



D.C. Board of Respiratory Care



Government of the District of Columbia
Adrian M. Fenty, Mayor



Summer 2010

INSIDE THIS ISSUE

FAQs	2
Expedite Your License	2
Continuing Education (CE) Audit	3
Paid Inactive Status	3
Public vs. Non-Public Board Discipline	4
Physicians Needed	4
Filing a Complaint	4
Reporting DWIs, DUIs, and OWIs	5
Criminal Background Check for Applicants	5
Board Chairs meet with Hospital Administrators	6
Board Orders	8
Symposium on Pulmonary Patients	9
DC RCP's Medical Mission Trip to Uganda	10
Verification of Licensure	12
Board Members Board Staff and Contact Information	12

YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Board of Respiratory Care
Processing Department
717 14th Street, NW
Suite 600
Washington, DC 20005

LETTER FROM THE CHAIR

“International Fellowship” — What is It?

The American Respiratory Care Foundation sponsors an “International Fellowship in Respiratory Care” for health care providers from other countries. This Fellowship is for health care professionals who have expressed an interest in learning about Respiratory Care as it is practiced in the U.S.

The Fellowship Program is designed to assist non-U.S. health care professionals as they visit and observe the Respiratory Care procedures practiced in the hospital and clinical setting and visit respiratory therapy educational programs. During this time they are able to share their knowledge of Respiratory Care as it is performed in their country, while observing and learning about the same or similar practices performed in the U.S.

This Fellowship is completed three weeks prior to the Annual International Congress of the American Association for Respiratory Care. While attending the 55th International Respiratory Congress in San Antonio, TX, I had the opportunity to spend time with one of the 2009 International Fellows, Bolanle Adefuye, MBBS, FWACP, from Nigeria. She stated that the Fellowship Program was an intense program, where she spent quality time in two host cities in the U.S.

She visited a large and small hospital to gain knowledge about the practice of Respiratory Care. In the hospitals, all aspects of Respiratory Care were observed, including the practice of neonatal and pediatric care, arterial blood gas sampling and analyzing, mechanical ventilation, PFTs and intubation



Carolyn A. Williams, BS, RRT

procedures. She observed Respiratory Care Practitioners as they participated in AM patient rounds with the physicians. During these visits, there were meetings with the leadership team of the Respiratory Care Departments to learn about the departmental organization, policies and procedures, staffing, and equipment used by Respiratory Care Practitioners.

(continued on page 2)

ATTENTION LICENSEES:

HELP US TO STAY IN TOUCH WITH YOU!

Please send an email informing the Board of your email address at:

FATIMA.ABBY@DC.GOV

The Board of Respiratory Care will be distributing the Board newsletter electronically.

Upcoming Board Meetings

THE DC BOARD OF
RESPIRATORY CARE MEETS THE
2ND MONDAY OF
EVERY MONTH,
9:00 AM – 1:00 PM
at 717 14th St., NW, 10th Floor,
Washington, DC 20005

Time is allocated at each Board Meeting to allow the public an opportunity to speak to the Board. Please notify us in advance if you plan to attend a meeting by sending an email to hpla@dc.gov.

BOARD 2010 MEETING SCHEDULE

AUGUST (NO MEETING)

SEPTEMBER 13TH

OCTOBER - TBA

NOVEMBER 8TH

DECEMBER 13TH

**YOUR NEXT
LICENSURE RENEWAL
DEADLINE IS...
JANUARY 31, 2011**

Letter from the Chair (continued from page 1)

At the educational programs, she was given the opportunity to interact with the respiratory therapy students in the classroom and clinical settings.

Upon completion of the onsite visits, she attended the International Respiratory Congress. At the Congress, she and five other International Fellows of 2009 were introduced during the Awards Ceremony. Bolanle Adefuye attended lectures and visited the state-of-the-art Exhibit Hall, where the latest Respiratory Therapy equipment is demonstrated and displayed. This afforded her the opportunity to spend time with the vendors to learn about their products and obtain literature on new products.

