

USER GUIDE 2020 RENEWALS

Welcome to the 2020 Licensure Renewal cycle! Licensees who have an active license may now renew their license(s) by going to <http://dohlicenseinfo.force.com/dchealthrenewals>.

The screenshot shows the DC Health website interface. At the top right is the DC Health logo. On the left side, there is a vertical list of navigation links: Board of Nursing Renewal, Board of Medicine Renewal, Board of Allied and Behavioral Health Renewal, Apply for New Application, Apply for License Reinstatement, Apply for License Reactivation, Apply for CBC Payment, and Complaint Form. Below these links is a red-tinted image of coronavirus particles with the caption 'Learn more about Coronavirus (COVID-19) in Washington DC'. To the right of the navigation links, there are three main sections of text: 'About DC Health' which describes the department's mission and responsibilities; 'DC Health Mission' which states the goal of promoting health and safety across the District; and 'Health Regulation and Licensing Regulation' which details the role of the Health Regulation and Licensing Administration (HRLA). At the bottom of the page, there is a footer with links for 'About Dc.gov', 'Privacy and Security', 'Accessibility', and 'Terms and conditions'.

Once Licensees have gone to the renewal site, they will be guided through the DC Health Licensing portal and can accomplish the following:

- “Register” and “Login” to the DC Health Licensing portal using the newly created or existing Username and Password;
- Upload relevant documents as may be required for renewal (e.g., proof of Continuing Education, Clean Hands Certificate, etc.); and
- Navigate through the following tabs:
 - ✓ **License Landing Page** – View all DC Health Licenses held by the Licensee and Button to start Renewal Application.
 - ✓ **Paid Inactive**- Licensee can select if they wish to put their License status to be Paid Inactive (if they wish not to practice).
 - ✓ **Applicant** – View Licensee information (e.g., name, address, phone number, etc.).
 - ✓ **Name Change** – Request a Name Change and upload supporting documents (if applicable).
 - ✓ **Address** – Update Home and Business addresses and select Preferred Mailing Address.
 - ✓ **Screening Questions** – Answer all screening questions and upload supporting documents as applicable.

- ✓ **Continuing Education (CE)** – Update Continuing education credits to ensure that they are in compliance with your health professional Board and License specialty.
- ✓ **Workforce Survey** – Answer Workforce Survey questions (if applicable).
- ✓ **Applicant Affidavit** – Acknowledge all information submitted to be true.
- ✓ **Criminal Background Check (CBC) Screening** – Acknowledge and agree to DC Health CBC Screening.
- ✓ **Clean Hands** – Answer Clean Hands questions and upload supporting documents (if applicable).
- ✓ **Payment** – Pay Licensing and CBC Screening fees using Credit Card (Visa and MasterCard’s only).

To assist Licensees with the renewal process, DC Health has created this detailed User Guide that will walk users through each step of the renewal process and answer any questions licensees may have. If a Licensee runs into an issue with the renewal process or has questions about a certain portion of the renewal, they may click on the **“Contact Support”** button located at the top of the page, which will allow them to submit a support ticket. Users will need to provide details on the issue or question they have, which will then be responded by support on a first-come, first-serve basis by DC Health support staff. This new support system will allow DC Health to streamline our support processes, allowing for more expedient response times, as well as concise tracking of any issues affecting the renewal process.

To avoid delays in the renewal application process, Licensees should have any relevant documents scanned and stored on their desktop in pdf format, ready for upload (e.g., proof of CE, supplemental screening questions documents, etc.). If you don’t have those documents ready but have already begun the renewal process, no worries. Licensees can save their progress at any time by clicking on the button **“Save and Continue”** located at the bottom right of the renewal application.

On to Renewals!

The User Guide continues on the next page with

“STEP 1 – REGISTRATION & LOGIN”

Go to <https://doh.force.com/dchealthrenewals/s/register/> to access the 2020 renewal website.

This is the exclusive location to renew your District of Columbia Health Professional License.

[Login](#) [Register](#)

Please read the instructions below before you begin your new health professional license application

General Information
Please read instructions carefully before starting the online application form. Any omitted or illegible information will delay your registration. The manner in which information is submitted within the application is the way your certificate of registration will read. You will receive an electronic copy of your certificate in your email address provided. This process should take between **30-60 minutes** to complete. Please allow yourself enough time to complete the entire applicable if possible. All applicants must complete every section of this application and submit all required supporting documents. If you answer "Yes" to any question, you must upload your full supporting and relevant documents such as final court orders or peer review panel decisions. Failure to provide relevant information will delay the application processing time. You must upload your documents during the renewal process. After application submission, you may return to your profile and upload any additional documents requested as applicable. Supporting document uploads will be required if you answer "Yes" during the following sections of the application.

