

USER GUIDE 2020 RENEWALS

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

Once Licensee's navigates to the DC Health Licensing Portal, they can accomplish the following:

- Read the Instructions.
- “Register” 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:
 - ✓ **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 Information** - View Licensee information (e.g., name, address, phone number, etc.). Update Home, Business addresses and select Preferred Mailing Address.
 - ✓ **Other Name(s) Used** - Request a Name Change and upload supporting documents (if applicable).
 - ✓ **Screening Questions** – Answer all screening questions and upload supporting documents as applicable.
 - ✓ **Continuing Education** – Update Continuing education credits to ensure compliance with the health professional Board and License specialty.
 - ✓ **Workforce Survey** – Answer Workforce Survey questions (if applicable).
 - ✓ **Applicant Affidavit** – Acknowledge all information submitted to be true.
 - ✓ **CBC Screening** – Acknowledge and agree to DC Health CBC Screening.
 - ✓ **Clean Hands** – Answer Clean Hands questions and upload supporting documents (if applicable).
 - ✓ **Payment** – Pay License and CBC Screening fees using a Credit Card (Visa and MasterCard only).

To assist Licensee with the renewal process, DC Health has created this detailed User Guide with step

by step instructions for the renewal process. If a Licensee runs into an issue with the renewal process or has questions about a certain portion of the renewal application, they may click on the



button located at the top of the page, which will allow them to submit a support ticket. Licensee will need to provide details on the issue or question they have, which will then be responded 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, Applicant should have 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. Applicant can save their progress at any time by clicking on the

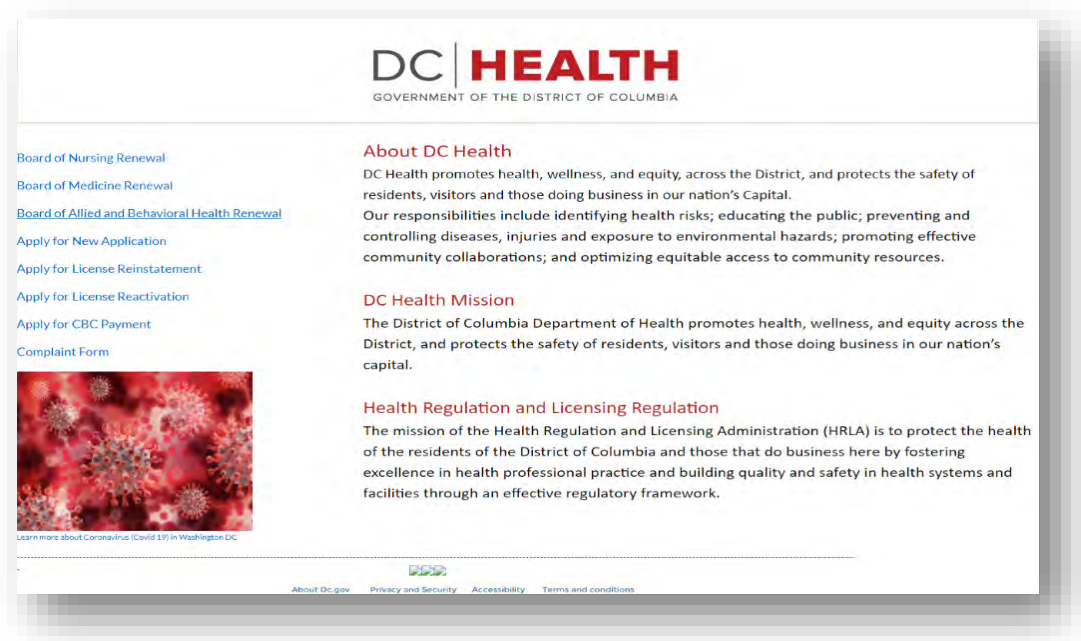


button located at the bottom right of the renewal application.