To conclude their experiences of the Fellowship, a reception was held to honor the International Fellows and the organizations and city hosts that contributed to this meaningful experience. The honorees concluded their evening with a special treat to all in attendance by performing a thank you tribute of a song, poem, etc., in their native language.



Bolanle Adefuye

Carolyn Williams, BS, RRT
Chairperson
Board of Respiratory Care

FREQUENTLY ASKED QUESTIONS

What are the continuing education unit (CEU) requirements for the renewal cycle?

Licensees must have completed sixteen (16) hours of approved continuing education credits during the two (2) year period preceding the date the license expires. A minimum of three (3) hours of the total continuing education credits must have been in ethics.

How many of the sixteen (16) CEUs may be completed online?

Eight (8) of the sixteen required CEUs may be completed online.

If this is my first time renewal, do I have to submit the required sixteen (16) CEUs?

No, you are not required to submit CEUs if this is your first time renewal.

Board phone:
(202) 724-8826
Fax:
(202) 727-8471

EXPEDITING YOUR LICENSE

Please be sure to have your entire application filled out and signed. You must provide "official" supporting documentation to any and all application questions and/or statements that require a detailed explanation. Please note:

- Official court documents of final case dispositions for any felonies or misdemeanors that you incurred (i.e., a defendant, in any state or country)
- Malpractice case dispositions should include a case number, jurisdiction, year, all the defendant names, all plaintiff names, a brief summary of the case, and final disposition, such as judgment dollar amount, dismissed with or without prejudice, or settlement dollar amount—this information must be sent with your application.
- To use HPLA's website to check and verify a license, go to: www.hpla.doh.dc.gov

Counsel's Column

BOARD OF RESPIRATORY CARE CONTINUING EDUCATION AUDIT

by Koryn High, Board Legal Fellow

The District of Columbia recently completed its biennial continuing education audit, and the results were less than exceptional.

Respiratory care practitioners, when renewing their license, are required to attest to completing sixteen (16) hours of approved continuing education credit between February 1, 2007 and January 31, 2009, three (3) of which must have been in ethics. Furthermore, effective February 1, 2007, only eight (8) continuing education hours ("CEUs") can be obtained from approved independent home studies, distance learning programs, or any approved Internet-based education program. The remaining eight (8) CEUs must be in the form of face-to-face attendance at a lecture, conference, seminar, workshop or program. Practitioners were randomly selected for audit by computer to submit verification of those CEU requirements.

"Illness, retirement or semi-retirement, or being out of the country are not acceptable excuses for not completing CEU requirements when a practitioner claims to have completed the requirements on the renewal application."

In total, 355 practitioners were audited, and upon review, 77 consent orders were sent to practitioners for not submitting proof of completing the necessary requirements. Seventeen consent orders were withdrawn, leaving 60 practitioners (17%) that failed to meet CEU requirements despite affirming on their renewal application that they satisfied all renewal requirements. It is important for all practitioners to understand that applications for license renewal are legal documents, and the information submitted must be true and accurate at the time of renewal. D.C. Official

Code § 3-1210.4 ff. (2001) states that, "No person shall file or attempt to file with any board or Mayor any statement, diploma, certificate, credential, or other evidence if the person knows, or should know, that it is false or misleading." It is tantamount to filing a false statement if you indicate you completed all CEU requirements on a renewal application when you know you have not completed the requirements.

Illness, retirement or semi-retirement, or being out of the country are not acceptable excuses for not completing CEU requirements when a practitioner claims to have

completed the requirements on the renewal application. Should something unforeseen arise that prevents you from completing your CEUs, please contact the Board before renewing your application. At that time, the Board may work with your situation to help you renew your license.

If a practitioner wishes to cancel their license with the District you may either let it naturally expire or you can request to have it placed on "paid-inactive status." Even if you no longer wish to practice in the District or maintain your license, voluntary surrender of your license to avoid discipline is not advisable. If you choose to surrender your license, the Board is required "to revoke or suspend [your] license" entirely, pursuant to D.C. Official Code §3-1205.17 ff. (2001). You may contact Fatima Abby, Health Licensing Specialist, at 202-724-8826 for more information on how to place your license on "paid-inactive status."

