

DOCUMENT CHECKLIST – PHYSICIANS (REACTIVATION)

Each item indicates whether it can be submitted **ONLINE** via the application portal, or by **MAIL** directly to DC Health.

Also, please keep a photocopy of any 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.
- Two (2) Recent and Identical Passport Type Photos of the Applicant's Face (approx. 2" x 2") with the Applicant's Name Printed on the Back. (ONLINE)**
The photo must be original photos and cannot be computer-generated copies, or paper copies.
- One (1) Photocopy of a Current Government Issued Photo ID (ONLINE)**
- Criminal Background Check (CBC) (ONLINE)**
If a CBC was already completed, a new CBC is not required.
For anyone needing to undergo a new CBC, the CBC form and instructions can be accessed at <https://dchealth.dc.gov/node/120532> or contact the CBC unit at (877) 783-4187.
- Verification(s) of Licensure (MAIL)**
Verifications should be provided from the issuing jurisdiction(s) for each license identified in Section 10 of the application.
- 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).
- Three (3) Character Reference Forms (MAIL)**
Must be completed by an MD or DO in good standing in a jurisdiction of the United States. If the applicant completed their postgraduate training within three (3) years of the date of the application, at least one (1) reference letter needs to come from the director of your post graduate clinical training program and one (1) from a supervising physician of your post-graduate clinical training program
- National Practitioner Databank (NPDB) Self Query Report (MAIL)**
The Self-Query Report must be requested from the NBDP (<https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>) no more than thirty (30) days prior to submission of the application.
- Proof of Continuing Medical Education (CME) (ONLINE)**
Not Actively Practicing Medicine (Five (5) Years or More) – Any physician not engaged in the active practice of medicine for more than five (5) years must submit proof of either having completed one (1) year of clinical training in an ACGME or AOA approved program, or having completed three hundred (300) hours of CME. Both requirements must have been completed in the two (2) year period preceding the application for reactivation.
Not Actively Practicing Medicine (Less than Five (5) Years) – Any physician not engaged in the practice of medicine between one (1) and five (5) years must submit proof of completion of fifty (50) hours of CME for each year they did not practice medicine.
Actively Practicing Medicine - Any physician actively engaged in the practice of medicine must submit proof of completion of fifty (50) hours of CME for the two (2) year period preceding the date of the application.
Active practice is defined as (1) having one thousand (1,000) patient visits per year, full time medical teaching, research or administration, or (2) engaging in part time research or administration in conjunction with five hundred (500) patient visits per year.