- Screening questions
- Continuing Education
- Clean Hands
- Name Change

Please select "Save and Continue" at the bottom of each page to save all data entered on the page. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2403.

Applicant Tab
DC Health Professional are required to update changes to their name, home address or business address within thirty (30) days of the change and within the renewal cycle as applicable. Failure to do so may result in disciplinary action. It is imperative that you review and update your information at this time.

Address Tab
Home: A P.O. Box may NOT be used for an address. Home address information will NOT be made available to the public. Business: A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.

Continuing Education Requirements
***Please be advised that the in-person CE requirement has been suspended for this renewal period due to the public health emergency.**

Board of Audiology and Speech-Language Pathology

- Speech-Language Pathologists**
Twenty (20) CEs which shall include one (1) CE in ethics, two (2) CE in LGBTQ cultural competency, and 10% (1 hour) of Public Health Priorities.
- Speech-Language Pathology Assistants**
Ten (10) CEs which shall include one (1) CE in ethics, two (2) CE in LGBTQ cultural competency, and 10% (1 hour) of Public Health Priorities.
- Audiologists**
Twenty (20) CEs which shall include one (1) CE in ethics, two (2) CE in LGBTQ cultural competency, and 10% (1 hour) of Public Health Priorities.
- Audiology Assistants**
Ten (10) CEs which shall include one (1) CE in ethics, two (2) CE in LGBTQ cultural competency, and 10% (1 hour) of Public Health Priorities.

CEs for Dual License Applicants ONLY: Audiologists and Speech-Language Pathologists
Fifteen (15) CEs which shall include One (1) hour of Ethics, Two (2) hours of LGBTQ cultural competency, Five (5) hours of each the audiology and speech-language pathology disciplines, and 10% (2 hours) of Public Health Priorities.

Board of Marriage and Family Therapy

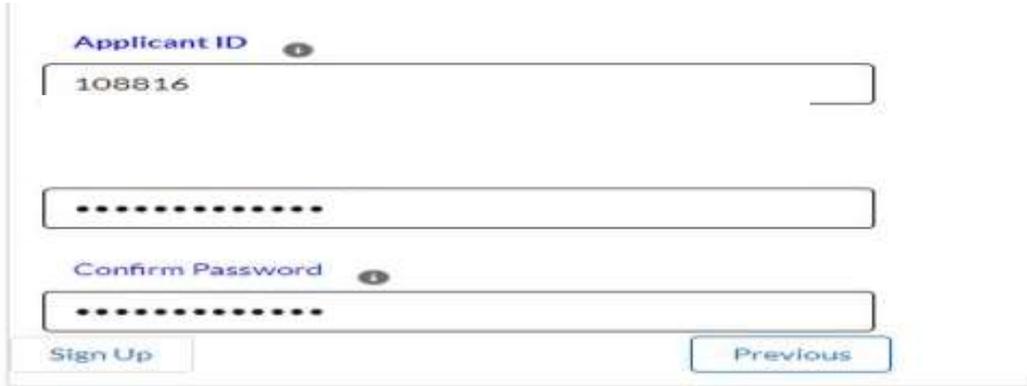
- Marriage and Family Therapists**
Thirty (30) CEs which shall include six (6) CEs in ethics, two (2) CEs in LGBTQ cultural competency, and 10% (3 hours) of Public Health Priorities.

Board of Professional Counseling

- Licensed Professional Counselors**
Forty (40) CEs which shall include six (6) CEs in ethics, four (4) CEs in trauma counseling, two (2) CEs in LGBTQ cultural competency, and 10% (4 hours) of Public Health Priorities.
- Licensed Graduate Professional Counselors**
LGPCs are not required to complete CE for this renewal.
- Certified Addiction Counselors I and II**
Forty (40) CEs which shall include six (6) CEs in ethics, four (4) CEs in trauma counseling, two (2) CEs in LGBTQ cultural competency, and 10% (4 hours) of Public Health Priorities.