PAID INACTIVE STATUS

If you intend to retire your license, or if you would like to place your license on Inactive Status, you must explicitly inform the Board of your intention before the renewal date expires.

If you fail to pay renewal fees on time, your license is not inactive; it is delinquent (expired). It is unlawful to practice as a Respiratory Care Practitioner while your license is delinquent/expired. Please contact Health Licensing Specialist Fatima Abby at: (202) 724-8826 for further information.

PUBLIC VS. NON-PUBLIC BOARD DISCIPLINE

Public Discipline: Disciplinary actions that are reported to the National Practitioner's Data Bank and viewed at <http://app.hpla.doh.dc.gov/weblookup/>.

Non-Public Discipline: Disciplinary actions that constitute an agreement between the Board and the licensee and, if complied, are not made public.

PHYSICIANS NEEDED TO SERVE ON THE BOARDS OF RESPIRATORY CARE AND AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY

- Would you like to apply to serve on the DC Board of Respiratory Care? The Board has a vacant seat for a Pulmonologist or a physician with knowledge and experience in respiratory care.
- The Board of Audiology & Speech-Language Pathology has a vacant seat for an Otolaryngologist.

Board members must live in the District of Columbia. To apply to serve, go online at www.obc.dc.gov and download an application, or call the Office of Boards and Commissions at (202) 727-1372.

LICENSEES: YOUR CURRENT LICENSE WILL EXPIRE ON JANUARY 31, 2011.

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed Respiratory Care Practitioner, simply write a letter that describes your complaint. The letter must be signed and you should attach copies of any pertinent documents that you may have.

The letter must also include your address, so we may contact you as necessary and notify you of any findings.

You should mail the complaint to:

DC Board of Respiratory Care
717 14th Street, NW
Suite 600
Washington, DC 20005

You can also fax the complaint to the Board at (202) 727-8471.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
717 14th Street, NW
Suite 1000
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

PLEASE NOTE: You can print a complaint form from our website at www.hpla.doh.dc.gov

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.

Need information, an application, or to verify a license?

Visit the Health Professional Licensing Administration's webpage: www.hpla.doh.dc.gov

HONESTY IS THE BEST POLICY: REPORTING DWIs, DUIs, AND OWIs

by Melissa Musiker, MPP, RD, LD, Consumer Member of the Board of Medicine

According to a 2009 National Highway Transportation Safety Administration report, in 2008, an estimated 11,773 people died in drunk driving crashes involving a driver with an illegal (0.08 or greater) Blood Alcohol Content (BAC). These deaths constitute 31.6 percent of the 37,261 total traffic fatalities in 2008. There are increasing reports of people who think “driving while buzzed” is not as dangerous as driving while intoxicated. This is not the case. In Washington, DC any amount of drinking and driving can be cause for legal action.

Washington, DC has three different types of “drunk driving” violations:

- 1. Driving While Intoxicated (DWI)** is the act of operating or being in physical control of a motor vehicle with a blood alcohol level of 0.08 or higher.
- 2. Driving Under the Influence (DUI)** is the act of operating or being in physical control of a motor vehicle “under the influence of alcohol” and this can mean a blood alcohol level as low as 0.05 or if you show that you are impaired by alcohol to an “appreciable degree.”
- 3. Operating While Impaired (OWI)** is the act of operating or being in physical control of a motor vehicle while you are so affected by the consumption of alcohol that it impairs your ability to operate a motor vehicle in the same way a reasonably careful and prudent driver, not so impaired, would operate a vehicle in similar circumstances.

IMPAIRED OPERATION OF A VEHICLE:
PLEASE NOTE THAT, IN ADDITION TO ALCOHOL,
IMPAIRMENT CAN ALSO BE CAUSED BY
LEGALLY-OBTAINED MEDICATIONS
OR ILLEGAL SUBSTANCES.

Most people are probably familiar with DWI and DUI, however they may not be aware of the OWI law in DC. One need not have an illegal BAC or fail a field sobriety test to be convicted of an OWI. OWI is the easiest of the three types of “drunk driving” violations for a prosecutor to prove and as a result the penalties for an OWI conviction are lighter than those for a DUI or DWI.