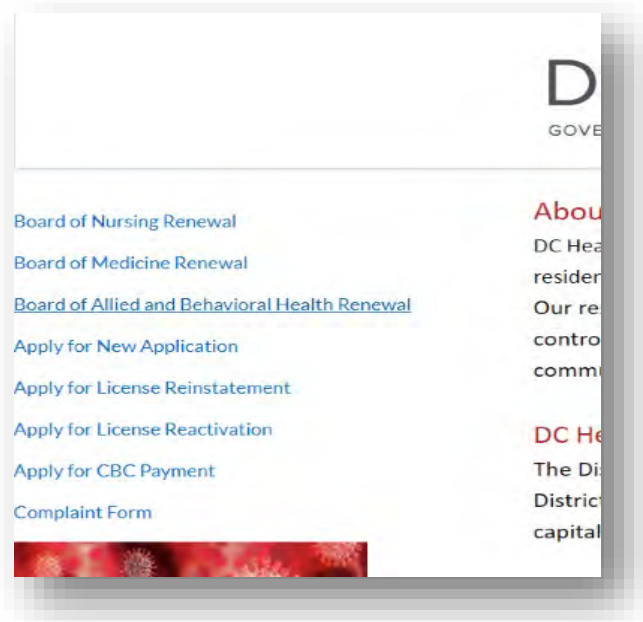
PROCEED TO THE NEXT PAGE FOR STEP 1.

STEP 1 – REGISTRATION and SIGNUP

Navigate to <https://doh.force.com/dhealthrenewals/s/portal-page> and access the 2020 DC Health Licensing Portal. This is the exclusive location to renew your District of Columbia Health Professional License(s). If this is the first time you are renewing your license, please complete the registration steps




- Click the link for “Board of Medicine Renewal”.




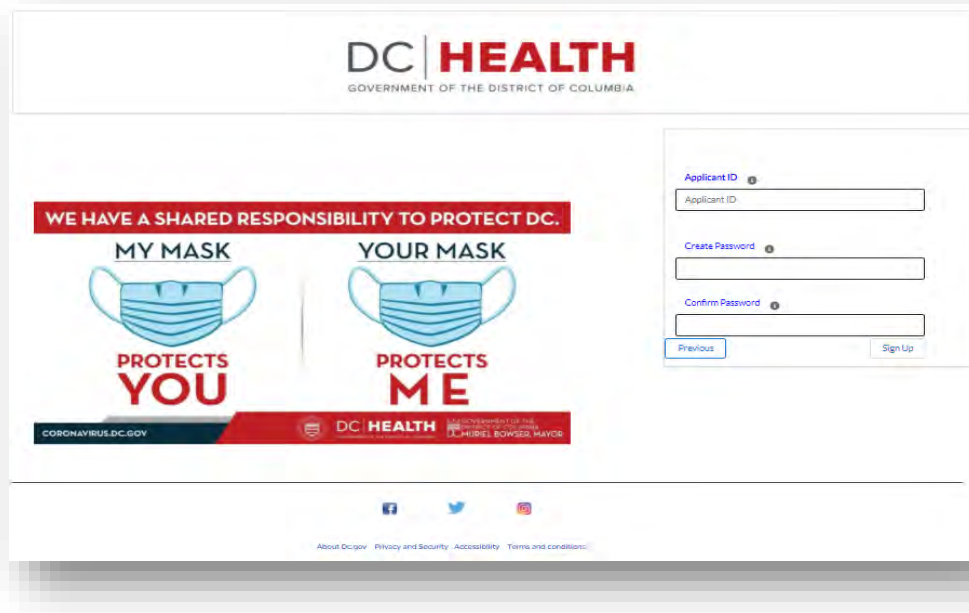
- The Instructions page displays with links to “Login” (Existing Licensee’s) and “Register” (New Licensee’s).



- For New Licensee’s, click on the  button located at the top right corner of the page to begin the registration process. **Existing Licensee’s who’ve renewed previously should skip to Step 2 below.**
- The registration page displays prompting you to complete the registration form:



