

# WEARE GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

# **USER GUIDE** 2018 RENEWALS

Welcome to the 2018 Licensure Renewal cycle! Licensees who have an active license may now renew their license(s) by going to http://dohlicenseinfo.force.com/dchealthrenewals.

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

- Read the Instructions;
- "Sign Up" and "Login" to the DC Health Licensing portal using the newly created Username and Password.
- Upload relevant documents as may be required for renewal (e.g., proof of Continuing Education, Clean Hands Certificate, etc.);
- Navigate through the following tabs: •
  - ✓ Applicant View Licensee information (e.g., name, address, phone number, etc.);
  - ✓ License View all DC Health Licenses held by the Licensee:
  - ✓ Address Update Home and Business addresses and select Preferred Mailing Address;
  - ✓ Screening Questions Answer all screening questions and upload supporting documents as applicable;
  - ✓ Workforce Survey Answer Workforce Survey questions (if applicable);
  - ✓ CBC Screening Acknowledge and agree to DC Health CBC Screening;
  - ✓ **Name Change** Request a Name Change and upload supporting documents (if applicable);
  - ✓ **Clean Hands** Answer Clean Hands guestions and upload supporting documents (if applicable);
  - ✓ Applicant Affidavit Acknowledge all information submitted to be true;
  - ✓ **Payment** Pay Licensing and CBC Screening fees using Credit Card.

# Login SignUp DC HEALTH Alectication BOM Continuing Education BABH Continuing Education Please note the following before you begin your re General Information Please read instructions carefully before starting the online application form. Any omil information will delay your registration. The manner in which information is submitted within the application is the way your registration will read. You will receive an electronic copy of your certificate in your em provided. This process should take between <u>0x-60 minutes</u> to complete. Please allow yourself en-complete the article and its oscible. ete the entire applicable if po

- pporting document uploads will be required if you answer "Yes" during the fo
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Physicians are required to update changes to their name, home address or business address wit thirty (30) days of the change and within the renewal cycle as applicable.
 Failure to do so may requir in disciplinary action. It is imperative that you review and update you information at this time.

#### Address Tab

- NOT be used for an address. Home address information will NOT
- available to the public.
   Business: A RO. Box may NOT be used for an address. Business address information WILL be m

#### Controlled Substance Renewals

- You must have a DC Business address
   A P.O. Box may NOT be used for an address. Business address information WILL be made available to
- Schedule Selection Descriptions (Please select all schedules that apply)
  - Schedule E: The drug or other substance has a high potential for abuse; and has no currently acce medical use in treatment in the United States or the Diatrict of Columbia or a lack of accepted saf use of the drug or other substance under medical supervision.
     Schedule II: The drug or other substance has a high potential for abuse; has a currently accepted medical use in treatment in the United States or the Diatrict of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to seven porchological or behvical dependence.

  - psychological or physical dependence. Schedule IN: The drug or other substance has a high potential for abuse; has a cu medical use in treatment in the United States or the District of Columbia or a curr medical use with severe restrictions; and abuse of the drug or other substances m
  - medical size with severe restrictions, and aque or the drug or other substances may leas to be sphchological or physical dependence. Inay a potential for abuse less than the drugs or other substances in schedules I and I has a currently accepted medical use in treatment in the Unite or the District of Columbia, and abuse of the drug or other substance may lead to moderate or hypical dependence or high prychological dependence. Naturopathic Mysical may entited to the drugs of the drug or other substance in the drug or other substance may lead to moderate or hypical dependence or high prychological dependence. Naturopathic Mysicalma set Imitted to

  - perspatial empendition registerior and provide a commercial exampliance responsible residence in the second second

#### Name Change

If you have legally changed your name since the last renewal, you will need to provide proof of you
name change in the form of a court order, marriage certificate, driver's license, and/or passport.