CRIMINAL BACKGROUND CHECK FOR NEW APPLICANTS

Beginning in 2010, each new applicant for a health care license, registration or certification will need a criminal background check as part of the licensure process. The new rules are set forth in Title 17 of the District of Columbia Municipal Regulation Chapter 85. The cost will be fifty dollars (\$50) payable at the time the application is submitted. Applicants will need to start the process by going to the DC Metropolitan Police Department to have their fingerprints taken or, if applying from out-of-state, by obtaining a fingerprint card from the DC Health Regulation and Licensing Administration and having their fingerprints taken at the local or state police agency. The FBI will require 48 hours to conduct the Criminal Background Check. Adverse information will be reviewed by the Board.

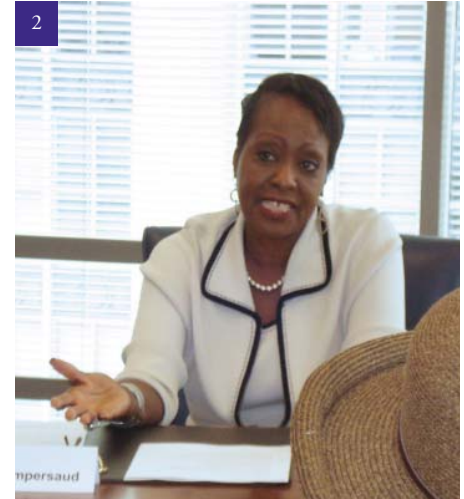
Question 7b on the application for licensure asks if you have ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations). Despite the low threshold for proof, an OWI conviction or investigation must be reported on your application for licensure. The Board takes an OWI conviction just as seriously as we would a conviction for a DWI or DUI. Answering “yes” to question 7b is not cause for automatic exclusion from licensure. Each application for licensure that has a “yes” to question 7b is reviewed individually. As always, honesty is the best policy.

CREDENTIALS FOR RCP LICENSURE

All new applicants for licensure must be credentialed, having obtained the CRT (Certified Respiratory Therapist) or RRT (Registered Respiratory Therapist) credential, prior to applying for a DC license.

Please note: We do have a few practitioners who were “grandfathered” in, who do not hold a credential from the National Board for Respiratory Care (NBRC). These licensees are aware that they must keep their license in good standing or they will need to meet all of the requirements for licensure, which would include being credentialed.

BOARD CHAIRS MEET WITH HOSPITAL ADMINISTRATORS AT DCHA



TO PROTECT OUR CITIZENS AND VISITORS

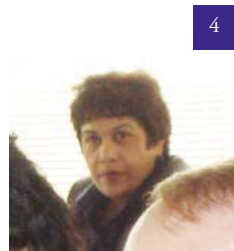
On July 14, 2010, Board Chairpersons and staff members from the Health Professional Licensing Administration (HPLA) met at the DC Hospital Association (DCHA) office to discuss the changes made in the HORA (Health Occupations Revision Act), and other items, with administrators from District of Columbia hospitals (human resource and compliance departments).

Topics included the DOs and DON'Ts of regulation, the purpose of licensure, the hiring process, in-service/in-house training, what the boards require, and reporting.

HPLA Board attorneys were on hand to answer questions, as well as Senior Deputy Director Feseha Woldu and Bonnie Rampersaud, Executive Director of the HPLA Boards of Allied and Behavior Health.

Bills passed in 2009:

"Practice of Occupational Therapy Amendment Act of 2009"
"Practice of Polysomnography Amendment Act of 2009"
"Practice of Professional Counseling and Addiction Counseling Amendment Act of 2009"
"Practice of Psychology Amendment Act of 2009"
"Practice of Dentistry Amendment Act of 2009"
"Practice of Podiatry Amendment Act of 2009"
"Practice of Massage Therapy Amendment Act of 2009"
"Practice of Nursing Amendment Act of 2009"
"Practice of Medicine and Naturopathic Amendment Act of 2009", and the
"Health Occupations Revision Act General Amendment Act of 2009."



