DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Pharmaceutical Detailers

APPLICATION INSTRUCTIONS AND FORMS

Your interest in becoming licensed as a Pharmaceutical Detailer in the District of Columbia (DC) is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. The application fee is earned when paid and cannot be transferred or refunded. Follow the instructions provided below and complete all sections.

THE APPLICATION PROCESS

Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety. Please print or type all information except signatures.

Only **complete** application packages will be submitted to the DC Board of Pharmacy (Board) for review. Within Thirty (30) days after receipt of a complete application package, you will receive a decision on your application. Upon final approval, you will be issued a license to provide pharmaceutical detailing services to the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, the Health Regulation and Licensing Administration (HRLA) processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will be notified in writing. Pending applications will become invalid after ninety (90) days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue licensure after that time, she/he must submit a new application and pay the required fee once again.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Regulation and Licensing Administration
Board of Pharmacy
P.O. Box 37803
Washington, DC 20013

If you have any questions, call HRLA's **toll-free** Customer Service line at 1-877-672-2174 between 8:30 AM and 4:40 PM EST Monday through Friday.

All persons providing pharmaceutical detailing services to health professionals in the District of Columbia should be licensed under the SafeRx Amendment Act of 2008 (Act) with the DC Board of Pharmacy.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a pharmaceutical detailer license in the District of Columbia shall meet the following requirements:

- Applicant must not have been convicted of a crime of moral turpitude which bears directly on the applicant's fitness to be licensed; and
- Applicant must have graduated from an institution of higher education recognized by the Board; and

All applicants must submit the following in order to be considered for licensure:

1. A completed and signed application, including payment made payable to **"D.C. Treasurer"** and required supporting documents (see list on application form); and

2. 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
   a. 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 Social Security Number. Photos
   b. will be placed on the pocket license; and

3. One (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity; and

4. Official School Transcript in a sealed envelope from the educational institution to the Board.

5. Completed, signed and notarized "*Affidavit to Abide by Code of Ethics*" Form provided

6. Complete Criminal Background Check procedures. **(effective January 3, 2011)**

All applicants educated in Foreign Countries

a. The Board may grant a license to practice pharmaceutical detailing to an applicant who is a graduate of an institution of higher education from a foreign country, if the institution or education program was accredited by an accrediting body recognized by the Secretary of the United States Department of Education or the Council on Postsecondary Accreditation at the time the applicant graduated.

b. If a document is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to it accuracy.

COMPLETING THE LICENSE APPLICATION

Section 1. Requested License/ Fees

a. Should you need to obtain additional copies of your license, you may order duplicate licenses (for $34 fee each, etc.). Mark the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

b. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to "**D.C. Treasurer**" and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed.

*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of $65.00 will be imposed for dishonored checks (Public Law 89-208).

DC pharmaceutical detailer's license expires at 12:00 Midnight, the last day of February of each even numbered year. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license. Upon completion of the renewal application, submission of continuing education, and payment of the renewal fee, your license will be renewed for a two-year period. **PLEASE NOTE**: you are required by regulation to report all changes of your business or residence address to the Board. HRLA will update the address change in your database record. Requests for address changes must be submitted in writing to HRLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Within ten (10) days of leaving the employ of a pharmaceutical company, a pharmaceutical detailer shall provide written notification to the Board of his or her departure and the name, address, email, and telephone number of the person within the company who may be contracted for retrieving the records required to be maintained under the Act.

Section 2. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, (D.C. Law 13-269), requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion.

Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package ***or*** requested to be sent under separate cover to HRLA on behalf of the Board of Pharmacy.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Sections 5A. & B. Home Address / Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

Section 5C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 6A. Professional Schools Attended

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

Section 6B. Work Experience

List all experience since graduation in reverse chronological order, beginning with the most recent at the top.

Section 7. Screening Questions

If you answer "no" to question A or "yes" to questions B through H, then please provide a complete explanation on a separate sheet of paper with any applicable documents. If more space is required to fully answer questions, attach additional sheets with your typed responses. False or misleading statements may be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Official Code § 22-2405.

Section 8. Licensee Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HRLA's website at www.dchealth.dc.gov/bop or call HRLA's Customer Service number at 1-877-672-2174. The documents that make up this package are:

Pharmaceutical Detailer, New License Application
Pharmaceutical Detailer, New License Instructions
Affidavit to Abide by Code of Ethics
Criminal Background Check Information
SafeRx Amendment Act of 2008
Chapter 40 Municipal Health Occupations General Rules Regulations
Chapter 41 Municipal Health Occupations Administrative Procedures Regulations
Chapter 83 Pharmaceutical Detailers Regulations
Health Occupations Revision Act (HORA)

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for pharmaceutical detailers. The law governing pharmaceutical detailer licensure in the District of Columbia is the SafeRx Amendment Act of 2008, *D.C. Law 17-0131; 55 DCR 4462*. The regulations governing pharmaceutical detailers are included in *DC Municipal Regulations Title 17*, Chapters 83. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Pharmacy if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF PHARMACEUTICAL DETAILER LICENSURE REQUIREMENTS

License Type	Application Method	ALL APPLICANTS MUST HAVE:	Signed Application	Two 2" x 2" Photos	One photocopy of US ID	Official certificate of graduation	Affidavit to Abide by Code of Ethics	Check or Money Orders made payable to "D.C. Treasure"	Results of the FBI and State Criminal Background Check	ONLY IF APPLICABLE:	Sworn affidavit stating that he or she does not have a social security number	Name Change Documents	IF APPLYING FOR A WAIVER OF EDUCATIONAL REQUIREMENTS:	Notarized statement on "Waiver of Educational Requirement" Form	List of past and current employers to for the last three (3) years
NEW	New		X	X	X	X	X	X	X		X	X		X	X

X = Required