#### Application Submission

- Please agree to the Applicant Affdavit in the application by selecting "Agree". I hereby attext that the information given in this application, including all writings and exhibits attat 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. ment o nal per

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#### Last Page

- Please complete your Physician Profile
   Please register for Prescription Drug Monitoring Program after you complete your app
   registration link will be provided
   Please return to your profile to do any of the following:
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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 responding to 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 and all 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 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"

# **STEP 1 – REGISTRATION & LOGIN**

- Go to <u>http://dohlicenseinfo.force.com/dchealthrenewals</u> to access the 2018 renewal website. This is the exclusive location to renew your District of Columbia Health Professional License.
- As this renewal system is brand new, <u>ALL</u> licensees are required to first register before accessing the renewal system. Click on the <u>SignUp</u> button located at the top of the page to being the registration process.
- In order to register, Licensees must provide the following:
  - o First Name
  - o Last Name
  - Date of Birth
  - o Email Address
  - License Number<sup>1</sup>
- Licensees will also need to create a Password, and then confirm the Password.
- Once the Licensee has entered the required information, a confirmation email will be sent to the email address provided.
- Following successful registration, users will then be able to return to the renewal page at <u>http://dohlicenseinfo.force.com/dchealthrenewals</u>, where they can login and begin their renewal application. Click on the Login button located at the top of the page to begin the renewal application.
- Once logged in, Licensees will be taken to the first "tab" of the renewal process Applicant.

ated at the top of the page to being
DC HEALTH
First Name *
First Name
Last Name
Date of Birth *
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Email
License Number* 🕕
License Number
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Password
Show Password
Confirm Password *
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Sign up

# The User Guide continues on the next page with "STEP 2 - APPLICANT"

<sup>&</sup>lt;sup>1</sup> Licensees can look up their license number online by visiting <u>https://app.hpla.doh.dc.gov/Weblookup/</u>.

## **STEP 2 - APPLICANT**

- The first tab of the 2018 renewal process is the "Applicant" page.
- Licensees will be presented with pre-populated fields containing their name, date of birth, gender, and social security number.
- 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 prior to entering the renewal portal by going to <a href="https://dohlicenseinfo.secure.force.com/BOM/">https://dohlicenseinfo.secure.force.com/BOM/</a>.
- DC Health is also adding two (2) new data points, DEA number and NPI number. This information will help DC Health track and identify licensees across the many different programs they may be involved in (e.g., DC PDMP, DC Controlled Substance Registration, Medical Reserve Corps, etc.).
- Once Licensees have reviewed and confirmed this information, they will click on the Save and Continue button to continue to the "License" tab.

oplicant	License	Address	Screening Questions	Continuing Education	Workforce Survey	Workforce Survey	CBC Screening	Name Change	Clean Hands
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Midd	lle Name				Gender				
					Female				
Date	of Birth				SSN				
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DEAN	umber			•	NPINumber			•	

The User Guide continues on the next page with "STEP 3 – LICENSE"

### **STEP 3 - LICENSE**

- The second tab of the 2018 renewal process is the "License" tab.
- Licensees will see every license issued to them by DC Health <u>that is currently up for renewal</u>. 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. In either scenario, Licensees will still need to complete the renewal application and submit any documents as required. Licensees will also need to pay the requisite fee at the end of the renewal process.
- Once Licensees have reviewed and complete this tab, they will click on the button to continue to the "Address" tab.

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Applicant	License	Address	Screening Questions	Continuing Education	Workforce Survey	Workforce Survey	CBC Screening	Name Change	Clean Hands
			BOARDS			PROFESS	IONAL DESIGNATIO	N	LICENSE NUMBER
			BOARD OF MEDICINE			Natur	opathic Physicians (N	<sup>2</sup> )	NP-00077896
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					PAID INACTIVE				
* PAID	INACTIVE LIC	ENSE							
Sele	ect an Item			\$					
Back									Save and Continue

The User Guide continues on the next page with "STEP 4 – ADDRESS"

#### **STEP 4 - ADDRESS**

- The third tab of the 2018 renewal process is the "Address" tab.
- In the "Address" tab Licensees will be able to view their current address on file with DC Health. 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 in a quick and efficient manner, DC Health is requiring email addresses from all licensees.
- Once Licensees have reviewed and confirmed this information, they will click on the button to continue to the "Screening Questions" tab

Applicant	License	Address	Screening Questions	Continuing Education	Workforce Survey	Workforce Survey	CBC Screening	Name Change	Clean Hands
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* City					* State				
Colu	umbia				District of Columbia			\$	
* Zip C	ode				* Country				
546	789				United States			\$	
* Emai	l Address				* Phone Number				
				PRIMAR		CATION			

## The User Guide continues on the next page with "STEP 5 – SCREENING QUESTIONS"

#### **STEP 5 – SCREENING QUESTIONS**

- The fourth tab of the 2018 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 attachments 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 each screening questions and provided any and all written responses and relevant documents, they will click on the "Save and Continue" button to continue to the "Continuing Education" tab.