Photos:

- 1) HPLA/DCHA meeting begins at DC Hospital Association Board Room.
- 2) Bonnie Rampersaud, Executive Director of the HPLA Boards of Allied Health and Behavioral Health.
- 3-4) District of Columbia Hospital Representatives.
- 5) HPLA Attorney Van Brathwaite, HPLA Attorney Tonia Bair, Occupational Therapy Board Chair Frank Gainer.



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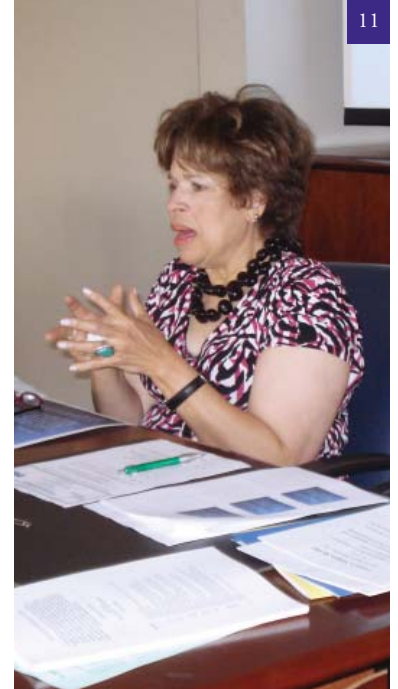
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- 6) Chair of the Board of Respiratory Care, Carolyn Williams.
- 7) Chair of the Board of Occupational Therapy, Frank Gainer.
- 8) Meeting Facilitator, Acting Chair of the Board of Social Work, The Honorable Arlene Robinson (Retired), with HPLA Senior Deputy Director Feseha Woldu.
- 9) Chair of the Board of Physical Therapy, Senora Simpson.
- 10) Chair of the Board of Professional Counseling, Victoria Sardi, with Health Licensing Specialist Gabrielle Schultz.
- 11) Chair of the Board of Psychology, Barbara Taylor Roberts.
- 12) DC Hospital Association Government Relations Analyst, Stephanie Jones.
- 13) District of Columbia Hospital Representatives.
- 14) Health Licensing Specialist Mavis Azariah, Health Licensing Specialist Fatima Abby, and Assistant Thelma Aboagye.



12



13



14

BOARD ORDERS

April 1, 2009 - July 8, 2010

PUBLIC ORDERS

Suspended

Calvin C. Beidleman, III (09/09/2009) DC Respiratory Care license was suspended and fined \$2000.00 for practicing with a suspended license and violating an order of the Board of Respiratory Care.

Paul James Williams (12/28/2009) DC Respiratory Care License was suspended and fined \$750.00 for failure to comply with continuing education requirements.

Denise J. Henderson (04/14/2010) DC Respiratory Care License was suspended and fined \$750.00 for failure to comply with continuing education requirements.

Derrick Brown (04/14/2010) DC Respiratory Care License was suspended and fined \$750.00 for failure to comply with continuing education requirements.

Kungang M. Njaucha (04/14/2010) DC Respiratory Care License was suspended and fined \$750.00 for failure to comply with continuing education requirements.

Howard Miller (05/25/2010) DC Respiratory Care License was suspended and fined \$1000.00 for failure to comply with continuing education requirements.

James F. McGraw (6/14/2010) DC Respiratory Care License was suspended and fined \$2000.00 for failure to comply with continuing education requirements.

Gerard J. Moore (07/08/2010) DC Respiratory Care License was suspended and fined \$1000.00 for violating a consent order agreement entered into with the Board.

Kevin R. Johnson (06/28/2010) DC Respiratory Care License was suspended and fined \$1000.00 for failure to comply with continuing education requirements.

Denied

Brett Cox (02/02/2010) DC Respiratory Care License was denied for renewal due to conviction of a crime involving moral turpitude, and for addiction to or habitual use a controlled substance.

Henry Richardson (03/08/2010) The applicant was denied for licensure for filing false or misleading statements with the Board.

Surrendered, Suspended

Veronda M. Savage (03/04/2010) DC Respiratory Care License was surrendered, suspended and fined \$250.00 for failure to comply with continuing education requirements.