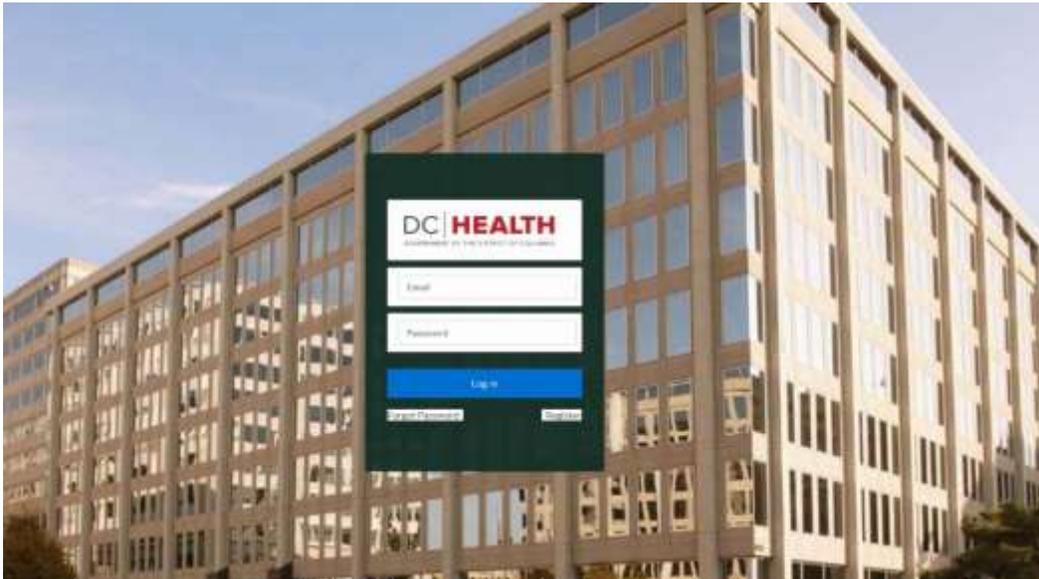
- ✓ ALL Licensees who are renewing for the first time are required to first register before accessing the renewal system, click on the  button located at the top of the page to begin the registration process.
- ✓ All the returning Licensees will be able to 
- ✓ To **Register**, Licensees must provide the following:
 - First Name
 - Last Name
 - Email Address
 - Confirm Email Address
 - License Number
 - Date of Birth

- ✓ Licensees will click [Next](#) to move forward. Licensees will be redirected to the Applicant ID page.
- ✓ A 5 digit “Applicant ID” will be sent to the email address you provided during registration.
- ✓ Navigate back to the Applicant ID page and insert 5 digit code received in your email and create Password.
(Please check your Spam/Junk mail if not received in Inbox)



The screenshot shows a registration form titled "Applicant ID". It contains three input fields: the first is labeled "Applicant ID" and contains the text "108816"; the second is a password field with masked characters; the third is labeled "Confirm Password" and also contains masked characters. Below the fields are two buttons: "Sign Up" on the left and "Previous" on the right.

- ✓ Licensees need to input “Applicant ID” and create password to complete the registration process
- ✓ After completing all the required fields, then click [Sign Up](#) to go to “Login Page”