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pplicant	License	Address	Screening Questions	Continuing Education	Workforce Survey	Workforce Survey	CBC Screening	Name Change	Clean Hands
				SCF	EENING QUEST	IONS			
*Q1.S guilty t ordinar influen	ince the last re to, or pled no co nce constitutin ce or while imp	newal have you ontest to the vio g a felony or mis paired, but exclu	ever been arrested, charged lation of any federal, state or sdemeanor, including driving ding minor traffic violations?	convicted, pled other statute or under the	* Q2. Since your last rene for damages or a malpract Malpractice Claims Form (e.g., Complaint, Answer, a	val have you been a defen ice action? If you answer " and submit it along with all nd Final Order/Decision).	dant or respondent to a Yes", please complete th relevant court docume A separate Malpractice	e claim he ents e Claims	
Sel	ect an Item			\$	Select an Item	For each malpractice case		:	
Descrip	ption Q1:				Description Q2:				
Add at	tachment				Add attachment				
* Q3. S registr: brough	ince your last r ation certificat at against you o	enewal have yo e, or allowed it t r while you wer	u ever voluntarily surrender o lapse, after formal charges e under investigation?	ed a license or had been	* Q4. Since your last rene voluntarily or involuntaril suspended at any hospital	wal have you ever surrende y, or had your clinical privil or health care facility?	ered your clinical privil eges denied, revoked, o	eges, or	
Sel	ect an Item			\$	Select an Item			\$	
Descrip	ption Q3:				Description Q4:				
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The User Guide continues on the next page with "STEP 6 – CONTINUING EDUCATION"

#### **STEP 6 – CONTINUING EDUCATION**

- The fifth tab of the 2018 renewal process is the "Continuing Education" tab.
- Each profession renewing their license has their own Continuing Education (CE) requirements.
- For the 2018 renewal cycle, Licensees will have three (3) options when reporting their CE:

#### 1. I will Complete my CEs by 12-31-2018

Licensees who select this option will not have to upload any proof of CE at the time of submission of the renewal application. However, Licensees will be required to upload proof of CE by December 31, 2018. Licensees may upload the required proof of CE by logging back in to their profile at <u>http://dohlicenseinfo.force.com/dchealthrenewals</u> and selecting the upload documents option.

#### 2. 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.

#### 3. 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 (e.g., ABMS or AOA), or other documentation, so long as it clearly demonstrates who the course is accredited by, course title, amount of CEs granted, and any other relevant documentation so DC Health staff can ensure Licensees have met the requisite CE requirements.

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Applicant	License	Address	Screen	ing Questio	ons C	Continuing	Education	Wor	dorce Surve	¥.	Workforce	Survey	CBC Scr	eening	Name	Change	Clear	n Hands	
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- Whether licensees choose to upload their CE's at the time of renewal, or afterwards, <u>all Licensees</u> <u>will need to submit proof of CE</u>.
- Following completion of the 2018 renewal cycle, random audits of various professions may occur. If a Licensee is selected for audit, they will be contact via email and/or regular email with instruction on how to proceed.
- Once Licensees have made their CE selection and upload any relevant documents, they will click on the Save and Continue to the "Workforce Survey" tab.

The User Guide continues on the next page with "STEP 7 – WORKFORCE SURVEY"

#### STEP 7 – WORKFORCE SURVEY

- The sixth and seventh tabs of the 2018 renewal process are the "Workforce Survey" tabs (Physicians and Physicians Assistants Only).
- 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 effecting District residents.
- The Workforce Survey is forty (40) questions long, broken into two (2) parts.
- As a reminder, if at any time during the Workforce Survey, or during any part of the renewal process for that matter, a Licensee needs to leave the renewal application, they can save their progress by clicking on the Save and Continue button.