Suspended, Restored

Innocent Ezeobi (04/14/2010) DC Respiratory Care License was suspended and fined \$750.00 for failure to comply with continuing education requirements.

Innocent Ezeobi (05/17/2010) DC Respiratory Care license to practice was restored without restrictions or conditions upon meeting the requirements of the 4/14/10 Order.

Fined

Olumide Akinwande (03/10/2010) DC Respiratory Care License was fined \$750.00 for failure to comply with continuing education requirements.

Musse Laieke (07/06/2010) DC Respiratory Care License was fined \$750.00 for failure to comply with continuing education requirements.

Jacqueline Smith (07/06/2010) Respiratory Care License was fined \$750.00 and ordered to complete a continuing education course in ethics for filing a false or misleading statement with the Board.

NON-PUBLIC ORDERS

***The Board issued thirty (30) Non-Public Administrative Consent Orders during this period.

SYMPOSIUM ON MANAGING PULMONARY PATIENTS

PAST RC BOARD CHAIR SPEAKS AT SESSION

The Specialty Hospital of Washington (SHW) recently sponsored the 3rd Annual Symposium and Exhibition Venue at the Kellogg Center Hotel at Gallaudet University. The event took place on Friday and Saturday, May 21st and 22nd, and was attended by 122 participants from the District of Columbia, Maryland and Virginia. An expert panel of presenters included Leslie Kingslow, MD, SHW, Francisco Hoyos, MD, Providence, Dr. Carl Voss of Suburban and **former chairperson of the DC Board of Nursing Dr. JoAnn Joyner**. The keynote address, "Long-Term Acute Care: There is a lot more we can do... Beyond the ICU" was delivered by Dr. Eric S. Yeager from Colorado. Dr. Yeager presented evidenced based research on the value of managing patients with complex medical issues in Long Term Acute Care Hospitals.

The conference ended with a session focusing on "Asthma Green Legal Community Based Asthma Education Program in Washington DC", presented by **Elgloria Harrison, MS, RRT, NPS, AE-C, former Chairperson of the DC Board of Respiratory Care**. This conference was sponsored as part of SHW's ongoing commitment in the pursuit of patient care excellence. SHW would like to extend its appreciation to the vendors whose generous contribution helped make the conference possible. The weekend was capped off by the Specialty Hospital of Washington receiving the Quality Respiratory Care Recognition Award from the American Association for Respiratory Care (AARC), for its outstanding respiratory care and service to its patients as well as community. SHW has already started planning for next year's conference.



ADCRCP's MEDICAL

MY MEDICAL MISSION TRIP TO KAMPALA, UGANDA

by Tiffany Kiser, RRT

I've been a Respiratory Care Practitioner (RCP) for five years at Children's National Medical Center in Washington, D.C. This job is very rewarding and has given me many opportunities to give back to the community, but never has this feeling been as vividly illustrated as it was during the medical mission I had the pleasure of participating in to Kampala, Uganda.

The mission itself was sponsored by the Sumaritan's Purse, the Gift of Life Foundation, and the Larry King Heart Foundation. Dr. Craig Sable, a pediatric Cardiologist at Children's National Medical Center, assembled the team to include over 20 members consisting of ICU physicians, cardiologists, ICU nurses, a perfusionist, a surgeon, a surgical physician's assistant, an anesthetist, and myself, the Respiratory Care Practitioner (RCP). Dr. Sable and his friends have



worked very diligently in Uganda to develop and expand the Mulago Heart Institute. The Heart Institute diagnoses and treats acquired adult heart conditions, and is working to train the staff to treat congenital heart disorders.

Away from the luxuries and endless supplies of the U.S., we arrived to unpack boxes and make new friends. Throughout the week our team completed 10 surgical cases and the cardiologists examined and did echocardiograms on hundreds of other children. The Mulago nurses were amazingly skilled and asked very detailed questions about all aspects of patient care. As the only RCP, I taught the nurses and Physiotherapists about Arterial Blood Gases and basic ventilator management. Because the air quality is so poor in

Uganda, every patient was given Albuterol, as well as very aggressive Chest PT. Every patient, just a few hours post-op, received thorough percussion from the Physiotherapists. The very next day, the kids were up walking the hall. This may seem a bit sudden, but amazingly, all of our patients were discharged by the end of our stay.

