

DOCUMENT CHECKLIST – ANESTHESIOLOGIST ASSISTANT REINSTATEMENT LICENSE APPLICATION

To ensure prompt processing of your application, please carefully review and follow the instructions before submission. It is crucial to provide all the required supporting items listed below. Each item specifies whether it can be submitted **ONLINE** via the application portal or **EMAILED/MAILED** directly to DC Health. Please retain a copy of all submitted documents for your records, as they will not be returned.

- Authorization to Release Information Form (ONLINE)**
The Board cannot discuss the status or details of your application with a third party, without a signed release from you authorizing the Board and its staff to communicate said matters.
- One (1) Recent and Identical Passport Type Photos of the Applicant’s Face (approx. 2” x 2”) (ONLINE)**
The photo must be original photos and cannot be computer-generated copies, or paper copies.
- One (1) Recent Passport Type Photo of the Applicant’s Face (approx. 2” x 2”) (ONLINE)**
 - *The photo must be a **front-facing headshot** with your face and shoulders clearly visible.*
 - *The background should be **plain white** with no patterns or shadows.*
 - *The image should be **well-lit** and in **focus**, without any filters or alterations.*
 - *Professional attire is required, and no headwear is allowed unless for religious purposes.*
 - *Photos should be submitted in **JPEG or PNG** format with a file size between **50KB and 1MB***
- Social Security Number (ONLINE)**
Applicants without a social security number must submit the SSN affidavit. [SSN Affidavit](#)
- Criminal Background Check (CBC) (ONLINE)**
To access the CBC form and instructions, go to <https://dchealth.dc.gov/node/120532> or contact the CBC unit at (877) 783-4187. licensed in the United States who are renowned specialists in the applicant’s field, attesting to the applicant’s eminence.
- Proof of Certification (EMAIL or MAIL)**
Proof of certification with the National Commission for Certification of Anesthesiologist Assistants (NCCAA) should be submitted directly from the NCCAA.
- Verification(s) of Licensure (EMAIL or MAIL)**
Verifications should be provided from the issuing jurisdiction(s) for each license identified on the application.
- Continuing Medical Education (CME) (EMAIL or MAIL)**
Must hold certification with the NCCAA, or its successor organization, as well as having completed at least two (2) of CE in the in the subject of LGBTQ cultural competency and five (5) hours must be in a topic designated as a public health priority.
- Malpractice Claims Form (if responded “Yes” to screening question #2) (ONLINE)**
Must submit all relevant court documentation (e.g., Complaint, Answer, and Final Order/Decision).