<b>HEALIN</b>	
pplicant License Address Screening Questions Continuing Educati	ion Workforce Survey Workforce Survey CBC Screening Name Change Clean Hands
1) Gender	2) Race and Ethinicity
Select an Item	Select an Item
3) What is the purpose of your application?	4) Are you applying for a controlled substance registration?
Select an Item	Select an Item
5) Please select what best describes your professional status:	6) What type of practice are you engaged in? (check all that apply):
Select an Item	Select an Item
7) If you engage in Administrative Medicine, please specify the type (check all that apply):	8) How many locations do you practice at in the District?
Select an Item	
9) a.i. Practice/Site Name	9) a.ii. Address
9) a.iii. City	9) aiv. State
9) a.v. ZipCode	9) b. Is this your primary practice location?
	Select an Item

# The User Guide continues on the next page with "STEP 8 – CBC SCREENING"

### **STEP 8 – CBC SCREENING**

- The eighth tab of the 2018 renewal process is the "CBC Screening" tab.
- Another new feature in the 2018 renewal period is the Criminal Background Check (CBC).
- Prior to the initial issuance of a license, all licensees must undergo a fingerprint based CBC. For this year's renewal, <u>all Licensees must undergo a new name based CBC.</u>
- Licensees will not have to go to any 3<sup>rd</sup> part website or physical location to complete the CBC process, but will instead only need to agree to 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.
- Once Licensees have agreed to the name based CBC and made the appropriate selection, they will click on the Save and Continue to the "Name Change" tab.

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plicant	License	Address	Screening Questions	Continuing Education	Workforce Survey	Workforce Survey	CBC Screening	Name Change	Clean Hands
licensees	are required t	to undergo a c	riminal background check	(CBC) at the time of renew	al. The District of Colum	nbia Department of Hea	lth (DC Health) will u	utilize a name based	CBC process that requires
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e use of inf e CBC sear	ormation pro 	videa by the l	icensee, including but not	limited to legal name, date	of birth, social security i	iumber, nome address, a	nu/or business addr	ess. Licensees will be	e charged a ree of \$50.00 rd
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## The User Guide continues on the next page with "STEP 9 – NAME CHANGE"

### STEP 9 – NAME CHANGE

- The ninth tab of the 2018 renewal process is the "Name Change" tab.
- The name change section is for legal names changes only.
- For any Licensee who has had their legal name changes 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 skip this section and proceed to the "Clean Hands" tab by click on the Save and Continue button.

Name Change	Clean Hands
e document. Accep	table documents include

The User Guide continues on the next page with "STEP 10 – CLEAN HANDS"

#### **STEP 10 - CLEAN HANDS**

- The tenth tab of the 2018 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 provide a description of the debt as well as provide either a Clean Hands Certificate from the Office of Tax and Revenue (<u>https://otr.cfo.dc.gov/page/online-clean-hands-application</u>) and/or a written payment agreement from the agency to whom the debt is owed.
- Once the proper selection is made and any relevant documents are uploads, Licensees will click on the Save and Continue button to continue to the final tab "Payment".