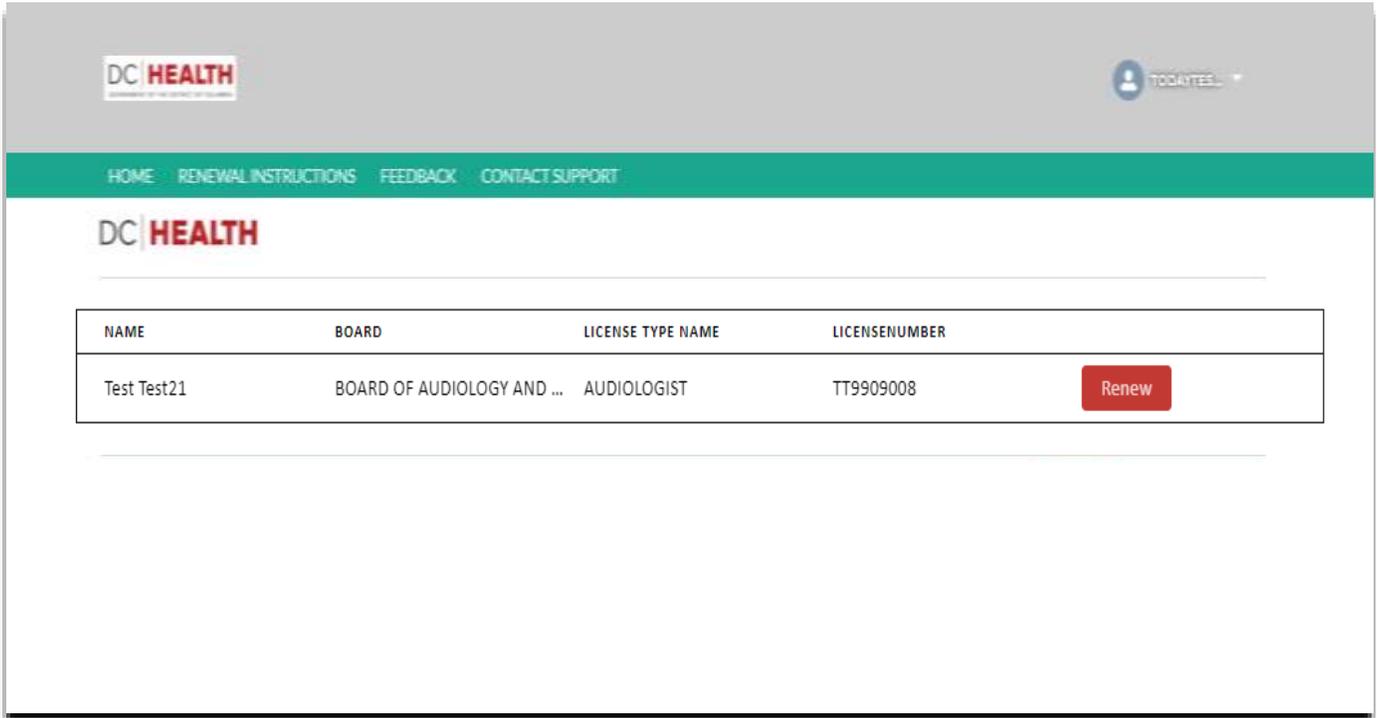


- ✓ Licensees will have to input the Email address they provided at the time of registration.
- ✓ Licensees will have to input the Password created during the Applicant ID process and Click [Log in](#)
- ✓ Once logged in, Licensees will be taken to the first “tab” of the renewal process – License landing page.

**The User Guide continues on the next page with
“STEP 2- LICENSE LANDING PAGE”**

The next tab of the 2020 renewal process is the “License Landing page” tab.

- All Licensees who are eligible to renew will be able to see all DC Health Licenses held by them
- The Licensees will be able to click  Button to start Application;



**The User Guide continues on the next page with
“STEP 3 – LICENSE & PAID INACTIVE”**

The next tab of the 2020 renewal process is the “License” tab.

Licensees will see every license issued to them by DC Health that is currently up for renewal. Any license not yet up for renewal will not be shown.

- Licensees will have to choose whether they want to place their license in Paid Inactive status, or if they want to renew their license.
- Note: If they choose to select “YES” the expiration date remains the same (01/31/2021), if they choose to select “NO” the expiration date will be updated (01/31/2023). In either scenario, Licensees will still need to complete the renewal application and submit any required documents.
- Licensees will also need to pay the requisite fee at the end of the renewal process.
- Once Licensees have reviewed and completed this tab, they will click on the button to continue to the “Applicant Information” tab.

The screenshot shows the DC Health Licensing Portal interface. At the top left is the DC Health logo. At the top right is a user profile icon labeled 'TEST TEST21'. Below the logo is a navigation bar with 'MENU' and 'DCHEALTH.DC.GOV'. The main content area is titled 'DC HEALTH LICENSING PORTAL' and contains two sections: 'LICENSES' and 'PAID INACTIVE'. The 'LICENSES' section contains a table with one row of data. The 'PAID INACTIVE' section contains a dropdown menu for selecting the license status.

NAME	BOARD	LICENSE TYPE NAME	LICENSENUMBER	EXPIRATION DATE
Test Test21	BOARD OF AUDIOLOGY AND S...	AUDIOLOGIST	TT9909008	2020-12-31

PAID INACTIVE

Change License status from "Active" to "PAID INACTIVE". Please select YES (PAID INACTIVE Status) or NO (Remain Active).

* PAID INACTIVE LICENSE

No (Remain Active)

Back to Home Save and Continue

The User Guide continues on the next page with

“STEP 4 – APPLICANT INFORMATION”

The Fourth tab of the 2020 renewal process is the “Applicant” page.

- Licensees will be presented with pre-populated fields containing their name, date of birth, gender, social security number, race and ethnicity, and language spoken.
- For those applicants who have not provided a social security number previously, or who were contacted by DC Health regarding missing information, you can update this data before entering the renewal portal by going to <https://dohlicenseinfo.secure.force.com/dchealthrenewals/>
- Once the Licensees have reviewed and confirmed this information, they will click on the button to continue to the “Name Change” tab.

The screenshot displays the 'DC HEALTH LICENSING PORTAL' interface. At the top, it identifies the 'BOARD OF MEDICINE MEDICINE AND SURGERY'. The main section is titled 'APPLICANT INFORMATION' and contains several input fields: 'First Name' (Test), 'Last Name' (Test11), 'Middle Name', 'Gender' (Male), 'Date of Birth' (Sep 19, 1975), 'Social Security Number' (908989898), 'Race and Ethnicity' (Asian/South Asian), and 'Highest Degree' (Masters). Below these are two language selection sections, each with a list of languages and a 'Selected language(s) spoken other than English' dropdown menu. The right sidebar shows 'Attached Documents (0)' with a message 'No Files are Uploaded'.

The User Guide continues on the next page with

“STEP 5 – NAME CHANGE”

The next tab of the 2020 renewal process is the “Name Change” tab.

- The name change section is for legal name changes only.
- For any Licensee who has had their legal name changed in the past two (2) years (i.e., since the last renewal), they will need to submit their new name and relevant documentation (e.g., Marriage Certificate, Divorce Decree, Court Order, Passport, etc.).
- For all other Licensees, they may select “No Name Change” from the drop-down selection field and proceed to the “Applicant Address” tab by clicking  on the button.

OTHER NAME(S) USED

If your name has changed at any point since you have taken any exams or attended college or university, you must provide a copy of a legal name change document for each time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, court orders, copies of social security cards or a passport.
Note: If your name has not been changed at any point. Please select “No Name Change” from the List.

<p>* Name Change Due To</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">--Select an Item--</div>	<p>Changed First Name</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
<p>Changed Last Name</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	<p>Changed Middle Name</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>

Add attachment

[Upload Files](#) Or drop files

Back

Save and Continue

**The User Guide continues on the next page with
“STEP 6 – APPLICANT ADDRESS INFORMATION”**

The next tab of the 2020 renewal process is the “Address” tab.

In the “Address” tab Licensees will be able to input their current Home address. This is also where Licensees will be able to update their contact information, including selecting which address they prefer to be their mailing address.

- P.O. Box is not an acceptable home address.
- As electronic communications are the primary way of reaching our licensees quickly and efficiently, DC Health will be using the same email address which was used for signup as the primary email for correspondence.
- Licensees who have their Business address will have the option to input in the required fields.

APPLICANT ADDRESS INFORMATION

* Preferred Mailing Address
Home Address

HOME ADDRESS

(Note: A P.O. box may not be used for an address. Please provide a valid street address.)

* Street 1 899 north capitol street	Street 2
* City Washington NW	* State District of Columbia
* Zip Code 20025	* Country United States
* Email Address	* Phone Number 2028529632
* Do you have a business address? Yes	

BUSINESS ADDRESS

(Note: A P.O. box may not be used for an address. Please provide a valid street address.)

* Street 1 899 north capitol street	Street 2 ashton
* City Washington NW	* State District of Columbia
* Business Zip Code 20025	* Country United States
* Business Email Address Imran.Ibraheem@yahoo.com	* Business Phone Number 2028529632

- Only Retired and Not practicing applicants have the choice to bypass these fields by selecting either item from a drop-down.

- Once Licensees have reviewed and confirmed this information, they will click on the  button to continue to the “Screening Questions” tab.

The User Guide continues on the next page with

“STEP 7 – SCREENING QUESTIONS”

The next tab of the 2020 renewal process is the “Screening Questions” tab.

The Screening Questions are designed to obtain information from Licensees on relevant issues to the renewal approval process.

- If a “Yes” response is ever given to a screening question, Licensees will be required to not only provide a written response in the Description box but will also need to upload and attach any relevant documents. If a written description is not given, or if a relevant document is not attached, Licensees will NOT be able to continue with the renewal application.

- Once Licensees have answered all screening questions and provided any written  responses and relevant documents, they will click on the button to continue to the “Continuing Education” tab.

DC HEALTH LICENSING PORTAL
BOARD OF MEDICINE
MEDICINE AND SURGERY

SCREENING QUESTIONS

ALL YES RESPONSES REQUIRED SUPPORTING DOCUMENTS TO BE UPLOADED

National Practitioner Databank (NPDB) Self Query Report (if responded "Yes" to screening questions #2 and 6). The Self-Query Report must be requested from the NPDB no more than thirty (30) days prior to submission of the application. Please find the link to download Malpractice Claims Form <https://doh.health.dc.gov/node/1190250>

* 1. Since your last renewal, have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor, including driving under the influence or while impaired, but excluding minor traffic violations? You must answer this question truthfully, regardless of whether records were expunged.

--Select an Item--

* Description Q1:

Add attachment

* 2. Since your last renewal, have you been a defendant or respondent to a claim for damages or a malpractice action? If you answer "Yes", please complete the Malpractice Claims Form and submit it along with all relevant court documents (e.g., Complaint, Answer, and Final Order/Decision). A separate Malpractice Claims Form must be completed for each malpractice case.

--Select an Item--

Description Q2:

Add attachment

* 3. Since your last renewal, have you ever voluntarily surrendered a license or registration certificate, or allowed it to lapse, after formal charges had been brought against you or while you were under investigation?

--Select an Item--

Description Q3:

Add attachment

* 4. Since your last renewal, have you ever been terminated or resigned, voluntarily or involuntarily, from a clinical or professional training program for any reason?

--Select an Item--

Description Q4:

Add attachment

* 5. Since your last renewal, do you have a medical condition or have you become aware of any medical condition that impairs or limits your ability to practice your profession?

--Select an Item--

Description Q5:

Add attachment

* 6. Since your last renewal, have you ever voluntarily resigned, been asked to resign, terminated, or disciplined by any employer?

--Select an Item--

Description Q6:

Add attachment

* 7. Since your last renewal, has any licensing authority, health facility, or peer review board, in any healthcare field, informed you of any pending charge(s) or investigation(s) against you?

--Select an Item--

Description Q7:

Add attachment

* 8. Since your last renewal, have you ever entered into a monitoring program for purposes of monitoring your abuse of alcohol, drugs, or other controlled substances?

--Select an Item--

Description Q8:

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The User Guide continues on the next page with
“STEP 8 – CONTINUING EDUCATION”

The next tab of the 2020 renewal process is the “Continuing Education” tab.

Each profession renewing their license has its own Continuing Education (CE) requirements. For the 2020 renewal cycle, Licensees will have three (3) options when reporting their CE:

- I will complete my CEs by 01/31/2021 - Licensees who select this option will not have to upload any proof of CE at the time of submission of the renewal application.
- First time renewal CE Exemption - For those Licensees renewing their license for the first time, they are exempt from CE requirements. Such licensees will select this option during the renewal process.
- I have completed my CEs - Licensees who select this option will need to upload proof of CE now. Such documentation should be in pdf format and can be either individual course certificates, CE transcripts from an accrediting body, or other documentation, so long as it demonstrates whom the course is accredited by, the course title, amount of CEs granted, and any other relevant documentation so DC Health staff can ensure Licensees have met the requisite CE requirements. A brief description of the course is required.

DC HEALTH LICENSING PORTAL
BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
AUDIOLOGIST

CONTINUING EDUCATION

As part of the renewal process, licensees will need to complete the required number of continuing education (CE) credits for their profession. Please ensure your Continuing Education requirements are in compliance with your Health Professional Board and License Specialty.

Licensees will need to select any 1(one) from the selection provided below

- First time renewal CE's exemption- No upload required.
- I have completed my CE's- Applicant must upload supporting documentation for all CE's at the time of renewal.
- I will complete my CE's by 12/31/2020- Applicant must complete all CE's by end of the renewal cycle.

Continuing Education Requirements for Renewal

- Twenty (20) CEUs which shall include One (1) hour of ethics, Two (2) hours of LGBTQ

* Continuing Education

I will complete my CE by 12/31/2020

Back Save and Continue

Attached Documents (1)

Title	Action
EDU_001_logo-partner-4.png	

The User Guide continues on the next page with
“STEP 9 – WORKFORCE SURVEY” (This does not apply to All Licenses)

The next tab of the 2020 renewal process is the “Workforce Survey” tabs.

WORKFORCE SURVEY TAB, WILL ONLY DISPLAY IF IT’S APPLICABLE TO LICENSE TYPE

- The Workforce Survey is an integral part of the renewal process, as it is used to gather relevant and up-to-date information from DC licensed health care practitioners on important health care issues affecting District residents.
- The Workforce Survey is fifteen (15) questions.
- As a reminder, if at any time a Licensee needs to leave the renewal application during the Workforce Survey or during any part of the renewal process, they can save their progress by clicking on the  button.

WORKFORCE SURVEY

<p>1) Gender Male</p> <p>3) What is the purpose of your application? Active License Renewal</p> <p>5) What type of practice are you engaged in? (Please select applicable item(s) from the 'Available' column and use the arrow to move it to the 'Selected' column):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Available</th> <th style="width: 50%;">Selected</th> </tr> </thead> <tbody> <tr> <td>Academic Educational ...</td> <td>Research Medicine</td> </tr> <tr> <td>Administrative Medicine</td> <td></td> </tr> <tr> <td>Clinical/Patient Care Ho...</td> <td></td> </tr> <tr> <td>Preventive Medicine an...</td> <td></td> </tr> <tr> <td>Correctional Medicine</td> <td></td> </tr> <tr> <td>None of the Above</td> <td></td> </tr> </tbody> </table> <p>7) Please select what best describes your professional status: Part-time</p> <p>9.1.a. Practice/Site Name <input type="text"/></p> <p>9.1.c. City <input type="text"/></p> <p>9.1.e. ZipCode <input type="text"/></p> <p>9) c. What type of setting is this practice location? --Select an Item--</p> <p>9) e. Do you offer scheduled weekend hours at this practice location(s)? --Select an Item--</p> <p>9) g. How many hours per week are spent providing Direct Clinical Patient Care at this site? --Select an Item--</p>	Available	Selected	Academic Educational ...	Research Medicine	Administrative Medicine		Clinical/Patient Care Ho...		Preventive Medicine an...		Correctional Medicine		None of the Above		<p>2) Race and Ethnicity Asian</p> <p>4) Are you applying for a controlled substance registration? Yes</p> <p>6) If you engage in Administrative Medicine, please specify the type (Please select applicable item(s) from the 'Available' column and use the arrow to move it to the 'Selected' column):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Available</th> <th style="width: 50%;">Selected</th> </tr> </thead> <tbody> <tr> <td>Private Practice Admini...</td> <td>Government Administra...</td> </tr> <tr> <td>Hospital Administration</td> <td></td> </tr> <tr> <td>DC Government Admini...</td> <td></td> </tr> <tr> <td>Insurance Company Ad...</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table> <p>8) How many locations do you practice at in the District? <input type="text"/></p> <p>9.1.b. Address <input type="text"/></p> <p>9.1.d. State <input type="text"/></p> <p>9) b. Is this your primary practice location? --Select an Item--</p> <p>9) d. Do you offer scheduled extended weekday hours (outside of 8am – 5pm) Monday through Friday, at this practice location(s)? --Select an Item--</p> <p>9) f. How many hours per week do you spend in your primary specialty area of practice? --Select an Item--</p> <p>9) h. Select all public insurance types accepted at this location: --Select an Item--</p>	Available	Selected	Private Practice Admini...	Government Administra...	Hospital Administration		DC Government Admini...		Insurance Company Ad...		Other	
Available	Selected																										
Academic Educational ...	Research Medicine																										
Administrative Medicine																											
Clinical/Patient Care Ho...																											
Preventive Medicine an...																											
Correctional Medicine																											
None of the Above																											
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Private Practice Admini...	Government Administra...																										
Hospital Administration																											
DC Government Admini...																											
Insurance Company Ad...																											
Other																											

The User Guide continues on the next page with

“STEP 10 – CLEAN HANDS”

The Next tab of the 2020 renewal process is the “Clean Hands” tab. All Licensees must attest that they do not owe more than \$100.00 to the government of the District of Columbia.

- If a Licensee selects “Yes”, stating they do owe money, they must describe the debt as well as provide either a Clean Hands Certificate from the Office of Tax and Revenue (<https://otr.cfo.dc.gov/page/online-clean-hands-application>) and/or a written payment agreement from the agency to whom the debt is owed.