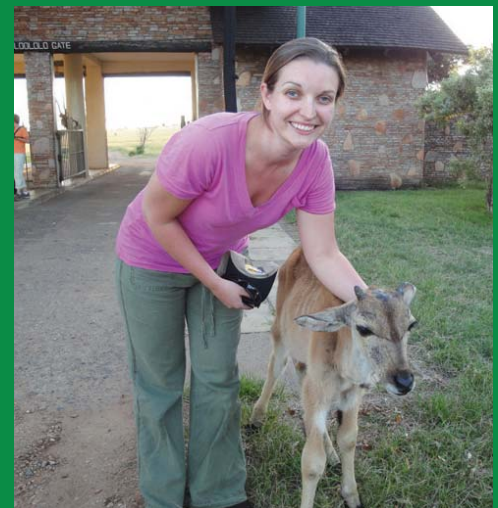
Though we had a very serious mission to accomplish, we were able to venture out and experience the beauty that equatorial Africa has to offer. A group of 10 went to Jinja, the source of the Nile, and took a tour on four wheelers. The rest of the group explored the surprisingly cosmopolitan shopping centers of Kampala. All of the kids recovered amazingly quickly and we were able to complete our aggressive surgery

schedule as planned. This allowed us a full three day trip to the Mara Triangle in Kenya. Flying onto a dirt airfield in the middle of sub-Saharan grasslands can be intimidating at first, but once we arrived, the people were very friendly and accommodating. We took daily safaris into the park, seeing breathtaking sites travelers wait their entire lives to see. Our guides showed us elephants, rhinoceros, giraffes, lions and their cubs, hyenas, warthogs, gazelles of all types, cheetahs, ostriches, and even the elusive leopard! One morning we had breakfast in the bush; and at the end of each day we would take a break for hor'dourves and watched the most amazing sunsets I have ever seen. The guides then drove us back to the "camp" which can hardly be described as "roughing it". The experience was surreal, undoubtedly a memory for a lifetime. Words cannot describe the grandeur of the Masai Mara.

Reflecting on the trip, I have many wonderful memories of the patients and their families. It is an inspiring feeling to know that our care has made such a drastic impact on the lives of the children. I know the members of the team will forever be touched by their efforts in helping the children of Uganda. The bright welcoming smiles, the sincere and heartfelt gratitude, and the children asking us to stay and play will be eternally stamped on our hearts and minds.



MISSION IN UGANDA



“I had the pleasure of participating in a medical mission to Kampala, Uganda. Reflecting on the trip, I have many wonderful memories of the patients and their families. It is an inspiring feeling to know that our care has made such a drastic impact on the lives of the children.”

D.C. BOARD OF
RESPIRATORY CARE
717 14th Street, NW
Suite 600
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VERIFICATION OF LICENSURE

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called “letters of good standing,” even though your DC license may have expired.

If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to “DC Treasurer” in the amount of thirty-four dollars (\$34.00) to:

DC Board of Respiratory Care
717 14th Street, NW
Suite 600
Washington, DC 20005

On the form, be sure to include your name, along with the name and address where the form is to be sent.

If the jurisdiction or institution that you wish the letter sent to did not provide a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name along with the name and address of where you want the letter of verification sent.



Government of the District of Columbia
Adrian M. Fenty, Mayor



Health Professional
Licensing Administration

Address

DC Board of Respiratory Care
717 14th Street, NW
Suite 600
Washington, DC 20005

Phone (202) 724-8826
Fax (202) 727-8471

Webpage
www.hpla.doh.dc.gov

DC Government website
www.dc.gov

Current Members of The District of Columbia Board of Respiratory Care

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Timothy Mahoney, RRT,
Board Member

Jean D. Williams, RRT,
Board Member

Andrew Williams,
Consumer Member

Director, Department of Health
Pierre N.D. Vigilance, MD, MPH

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