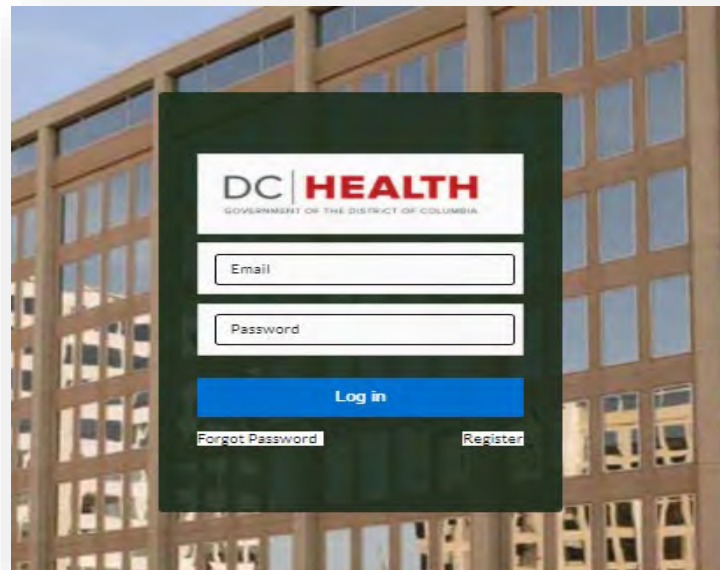
- In order to register, Licensee's must provide the following:
 - First Name
 - Last Name
 - Date of Birth
 - Email Address
 - Confirm Email Address (Your email will be used for your Username at the time of Login, future correspondence and your renewed license certificate, the License pdf will be sent to this email address, as well as a PDF of payment receipt.)
 - License Number
- Click on the  button.
 - A confirmation e-mail will be sent to the e-mail address used to register. This e-mail address will contain the Username and an Applicant ID which will be used sign-up.
- After clicking the "Next" button, the "Applicant" signup page displays:




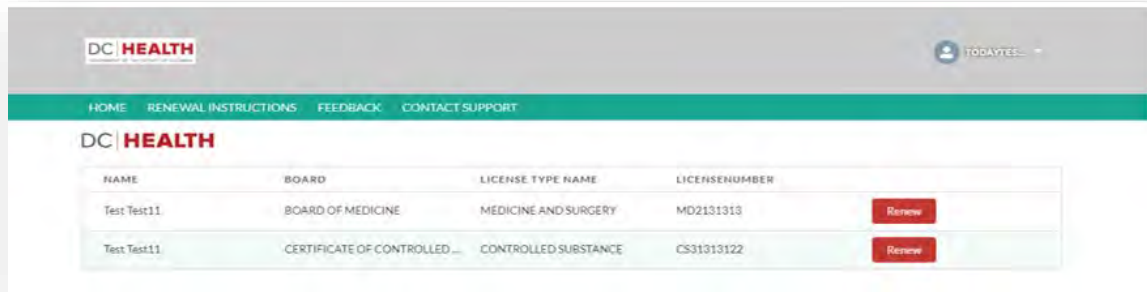
- In order to “Sign-up”, Licensee’s must provide the following:
 - Applicant ID
 - Create Password
 - Confirm Password
- Once the form is completed, click the button.


PROCEED TO THE NEXT PAGE FOR STEP 2.

STEP 2 – LICENSEE LOGIN



- *Licensees' who are not renewing their license(s) for the first time can use the email and password that was used previously.*
- Access the renewal portal using this link <https://doh.force.com/dchealthrenewals/s/login/>.
- Use the “Forgot your password?” link if a new password is needed.
- The Licensee will have to enter the following credentials to log- in:
 - E-mail address
 - Password
- Click on the  button located at the bottom of the page to log-in to the license renewal portal.
- Following a successful log-in, the License landing page tab displays whereby the renewal application can be initiated.



- All DC Health Licenses held and are eligible for renewal will be visible.
- Click the  button for the base license renewal. (e.g. “Medicine and Surgery”) to start the application.

PROCEED TO THE NEXT PAGE FOR STEP 3.

STEP 3 – LICENSE & PAID INACTIVE

The screenshot shows the DC Health Licensing Portal interface. At the top, there is a navigation bar with links for HOME, RENEWAL INSTRUCTIONS, FEEDBACK, and CONTACT SUPPORT. The main heading is "DC HEALTH LICENSING PORTAL". Below this, there is a section titled "LICENSES" containing a table with the following data:

NAME	BOARD	LICENSE TYPE NAME	LICENSE NUMBER	EXPIRATION DATE
Test Test11	BOARD OF MEDICINE	MEDICINE AND SURGERY	MD2131313	2020-12-31
Test Test11	CERTIFICATE OF CONTROLLED...	CONTROLLED SUBSTANCE	CS3131322	2020-12-31

Below the table is a section titled "PAID INACTIVE" with the instruction: "Change License status from 'Active' to 'PAID INACTIVE'. Please select YES (PAID INACTIVE Status) or NO (Remain Active).". Underneath, there is a dropdown menu labeled "PAID INACTIVE LICENSE" with the text "Select an Item" and a "Choose Your Item" link. At the bottom of the form, there are two buttons: "Back to Home" and "Save and Continue".

- Licensees' will have to choose whether to place the license in Paid Inactive Status or renew the license. Choosing Paid Inactive will place your license in a permanent, non-active status, and your license will not be renewed.
 - Note: If "YES" is selected the expiration date remains the same (12/31/2020), if "NO" is selected the expiration date will be updated (12/31/2022). In either scenario, Licensees will still need to complete the renewal application and submit any required documents.
- Select a response for "Paid Inactive".
 - Yes (maintain an Inactive License)
 - No (remain Active)
- For licensees who hold a Controlled Substance Registration (CSR), they will then be given the option to renew any active CSRs:

HOME RENEWAL INSTRUCTIONS FEEDBACK CONTACT SUPPORT

DC HEALTH LICENSING PORTAL

LICENSES

NAME	BOARD	LICENSE TYPE NAME	LICENSE NUMBER	EXPIRATION DATE
Test Test11	BOARD OF MEDICINE	MEDICINE AND SURGERY	MD2131313	2020-12-31
Test Test11	CERTIFICATE OF CONTROLLED...	CONTROLLED SUBSTANCE	CS31313122	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)

CONTROLLED SUBSTANCE RENEWAL

Note: If you are renewing your control substance registration, you must provide a District of Columbia business address in address section. Incorrect information may result in delay or denial of your control substance registration.

* Do you want to renew your Control Substance License?

Yes

Control Substance Schedules

[Back to Home](#) [Save and Continue](#)

- Answer the question “Do you want to review your Control Substance License”?
- The schedules will auto populate based on the license type.
- Click on [Save and Continue](#) button.


PROCEED TO THE NEXT PAGE FOR STEP 4.

STEP 4 – APPLICANT INFORMATION

- The fourth section of the 2020 renewal process is the “Applicant Information” page.

The screenshot shows the 'DC HEALTH LICENSING PORTAL' for the 'BOARD OF MEDICINE MEDICINE AND SURGERY'. The main section is titled 'APPLICANT INFORMATION'. It contains several input fields and dropdown menus. The 'First Name' field is pre-populated with 'Test', 'Last Name' with 'Test11', 'Date of Birth' with 'Sep 19, 1975', and 'Social Security Number' with '908989898'. The 'Gender' dropdown is set to 'Male' and 'Highest Degree' to 'Masters'. There are two language selection boxes: 'Please select language(s) spoken other than English' and 'Selected language(s) spoken other than English'. The first box lists Amharic, Cantonese, French, German/Slavic, Korean, and Mandarin. The second box lists English and Arabic. At the bottom, there are fields for 'DEA Number(if applicable)' and 'NPI Number(if applicable)'. To the right of the main form is a box for 'Attached Documents (0)' with a message 'No Files are Uploaded.'

- Licensees’ will be presented with pre-populated fields containing their name, date of birth, and social security number.
- Information will have to be entered for the following:
 - Gender
 - Middle Name
 - Race and Ethnicity
 - Languages Spoken
 - Highest Degree
 - DEA # (if applicable)
 - NPI # (if applicable)

- For those Licensees' who have not provided a social security number previously, or who were contacted by DC Health regarding missing information, please update this data prior to entering the renewal portal by going to <https://dohlicenseinfo.secure.force.com/dchealthrenewals/>
- Once the information is reviewed and confirmed, click on the  button to navigate to the "Other Name(s)" used section.

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STEP 5 – OTHER NAME(S) USED

- The “Name Change” section is for legal name changes only.

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.

* Name Change Due To
--Select an Item--

Changed Last Name

Changed First Name

Changed Middle Name

Add attachment
[Upload Files](#) Or drop files

[Back](#) [Save and Continue](#)

- Licensees’ who changed their last name in the past two (2) years (i.e., since the last renewal), will need to submit a new name and provide relevant documentation (e.g., Marriage Certificate, Divorce Decree, Court Order, Death Certificate, Passport, etc.).
- The following options are provided for the Licensee to select from the drop- down:
 - No Name Change
 - Marriage
 - Divorce
 - Court Order
- For all other Licensees’, select “No Name Change” from the drop-down selection field and click [Save and Continue](#).

PROCEED TO THE NEXT PAGE FOR STEP 6.

STEP 6 – APPLICANT ADDRESS

- The fifth section of the 2020 renewal process is the “Applicant Address” section.

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

- Under the “Applicant Address” section, the Licensee will be able to input the following:
 - “Preferred Mailing Address”
 - “Home Address”
 - “Business Address”
 - Update contact information.
 - Select the preferred address to receive Board correspondence.
 - Note: Only Retired and non-practicing Licensees have the choice to bypass this field by selecting “No” to having a “Business Address” and then selecting from the drop down either “Retired” or “Not Practicing”.

- Control Substance Practice Location (when applicable).

CONTROL SUBSTANCE PRACTICE LOCATION

* Name of DC Business Affiliation
DC Health

* CS Street 1
899 North Capitol Street NE

* CS Business City
Washington NW

* CS Business Zip Code
20025

* CS Business Email Address
test@test.com

CS Street 2

* CS Business state
District of Columbia

* CS Business Country
United States

* CS Business Phone Number
2028529632

Back Save and Continue

- P.O. Box is not an acceptable home address.
- As electronic communication is the primary way of reaching Licensee's, in a quick and efficient manner, DC Health will be using the same email address which was used for signup as the primary email for correspondence.
- Click [Save and Continue](#) to navigate to the "Screening Questions" section of the application.

PROCEED TO THE NEXT PAGE FOR STEP 7.

STEP 7 – SCREENING QUESTIONS

- The “Screening Questions” are designed to obtain information from Licensees’ regarding the professional status as a license holder.

The screenshot shows the 'DC HEALTH LICENSING PORTAL' for the 'BOARD OF MEDICINE MEDICINE AND SURGERY'. The page is titled 'SCREENING QUESTIONS' and includes a warning: 'ALL YES RESPONSES REQUIRED SUPPORTING DOCUMENTS TO BE UPLOADED'. It provides instructions for the 'National Practitioner Databank (NPDB) Self Query Report' and a link to the 'Malpractice Claims Form'. There are four screening questions, each with a dropdown menu for the answer, a text box for a description, and an 'Add attachment' button with a 'Choose File' option.

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://dchealth.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

Choose File Choose File

* 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

Choose File Choose File

* 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

Choose File Choose File

* 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

Choose File Choose File

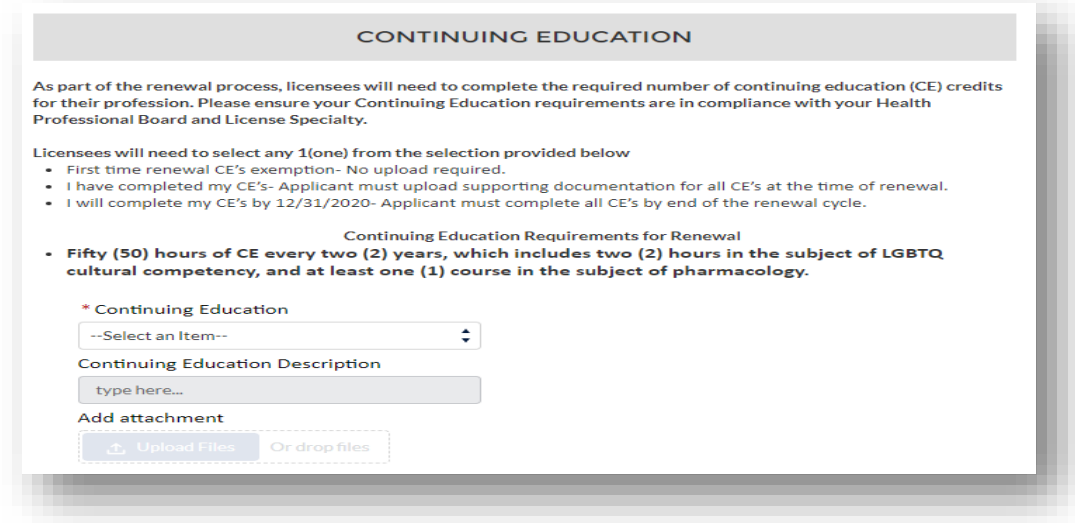
- Review each question in detail before answering “yes” or “no”.
- If a “Yes” response is ever given to a screening question, Licensees will be required to provide a written response in the Description box and upload any relevant documents. If a written description is not given, or if a document is not uploaded, the Licensee will NOT be able to continue with the renewal application.

- