEOPATHY AND SURGERY	507
PHYSICIAN ASSISTANT	943
POLYSOMNOGRAPHIC TECHNICIAN	1
POLYSOMNOGRAPHIC TECHNOLOGIST	78
POLYSOMNOGRAPHIC TRAINEE	8
POSTGRADUATE PHYSICIAN TRAINEE	0
SURGICAL ASSISTANT	141
<b>Total</b>	<b>15,869</b>

# SAMPLE OF CURRENT BOARD PROJECTS

- Interprofessional Collaboration Chair Committee



- Subcommittees
  - Self-Prescribing and Prescribing for Family & Friends
  - Physician Sexual Misconduct

# COVID RESPONSE

- Transition to Digital Processes
  - Office 365
  - Microsoft Teams
  - Salesforce
- Customer Service/Modified Hours
  - Walk-Ins
  - Scheduling Calls
  - New Systems (e.g., Calendly)
- Virtual Board Meetings
  - WebEx
  - Sharepoint
- Enforcement Actions
  - Investigations
  - Interviews
  - Hearings

# RENEWALS

- Renewals are Bi-Annual (i.e., every two (2) years).
- All professions under Board of Medicine renew at the same time.
- Process is exclusively online.

The screenshot shows the DC Health website interface for renewals. At the top, there is a navigation bar with the DC Health logo and 'Login' and 'SignUp' buttons. Below the navigation bar, a red heading reads 'Please note the following before you begin your renewal process'. The main content is organized into sections: 'General Information', 'Applicant Tab', 'Address Tab', 'Controlled Substance Renewals', and 'Schedule Selection Descriptions'. Each section contains a list of instructions and requirements for the renewal process.

DC | HEALTH

Login SignUp

**Please note the following before you begin your renewal process**

**General Information**

- Please read instructions carefully before starting the online application form. Any omitted or illegible information will delay your registration.
- The manner in which information is submitted within the application is the way your certificate of registration will read. You will receive an electronic copy of your certificate in your email address provided.
- This process should take between **30-60 minutes** to complete. Please allow yourself enough time to complete the entire applicable if possible.
- All applicants must complete every section of this application and submit all required supporting documents. If you answer **"Yes"** to any question, you must provide your full supporting and relevant documents such as final court orders or peer review panel decisions. Failure to provide relevant information will delay the application processing time. You must upload your documents during the renewal process. After application submission, you may return to your profile and upload any additional documents requested as applicable.
- Supporting document uploads will be required if you answer **"Yes"** during the following sections of the application.
  - Screening questions
  - Continuing Education
  - Clean Hands
  - Name Change
- Please select **"Save and Continue"** at the bottom of each page to save all data entered on the page.
- False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2405.

**Applicant Tab**

- Physicians are required to update changes to their name, home address or business address within thirty (30) days of the change and within the renewal cycle as applicable.
- Failure to do so may result in disciplinary action. It is imperative that you review and update your information at this time.

**Address Tab**

- Home: A P.O. Box may NOT be used for an address. Home address information will NOT be made available to the public.
- Business: A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.

**Controlled Substance Renewals**

- You must have a DC Business address
- A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.

**Schedule Selection Descriptions (Please select all schedules that apply)**


- **Schedule I:** The drug or other substance has a high potential for abuse; and has no currently accepted medical use in treatment in the United States or the District of Columbia or a lack of accepted safety for use of the drug or other substance under medical supervision.
- **Schedule II:** The drug or other substance has a high potential for abuse; has a currently accepted medical

# COMPONENTS OF RENEWALS

- Major components of renewal:

1. Demographic Information (i.e., Physician Profile);
2. Screening Questions;
3. Clean Hands;
4. Continuing Education (CE);
5. Workforce Survey;
6. Criminal Background Check (CBC); and
7. Pay fee.

# LANDING PAGE



DC | **HEALTH**  
GOVERNMENT OF THE DISTRICT OF COLUMBIA

## DC HEALTH LICENSING PORTAL

[Apply for New Application](#)

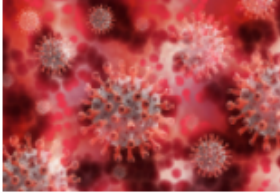
[Apply for License Renewal](#)

[Apply for License Reinstatement](#)

[Apply for License Reactivation](#)

[Apply for CBC Payment](#)

[Complaint Form](#)



[Learn more about Coronavirus \(Covid-19\) in Washington DC](#)

### About DC Health

DC Health promotes health, wellness, and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital.

Our responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.




### DC Health Mission

The District of Columbia Department of Health promotes health, wellness, and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital.

### Health Regulation and Licensing Regulation

The mission of the Health Regulation and Licensing Administration (HRLA) is to protect the health of the residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health systems and facilities through an effective regulatory framework.

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# NEW USER REGISTRATION



The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence. The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence. The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.



## SignUp For New Application

First Name

Last Name

Email

Confirm Email

Social Security Number

Date of Birth

Cancel

Next



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# LOG IN PORTAL

[Login](#) [Register](#)

Please read the instructions below before you begin your new health professional license application

**General Information**

Please read instructions carefully before starting the online application form. Any omitted or illegible information will delay your registration. The manner in which information is submitted within the application is the way your certificate of registration will read. You will receive an electronic copy of your certificate in your email address provided. This process should take between **30-60 minutes** to complete. Please allow yourself enough time to complete the entire application if possible. All applicants must complete every section of this application and submit all required supporting documents. If you answer "Yes" to any question, you must upload your full supporting and relevant documents such as final court orders or peer review panel decisions. Failure to provide relevant information will delay the application processing time. You must upload your documents during the renewal process. After application submission, you may return to your profile and upload any additional documents requested as applicable.

Supporting document uploads will be required if you answer "Yes" during the following sections of the application.

Screening questions  
Continuing Education  
Clean Hands  
Name Change

Please select "**Save and Continue**" at the bottom of each page to save all data entered on the page.

False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2405.

**Applicant Tab**

DC Health Professional are required to update changes to their name, home address or business address within thirty (30) days of the change and within the renewal cycle as applicable. Failure to do so may result in disciplinary action. It is imperative that you review and update your information at this time.

**Address Tab**

Home: A P.O. Box may NOT be used for an address. Home address information will NOT be made available to the public.  
Business: A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.

**Controlled Substance Renewals**

You must have a DC Business address  
A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.

**Schedule Selection Descriptions** (Please select all schedules that apply)

**Schedule I:** The drug or other substance has a high potential for abuse; and has no currently accepted medical use in treatment in the United States or the District of Columbia or a lack of accepted safety for use of the drug or other substance under medical supervision.

**Schedule II:** The drug or other substance has a high potential for abuse; has a currently accepted medical use in treatment in the United States or the District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence.

**Schedule III:** The drug or other substance has a high potential for abuse; has a currently accepted medical use in treatment in the United States or the District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence.

**Schedule III:** The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence. **Naturopathic Physicians are limited to schedule III only**

**Schedule IIIIN:** The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

**Schedule IV:** The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

**Schedule V:** (Naturopathic Physicians are limited to schedule III only) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

**Name Change**

If you have legally changed your name since the last renewal, you will need to provide proof of your name change in the form of a court order, marriage certificate, driver's license, and/or passport.

**Application Submission**

Please agree to the Applicant Affidavit in the application by selecting "Agree".  
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.