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Applicant	License	Address	Screening Questions	Continuing Education	Workforce Survey	Workforce Survey	CBC Screening	Name Change	Clean Hands	
Clean Hand	ds Before Rece	ving a License	or Permit Act of 1996 Cer	tification Form Requirem	nt. Please read the inform	nation below carefully be	fore responding to th	is yes or no question	, as any false informa	ation
provided re	equires that the	Department	of Health proceed immedia	ately to revoke your Licens	e or Permit for which you	are now applying, and fit	e you one thousand (	dollars (\$1,000.00), p	oursuant to D.C. Office	cial Code
347-2864 DAVMENT	(2001). IF YOU	ANSWER YE	STICTHIS QUESTION, P	LEASE SUBMIT PROOF O	F THE AKKANGEMENTS			NG DEBT.IF YOU DO	NOT HAVE AN API	ROVED
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<ul> <li>lowen</li> </ul>	more than \$100	) in fines, pena	Ities, or interest assessed r	oursuant to D.C. Official Co	de Title 8, Chapter 9 (Illes	al Dumping Enforcemer	t Act of 1994):			
<ul> <li>lowen</li> </ul>	more than \$100	) in fines, pena	Ities, or interest assessed r	oursuant to D.C. Official Co	de Title 31. Chapter 24 (1	he Compulsory/NoFault	Motor Vehicle Insura	ance Act of 1982):		
<ul> <li>lowen</li> </ul>	more than \$100	) in fines, pena	Ities, or interest assessed r	oursuant to D.C. Official Co	de Title 50, Chapter 3 (De	epartment of ForHire Ve	hicles Establishment	Act of 1985):		
<ul> <li>lowen</li> </ul>	more than \$100	) in fines, pena	lties, or interest assessed p	oursuant to D.C. Official Co	de Title 50, Chapter 15 (F	Registration of Motor Vel	nicles);			
<ul> <li>lowen</li> </ul>	more than \$100	) in fines, pena	Ities, or interest assessed p	oursuant to D.C. Official Co	de Title 50, Chapter 23 (1	raffic Adjudication Act o	f 1978);			
<ul> <li>lowen</li> </ul>	more than \$100	) in fines, pena	Ities, or interest assessed b	y another jurisdiction; pro	vided, that a reciprocity a	greement is in effect bet	ween the jurisdiction	and the District;		
<ul> <li>lowen</li> </ul>	more than \$100	) in past due ta	xes;							
<ul> <li>lowen</li> </ul>	more than \$100	) in any outstar	nding fines, penalties, or in	terest due to the District o	f Columbia;					
<ul> <li>I owe a</li> </ul>	any amount of p	ast due Distrie	ct of Columbia Water and S	Sewer Authority service fe	es;					
<ul> <li>I owe a</li> </ul>	any amount of a	vehicle conve	yance fee pursuant to D.C.	Official Code Title 50, Ch	apter 23;					
<ul> <li>lowea</li> </ul>	any amount of p	ast due fines, i	penalties, or past due resti	tution on behalf of an emp	loyee due to a violation of	D.C. Official Code Title	32, Chapters 1A, 10, 1	.3 or Title 2, Subchap	oter X-A;	
<ul> <li>I have f</li> </ul>	failed to file red	juired District	tax returns.							
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### The User Guide continues on the next page with "STEP 11 – PAYMENT"

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## STEP 11 - PAYMENT

- The final tab of the 2018 renewal process is the "Payment" tab.
- Here Licensees can see all the licensees they have up for renewal, along with the relevant fees broken down for each licensee type, as well as the CBC fee.
- 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 and 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://app.hpla.doh.dc.gov/Weblookup/.

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The User Guide continues on the next page with "THANK YOU & REMINDERS"

## THANK YOU & REMINDERS

DC Health thanks you for your participation and feedback during the 2018 renewal cycle. Before heading back to your hectic work lives, we would like to remind our licensees of certain programs offered by DC Health that help improve the healthcare conditions of our residents and visitors:

### District of Columbia Prescription Drug Monitoring Program



Prescription The Drug Monitoring Program (PDMP) aims to improve the District's ability to identify and reduce diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of controlled substances; and to enhance patient care by providing prescription monitoring information that will assure legitimate use of controlled substances in health care, including palliative care, research and other medical and pharmacological uses.

DC Health strongly encourages all practitioners, but especially those who prescribe controlled substances or regularly work with patients who have been prescribed controlled substances, to register and utilized the DC PDMP. More information about the DC PDMP, as well as how to register, can be found online at <u>https://dchealth.dc.gov/vi/service/prescription-drug-monitoring-program</u>.

#### **District of Columbia Medical Reserve Corps**

The mission of the DC Medical Reserve Corp (MRC) is to establish a network of local volunteers who are willing to donate their time and expertise to supplement existing public health and medical resources during emergencies and other times of community need.

The DC MRC regularly participates in special events including the Safeway Barbecue Battle, DC Caribbean Carnival, Presidential Inaugurations, Martin Luther King Jr. Day of Service as well as participating in numerous drills and exercises.

The DC MRC is actively recruiting for medical professionals, public health professionals and administrative personnel. Licensees wanting to know more about DC MRC can go online to <u>https://dchealth.dc.gov/service/medical-reserve-corps</u>. For anyone interested in registering to become a member of the DC MRC, you can do so by visiting <u>https://www.dcresponds.org/</u>.