

Physician Attestation to Access Electronic Death with Dignity Portal

Complete this form electronically. Once this form is submitted, the Department will verify that your DC Medical License is active and in good standing. You will receive an email with instructions on how to access the electronic death with dignity portal. Please allow 1-3 business days to verify your license. For additional information, please visit the DC Death with Dignity website at <http://doh.dc.gov/dwd>.

All fields are required.

Physician Information

First Name

Middle Initial

Last Name

Specialty/area of clinical practice

DC Medical License #

Verify DC Medical License Number

DOB

SSN Last 4 Digits

Business Address

Street

Apt/Suite

City

State

Zip

Phone

Email

Verify Email

Signature

By typing my name and the date below, I verify that I am the person identified above and that all

information provided is true to the best of my knowledge. I am acknowledging that I am aware of [District of Columbia Death with Dignity Act of 2016\(D.C. Law 21-182\)](#) and reviewed the [training module](#).

Name

Date

D.C. Act 21-577§ 12. Immunities, liabilities, and exceptions.

- (a) Except as provided in section 11, no person shall be subject to civil or criminal liability or professional disciplinary action for:
- (1) Participating in good faith compliance with this act;
 - (2) Refusing to participate in providing a covered medication under this act; or
 - (3) Being present when a qualified patient takes a covered medication.
- (b) Nothing in this act shall be interpreted to lower the applicable standard of care for the attending physician, consulting physician, psychiatrist, psychologist, or other health care

SAMPLE