

## AUTHORIZATION TO RELEASE INFORMATION

In order for staff to discuss details with a third party, you will need to complete, sign, and return this form to our offices. Absent such a release, staff will NOT discuss the specifics of your application or related information with anyone other than the applicant.

If you have any questions, call HSPA Customer Service at **(202) 724-8800, Monday through Friday, 8:30AM to 4:00PM EST.**

### SECTION 1: AUTHORIZED CONTACTS

Identify each individual you authorize the Board of Medicine to speak with regarding your application. This includes discussion of any materials submitted as part of your application, such as malpractice disclosure, prior discipline, or reported criminal arrests and/convictions.

#### AUTHORIZED CONTACT #1

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Phone #:</b>	<b>Email:</b>	
<b>Relationship to Applicant:</b>		

#### AUTHORIZED CONTACT #2

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Phone #:</b>	<b>Email:</b>	
<b>Relationship to Applicant:</b>		

#### AUTHORIZED CONTACT #3

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Phone #:</b>	<b>Email:</b>	
<b>Relationship to Applicant:</b>		

### SECTION 2: APPLICANT'S AFFIDAVIT

*I hereby attest to the following:*

1. *I understand such communications may include, but not be limited to, information related to any pending application documents, any responses provided by me to application screening questions, any decisions made by the Board regarding the status of my application, or any other matter that is reasonably related to my pending application of licensure;*
2. *I understand that this authorization is valid for the duration of my pending licensure application, and that should I no longer desire for the Board to communicate with any of my Authorized Representatives it is my responsibility to notify the Board of this decision in writing;*
3. *That the information given in this release, 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 form, including all writings and exhibits attached hereto, is punishable by criminal penalties.*

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>
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**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at <https://oig.dc.gov>.