



**DISTRICT OF COLUMBIA -- DEPARTMENT OF HEALTH
HEALTH OCCUPATION LICENSE RENEWAL FORM**

GENERAL INSTRUCTIONS: The information printed Section 1 of this form shows the current information on record for your license. Complete all sections of this form, where applicable, including the fee calculation. If more space is needed to fully answer questions, attach additional sheets. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution. Mail the form, the required fee, and all supporting documents to: **Department of Health, Health Professional License Administration, Board of Medicine, 717 14th Street NW, 6th Floor, Washington, D.C. 20005. This form is due back to HPLA by December 31, 2008. Forms postmarked after the 31st of December must contain an additional late fee of \$85.00. If you have any questions, call HPLA Customer Service at 1-888-204-6193.**

1. DEMOGRAPHIC INFORMATION

Please make name and address changes on the reverse side of this form.

<p>Preferred mailing address:</p>	<p>License Number *Social Security Birth Date</p> <p>Other Address</p>
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*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupations Revisions Act), **applicants are required to provide a Social Security Number (SSN)** on applications for a professional license. Please provide your Social Security Number in Section 5 of this form. If a Social Security Number is not available, a sworn affidavit stating that you do not have a Social Security Number must be submitted on a separate notarized letter.

2. SPECIAL INSTRUCTIONS

- Your license expires December 31, 2008.
- Renewal applications submitted after December 31, 2008 will be required to pay a \$85.00 late fee.
- If you are unable to renew your license by December 31, 2008 or within the 60-day late renewal period, you will then be required to apply for reinstatement of your license.
- In addition, you must submit your pictures no later than the 60-day late renewal period. Failure to do so will result in your license lapsing and you will have to apply for reinstatement of your license. **You may not practice your profession in the District of Columbia until you reinstate your license.**
- You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must apply as a new applicant. You will receive a new license number upon approval.

IMPORTANT NOTICE: In compliance with 17 DCMR 4001.1(c), please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Please send the photos along with your Renewal Application form. Photos will be placed on the pocket license. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity. **Your application is not complete and your license will not be renewed until your photos are received.**

INTERNET INSTRUCTIONS: This is a reminder that if you decide to register online, remember to register at: <http://www.hpla.doh.dc.gov>. You must use the PIN that has been assigned to you.

If you renew online, you are still required to mail in two (2) 2x2 photographs as stated above. **Your license will not be renewed until your photos are received.**

Be sure to keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify your professional board of any address change within 30 days of the change. You may send address changes to the address in the GENERAL INSTRUCTIONS above. This will help ensure that you receive your next renewal notice in a timely manner.

3. LICENSE RENEWAL AND FEES – Select the type of action you wish to take for your license.

Please check the appropriate boxes to indicate other requests you would like to be processed with your license renewal and then total the fee column. This form will be returned unprocessed if the fee is not included or if the fee is less than required. **Make your check or money order payable to "DC Treasurer" CASH PAYMENTS WILL NOT BE ACCEPTED.**

A. Renewal **OR** Paid Inactive Status Request

B. Renewal License Fees:

- Medical Doctors or Doctors of Osteopathy = \$500.00
- Chiropractors = \$203.00
- Chiropractors – Ancillary Procedures = \$153.00
- Physician Assistants = \$145.00
- Acupuncturists = \$145.00
- Surgical Assistants = \$145.00
- Anesthesiology Assistants = \$145.00
- Naturopathic Physicians = \$145.00

Make check or money order payable to DC TREASURER.
Mail to:
Department of Health
Health Professional Licensing Administration
Board of Medicine – Renewals
717 14th Street NW, 6th Floor
Washington, D.C. 20005

Renewal Fee (Select from the list on "B") = \$ _____

C. Cancel License (No Fee) (SEE #3) \$0.00 = \$ _____

D. Late Fee (if postmarked after December 31, 2008) (SEE #4) \$85.00 = \$ _____

E. Name and/or Address Changed (see reverse side)

F. Duplicate License Request QTY: _____ x \$34.00 = \$ _____

TOTAL FEE DUE = \$ _____

A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

4. QUESTION ABOUT YOUR PRACTICE

If you have an "MD" or "DO" license prefix, please complete A-D. If you are a chiropractor ("CH" license prefix), complete A, B and E. Otherwise, complete A and B only.

A. Are you in active practice now? (SEE #5 – MDs/DOs Section)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SPECIALTIES					
B. If so, do you practice in the District of Columbia at all? ❖ If YES, what % of time? _____%	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
C. MD's and DO's Only – If your practice is limited to a specialty, please indicate the code from the specialty list at the right.	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%; height: 20px;"> </td> </tr> <tr> <td align="center" colspan="2">Code</td> </tr> </table>						Code	
Code								
D. MD's and DO's Only – If you are certified by the American Board of any specialty, please indicate the code from the specialty list at the right.	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%; height: 20px;"> </td> </tr> <tr> <td align="center" colspan="2">Code</td> </tr> </table>				Code			
Code								
			AD Administrative Medicine	OR Orthopedic Surgery				
			AL Allergy & Immunology	OT Otolaryngology				
			AN Anesthesiology	PA Pathology				
			CO Colon & Rectal Surgery	PE Pediatrics				
			DE Dermatology	PH Physical Medicine & Rehabilitation				
			EM Emergency Medicine					
			FA Family Practice	PL Plastic Surgery				



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SECTION 8. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer questions A through H by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through G 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 form.		OFFICE USE ONLY
<p>A. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.</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 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).</p> <p>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 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: Yes No <input type="checkbox"/> <input type="checkbox"/></p> <ol style="list-style-type: none"> Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); Past due taxes; Past due District of Columbia Water and Sewer Authority service fees; or 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>		<p>Y N <input type="checkbox"/> <input type="checkbox"/></p>
B. Since your last renewal, have you been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>
C. Since your last renewal:	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>
(1) Have you withdrawn an application for licensure/certification/registration to practice your profession in any jurisdiction?	<input type="checkbox"/> <input type="checkbox"/>	
(2) Has any authority or peer review board taken adverse action against your license or privileges?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
(3) 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?	<input type="checkbox"/> <input type="checkbox"/>	
(4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	<input type="checkbox"/> <input type="checkbox"/>	
D. Do you have a physical or mental condition that currently impairs your ability to practice your profession?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>
E. Since your last renewal, have you been diagnosed or treated for substance abuse?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>
F. Since your last renewal, have you been involved in a malpractice suit? If yes, provide date of incident, allegation, and disposition of case	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>
G. Since your last renewal, have you ever been terminated or asked to resign from employment?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>
H. Do you currently practice your profession in the District of Columbia?	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>
I. I have completed the continuing education that is required for renewal or indicated why I am exempt on Section 5.	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>

SECTION 9. 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	LICENSEE NAME (Please print)	DATE	OFFICE USE ONLY
			<input type="checkbox"/>