**Last Page**

Please complete your DC Health Professional Profile  
Please register for Prescription Drug Monitoring Program after you complete your application, a registration link will be provided.  
Please return to your profile to do any of the following:  
Upload additional documents  
Renew additional licenses as applicable  
View your submitted application




# LICENSE SELECTION

## DC HEALTH LICENSING PORTAL


Hello, Welcome to DC - Health Licensing Portal

Steps for Application Process




[Process](#)

Apply for New License




[Apply](#)

Continue Your Application




[Continue](#)

Contact Support



[Contact Support](#)


Feedback



[Feedback](#)


NAME	BOARD	LICENSE TYPE NAME	LICENSENUMBER	
Test Test5	BOARD OF MEDICINE	MEDICINE AND SURGERY	MD9887878	<a href="#">Renew</a>

Apply for Address Change



[Address Update](#)

Apply for Name Change



[Name Change](#)

# LICENSE SELECTION

## DC HEALTH LICENSING PORTAL

### LICENSES

NAME	BOARD	LICENSE TYPE NAME	LICENSENUMBER	EXPIRATION DATE
Test Test5	BOARD OF MEDICINE	MEDICINE AND SURGERY	MD9887878	2020-12-31

### PAID INACTIVE

Change License status from "Active" to "PAID INACTIVE". Please select YES (PAID INACTIVE Status) or NO (Remain Active).

\* PAID INACTIVE LICENSE

No (Remain Active)

[Back to Home](#)

[Save and Continue](#)

# UPDATE DEMOGRAPHICS

## DC HEALTH LICENSING PORTAL

BOARD OF MEDICINE  
MEDICINE AND SURGERY

### APPLICANT INFORMATION

* First Name <input type="text" value="Test"/>	* Last Name <input type="text" value="Test5"/>
Middle Name <input type="text"/>	* Gender <input type="text" value="Female"/>
* Date of Birth <input type="text" value="Apr 11, 1987"/>	* Social Security Number <input type="text" value="90930923901"/>
Race and Ethnicity <input type="text" value="--Select an Item--"/>	* Highest Degree <input type="text" value="MD"/>

Please select language(s) spoken other than English

- Arabic
- Amharic
- Cantonese
- French
- German/Slavic
- Korean

Selected language(s) spoken other than English

### Attached Documents (0)

No Files are Uploaded.

# UPDATE NAME CHANGES

## OTHER NAME(S) USED

If your name has changed at any point since you have taken any exams or 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, court orders, copies of social security cards or a passport.

Note: If your name has not been changed at any point. Please select "No Name Change" from the List.

\* Name Change Due To

Changed First Name

Changed Last Name

Changed Middle Name

Add attachment

Back

Save and Continue

# UPDATE ADDRESS INFORMATION

## DC HEALTH LICENSING PORTAL

BOARD OF MEDICINE  
MEDICINE AND SURGERY

### APPLICANT ADDRESS INFORMATION

\* Preferred Mailing Address

Home Address

#### HOME ADDRESS

(Note: A P.O. box may not be used for an address. Please provide a valid street address.)

\* Street 1

1818 H Street NW

Street 2

\* City

Washington

\* State

District of Columbia

\* Zip Code

20433

\* Country

United States

\* Email Address

BOMTestUser@gmail.com

\* Phone Number

8999999999

\* Do you have a business address?

Yes

#### BUSINESS ADDRESS

(Note: A P.O. box may not be used for an address. Please provide a valid street address.)

\* Street 1

8715 1st Ave

Street 2

Apt 230C

\* City

Silver Spring

\* State

Maryland

\* Business Zip Code

20910

\* Country

United States

\* Business Email Address

BOMTestUser@gmail.com

\* Business Phone Number

2024997567

Back

Save and Continue

# SCREENING QUESTIONS

## DC HEALTH LICENSING PORTAL

BOARD OF MEDICINE  
MEDICINE AND SURGERY

### SCREENING QUESTIONS

ALL YES RESPONSES REQUIRED SUPPORTING DOCUMENTS TO BE  
UPLOADED

National Practitioner Databank (NPDB) Self Query Report (if responded "Yes" to screening questions #2 and 6). The Self-Query Report must be requested from the NPDB no more than thirty (30) days prior to submission of the application. Please find the link to download Malpractice Claims Form <https://dchealth.dc.gov/node/1190250>

\* 1. Since your last renewal, have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor, including driving under the influence or while impaired, but excluding minor traffic violations? You must answer this question truthfully, regardless of whether records were expunged.

--Select an Item--

\* Description Q1:

Add attachment

Or drop files


\* 2. Since your last renewal, have you been a defendant or respondent to a claim for damages or a malpractice action? If you answer "Yes", please complete the Malpractice Claims Form and submit it along with all relevant court documents (e.g., Complaint, Answer, and Final Order/Decision). A separate Malpractice Claims Form must be completed for each malpractice case.


--Select an Item--

Description Q2:

Add attachment

Or drop files

 Attached Documents (0)

 No Files are Uploaded.

# CONTINUING EDUCATION (CE)

**DC HEALTH LICENSING PORTAL**  
BOARD OF MEDICINE  
MEDICINE AND SURGERY

**CONTINUING EDUCATION**

As part of the renewal process, licensees will need to complete the required number of continuing education (CE) credits for their profession. Please ensure your Continuing Education requirements are in compliance with your Health Professional Board and License Specialty.

Licensees will need to select below whether they "I have completed" the required CE hours, or whether they "I will complete" the required number of hours by the end of the renewal period. For those Licensees who select the "I have completed" option, they will need to upload supporting documentation for all CE at the time of renewal. For those Licensees who select the "I will complete" option, they will need to submit proof by uploading supporting documentation of CE prior to the end of the renewal period.


\* Continuing Education


--Select an Item--


Continuing Education Description

type here...

Add attachment

 Upload Files Or drop files

 **Attached Documents (0)**

 No Files are Uploaded.

# PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) REGISTRATION

### PDMP REGISTRATION

\* Are you registered for the Prescription Drug Monitoring Program?

No

- Prescription Drug Monitoring Program  
Please find the link to register for the Prescription Drug Monitoring Program  
<https://districtofcolumbia.pmpaware.net/login>



# WORKFORCE SURVEY

**DC HEALTH LICENSING PORTAL**  
BOARD OF MEDICINE  
MEDICINE AND SURGERY

1) Gender

2) Race and Ethnicity

3) What is the purpose of your application?

4) Are you applying for a controlled substance registration?

5) What type of practice are you engaged in?  
(Please select applicable item(s) from the 'Available' column and use the arrow to move it to the 'Selected' column):

Available		Selected
Academic Educatio...	▶	
Administrative Med...	◀	
Clinical/Patient Car...		
Preventive Medicin...		
Research Medicine		
Correctional Medici...		
None of the Above		

7) Please select what best describes your professional status:

8) How many locations do you practice at in the District?

9.1.a. Practice/Site Name

9.1.b. Address

9.1.c. City

9.1.d. State

9.1.e. ZipCode

9) b. Is this your primary practice location?

6) If you engage in Administrative Medicine, please specify the type (Please select applicable item(s) from the 'Available' column and use the arrow to move it to the 'Selected' column):

Available		Selected
Private Practice Admini...	▶	
Hospital Administration	◀	
Government Administra...		
DC Government Admini...		
Insurance Company Ad...		
Other		

# CLEAN HANDS

## DC HEALTH LICENSING PORTAL

BOARD OF MEDICINE  
MEDICINE AND SURGERY

### CLEAN HANDS

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, pursuant to D.C. Official Code § 47-2864 (2001).**

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:

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.).

\*

\* Clean Hands Description:

Add attachment

# CRIMINAL BACKGROUND CHECK (CBC)

- All licensees must agree to an updated CBC at time of renewal.
- CBC will be a name-based search, NOT fingerprints.
- \$50 fee associated with name search.

The screenshot shows a web form with two main sections. The first section is titled "CRIMINAL BACKGROUND CHECK" and contains a paragraph of text: "All Licensees are required to undergo a criminal background check (CBC). I hereby consent to the use of any and all necessary information provided by me to DC Health to perform a CBC. I further acknowledge and understand that the results of the CBC will be used in determining my eligibility for continued licensure in the District of Columbia." Below this text is a dropdown menu with the placeholder text "--Select an Item". The second section is titled "HEALTH PROFESSIONAL AFFIDAVIT" and contains a paragraph of text: "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." Below this text is another dropdown menu with the placeholder text "--Select an Item". At the bottom of the form, there are two buttons: "Back" on the left and "Save and Continue" on the right.

# PAYMENT

## License Details

Board	Profession	Purpose	Fee
BOARD OF MEDICINE	MEDICINE AND SURGERY	MD9887878	805
		CBC Check	50

Total Amount : \$ 855

Payment Details, we accept only



(Please pay all of your fee now)

\* Card Number

\* CVV

\* Card Expiration Month

\* Card Expiration Year

# PAYMENT

License Type	Renewal Fee
Acupuncture	\$290.00
Anesthesiologist Assistant	\$145.00
Chiropractor	\$300.00
Physicians	\$500.00
Naturopathic Physicians	\$145.00
Physician Assistants	\$145.00
Surgical Assistant	\$145.00
Trauma Technologist	\$145.00
Polysomnographic Technologist	\$145.00
Polysomnographic Trainee	\$50.00

# SPECIFIC CE REQUIREMENTS

- As part of the renewal process, licensees will need to complete the required number of continuing education (CE) credits for their profession:
  - **Physicians (MD/DO)** - Fifty (50) hours of CE every two (2) years, which includes two (2) hours in the subject of LGBTQ cultural competency.
  - **Physician Assistants (PA)** - One hundred (100) hours of CE every two (2) years, which includes two (2) hours in the subject of LGBTQ cultural competency.
    - ❖ *PAs may substitute NCCPA certification for the one hundred (100) hours, however, they will still be required to complete the required hours of CE in the subject areas of LGBTQ cultural competency.*

## CE REQUIREMENTS (CONT.)

- **Surgical Assistants (SA)** - Fifty (50) hours of CE, which includes two (2) hours of CE in the in the subject of LGBTQ cultural competency.
  - ❖ *SAs may substitute certification from ABSA or the NSAA, if said certification required the completion of fifty (50) hours of CE with the two (2) year period proceeding renewal. However, SAs will still be required to complete the required hours of CE in the subject area of LGBTQ cultural competency.*
- **Anesthesiologist Assistants (AA)** - Hold certification with the NCCAA, or its successor organization, as well as having completed at least two (2) hours of CE in the in the subject of LGBTQ cultural competency
- **Acupuncturists (ACU)** - Thirty (30) hours of CE, which includes at least two (2) hours of CE in the subject of LGBTQ cultural competency. For licensees with a certification in Chinese Herbology, at least ten (10) of the total thirty (30) hours need to be in the topic of Chinese Herbology.

## CE REQUIREMENTS (CONT.)

- **Polysomnographic Technologists** - Twenty (20) hours of CE, which includes at least two (2) hours of CE in the subject of LGBTQ cultural competency.
- **Polysomnographic Technicians** - Twenty (20) hours of CE, which includes at least two (2) hours of CE in the subject of LGBTQ cultural competency.
- **Trauma Technologists** - Fifty (50) hours of CE, which includes at least two (2) hours of CE in the subject of LGBTQ cultural competency.



# HIV/AIDS & LGBTQ REQUIREMENTS

- HIV/AIDS is no longer required.
- Licensees are also required to complete at least two (2) hours of CE in the subject of LGBTQ cultural competency.
- Potential course options include:
  - [National LGBT Health Education Center - A Program of the Fenway Institute](#)
  - [Human Rights Campaign Foundation](#)

# 10% PUBLIC HEALTH PRIORITIES

- Regulations have been implemented for all professions under the Board of Medicine which will require licensees to complete at least 10% of their required total continuing education hours in topics identified by the Director of the Department of Health as public health priorities.
  - For example, physicians have a fifty (50) hour requirement so at least five (5) hours must be in a topic designated as a public health priority.
- The Director of the Department of Health has now issued a notice identifying acceptable public health priorities, which can be found online [HERE](#).
- ***This new requirement will not go into effect until the next renewal cycle covering 01/01/2021 to 12/31/2022.***

# LICENSE LOOKUP



## Search for a License

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### DISCLAIMER

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# ONLINE RESOURCES FOR CE

## DCRx: The DC Center for Rational Prescribing

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The DC Center for Rational Prescribing (DCRx) provides information about medications and other therapeutic options. The DC Department of Health provides non-commercial, independent continuing education courses, free to DC physicians and healthcare professionals.

### Healthcare Professionals

Visit the DCRx Learning Portal for free CME Credit  
<https://cme.smhs.gwu.edu/dcrx>

A list of currently available modules can be found below:

#### [Tobacco Cessation](#) (2.0 Credits)

View [PDF](#) for the module without credit. [View additional resources.](#)

#### [Implicit Bias](#) (1.5 Credits)

View [PDF](#) for the module without credit. [View additional resources.](#)

#### [Naloxone in District of Columbia](#) (0.5 Credits)

View [PDF](#) for the module without credit.

#### [Non-Opioid and Alternative Approaches to Pain](#) (1.5 Credits)

View a [PDF](#) and [references](#) for the module without credit. [View additional resources.](#)

#### [Tight Control in Type 2 Diabetes: More Harm than Good?](#) (1.5 Credits)

View a [PDF](#) and [references](#) for the module without credit. [View additional resources.](#)

#### [Industry Influence on the Practice of Medicine](#) (1.0 Credits)

View a [PDF](#) and [references](#) for the module without credit. [View additional resources.](#)

#### [Taking a Sexual History to Reduce HIV Risk](#) (1.5 Credits)

View a [PDF](#) and [references](#) for the module without credit. [View additional resources.](#)

#### [Counseling Patients About Family Planning](#) (1.5 Credits)

View a [PDF](#) for the module without credit. [View additional resources.](#)

### [Additional Resources for Rational Prescribing Information](#)

For questions or comments on DCRx, email [DCRx@gwu.edu](mailto:DCRx@gwu.edu).

Service Contact: DC Center for Rational Prescribing (DCRx)

Contact Email: [dcrx@gwu.edu](mailto:dcrx@gwu.edu)

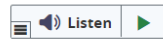
Contact TTY: 711

# BOARD VACANCY

## Mayor's Office of Talent and Appointments

[coronavirus.dc.gov](https://coronavirus.dc.gov)

[Read Mayor Bowser's Presentation on DC's COVID-19 Situational Update: September 14, DC Entered Phase Two of Reopening on June 22. View the Guidance.](#)



### Boards With Vacancies or Available Seats

MOTA strives to fill available seats with residents who are interested to serve. Our staff is available for consultation on helping you identify a District board or commission of interest, based on availability and eligibility. Mayoral appointees fall into two categories: (1) District residents (public members) and (2) District government employees, each designated with specific skills needed for the seat.

Please see the below information links:

- [Alphabetical list of all boards and commissions](#)
- [Current \(in real time\) vacant or new seats on boards and commissions](#)
- [Board seats ending this year \(in real time\)](#)

Not sure where to start? Give us a call at (202) 727-1372.

# DUTY TO REPORT (DC CODE § 44-508)

- Health professionals must report to the board within ten (10) business days after being made aware of the following:
  - Named in a malpractice lawsuit
  - Convicted of a crime; or
  - Party to a settlement stemming from a malpractice claim paid by the licensee, the insurer or other entity on behalf of the health professional.
- Employer's of health professionals also have duty to report certain incidents.

## § 44-508. Reporting to licensing authority.

- (a)(1) A health professional shall submit a report notifying the board, commission, or authority responsible for licensing, registering, or certifying the health professional within 10 business days after:
- (A) The health professional obtains knowledge that a health care licensing authority of another state has taken disciplinary action against him or her; or
  - (B) The health professional:
    - (i) Has been named in a malpractice suit and received notice of a judgment against him or her in that suit;
    - (ii) Has been convicted of a crime; or
    - (iii)(I) Is party to a confidential settlement stemming from a malpractice claim to be paid by the health professional, an insurer, or other entity on behalf of the health professional.
    - (II) For a report arising from a confidential settlement pursuant to sub-sub-paragraph (i) of this sub-paragraph, the health professional shall not include in a report any details required by the settlement to be kept confidential.
  - (2) Consistent with paragraph (1) of this subsection, nothing in a confidential settlement agreement between a health professional, the insurer of the health professional, or other entities acting on behalf of the health professional and another person shall operate to prevent the parties to that agreement from filing a complaint with the board, commission, or authority responsible for licensing, registering or certifying the health professional, or from testifying in any investigation conducted by the board, commission, or authority responsible for licensing, registering, or certifying the health professional.
- (a-1) A health professional's employer shall submit a report notifying the board, commission, or authority responsible for licensing, registering, or certifying a health professional within 10 business days after:
- (1) The health professional's employer has:
    - (A) Reduced, suspended, revoked, or not renewed the health professional's clinical privileges;
    - (B) Involuntarily terminated or restricted the health professional's employment or staff membership; or
    - (C) Asked the health professional to resign because the health professional's conduct has been determined, pursuant to [§ 3-1205.14\(c\)](#), to have committed a violation listed in [§ 3-1205.14\(a\)](#); or
    - (2) The health professional has voluntarily resigned, or has been asked by the health professional employer to resign, while being investigated by the health professional employer for conduct in violation listed in [§ 3-1205.14\(a\)](#).
  - (b) The reporting requirement in subsection (a-1) of this section shall not apply to a temporary suspension or relinquishment of privileges or responsibilities if a health professional enters and successfully completes a prescribed program of education or rehabilitation. As soon as there exists no reasonable expectation that he or she will enter and successfully complete such a prescribed program, the health professional's employer shall submit a report forthwith pursuant to subsection (a-1) of this section.
  - (c) The reports required by subsections (a) and (a-1) of this section shall be sent by registered or certified mail, with return receipt requested, or sent by a courier service, commercial carrier, or personal service, or to a secure email address created by the Department.
  - (d) In computing the 10 business-day reporting period in subsections (a) and (a-1) of this section, the day of the action or event that gave rise to the requirement to send the report shall not be counted. The last day of the 10-day period shall be counted unless it is a Saturday, Sunday, legal holiday, or day on which the Department of Health is officially closed, in which event the 10-day period shall continue until the next day that is not a Saturday, Sunday, legal holiday, or day on which the Department of Health is officially closed.
  - (e) The reporting required by subsections (a) and (a-1) of this section shall not act as a waiver of confidentiality of medical records and committee reports. Records reported and obtained under this section shall remain confidential and shall not be disclosed, except as otherwise authorized or required by law. The records shall be used by the board, commission, or authority responsible for licensing, registering or certifying the health professional in the exercise of their functions and shall be made available to the public only as required by [subchapter II of Chapter 5 of Title 2](#).
  - (f) Any health professional employer, or employee of such employer, participating in good faith in the making of a report pursuant to [this subchapter](#) shall have immunity from liability, administrative, civil, and criminal, that might otherwise be incurred or imposed with respect to the making of the report. The same immunity shall extend to participation in any judicial proceeding involving the report. In all administrative, civil, or criminal proceedings concerning the employee resulting from the report, there shall be a rebuttable presumption that the maker of the report acted in good faith.

(Feb. 24, 1984, D.C. Law 5-48, § 9, 30 DCR 5778; June 24, 2020, D.C. Law 23-116, § 2(b), 67 DCR 5081.)

### Prior Codifications

1981 Ed., § 32-1308.

# OPEN SESSION



- The Open Session of the Board of Medicine is the last Wednesday of every month at 8:30 AM.
- Requests to be placed on the agenda should be directed to [lisaa.robinson@dc.gov](mailto:lisaa.robinson@dc.gov).



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