CLEAN HANDS

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).

As of this date, do any of the below statements apply to you:

- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 31, Chapter 24 (The Compulsory/No-Fault Motor Vehicle Insurance Act of 1982);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 3 (Department of For-Hire Vehicles Establishment Act of 1985);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 15 (Registration of Motor Vehicles);
- I owe more than \$100 in fines, penalties, or interest assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication Act of 1978);
- I owe more than \$100 in fines, penalties, or interest assessed by another jurisdiction; provided, that a reciprocity agreement is in effect between the jurisdiction and the District;
- I owe more than \$100 in past due taxes;
- I owe more than \$100 in any outstanding fines, penalties, or interest due to the District of Columbia;
- I owe any amount of past due District of Columbia Water and Sewer Authority service fees;
- I owe any amount of a vehicle conveyance fee pursuant to D.C. Official Code Title 50, Chapter 23;
- I owe any amount of past due fines, penalties, or past due restitution on behalf of an employee due to a violation of D.C. Official Code Title 32, Chapters 1A, 10, 13 or Title 2, Subchapter X-A; or I have failed to file required District tax returns.

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 RENEWAL APPLICATION BE DENIED, pursuant to D.C. Official Code § 47-2864 (2001).

*

--Select an Item--

* Clean Hands Description:

Add attachment

Upload Files

Or drop files

**The User Guide continues on the next page with
“STEP 11 – CBC SCREENING”**

The next tab of the 2020 renewal process is the “CBC Screening” tab. Another new feature in the 2020 renewal period is the Criminal Background Check (CBC).

- Before the initial issuance of a license, all licensees must undergo a fingerprint-based CBC. For this year’s renewal, all Licensees must undergo a new name based CBC.
- Licensees will not have to go to any 3rd party website or physical location to complete the CBC process, but will need to agree and allow DC Health to utilize their information on file to perform a name-based CBC and then pay the required fee (\$50.00) at the end of the entire renewal application.
- While Licensees may choose not to agree to a CBC, doing so will prevent said Licensees from continuing with the renewal process.
- Should any positive results come back from the CBC, staff from DC Health will reach out to Licensees to obtain more information.

CRIMINAL BACKGROUND CHECK

All Licensees are required to undergo a criminal background check (CBC).

* I hereby consent to the use of any and all necessary information provided by me to DC Health to perform a CBC. I further acknowledge and understand that the results of the CBC will be used in determining my eligibility for continued licensure in the District of Columbia.

Agree

HEALTH PROFESSIONAL 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.

Agree

Back Save and Continue

- Once the proper selection is made and any relevant documents are uploaded, Licensees will click the button to continue to the final tab – “Payment”.

The User Guide continues on the next page with

“STEP 12 – PAYMENT”

Final tab of the 2020 renewal process is the “Payment” tab. Here Licensees can see all the licenses they have up for renewal, along with the relevant fees broken down for each licensee type, as well as the CBC fee.

Board	Profession	Purpose	Fee
BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY	AUDIOLOGIST	TT9909008	145 <input checked="" type="checkbox"/>
		CBC Check	50
BOARD OF MEDICINE	ANESTHESIOLOGIST ASSISTANT	AA123451111	145 <input checked="" type="checkbox"/>

Total Amount: \$ 340

- Should Licensees desire not to renew all their licenses (or to go Paid Inactive), they will simply uncheck the box next to that license, indicating they do not want to submit a fee for that license.
- Once all licenses have been selected, the Licensee will then enter their credit card and other required information necessary to submit payment.
- Once payment has been made, a window will be displayed confirming your renewal application has been submitted. Licensees will also receive an email confirmation at the address provided during the registration page.
- The confirmation email will either indicate their license has been approved or contain their new, electronic license, or will state their renewal application is pending further review by DC Health staff.
- DC Health will NOT be issuing physical licenses this year; only electronic licenses will be issued.
- Licensure status can also be verified by visiting, <https://doh.force.com/ver/s/>.

THANK YOU

Payment Details, we accept only  
(Please pay all of your fee now)

* Card Number:

* CVV:

* Card Expiration Month:

* Card Expiration Year:

Billing Details

Billing Address:

Billing City:

* Billing State:

* Billing Country:

Billing Zip:

* Email: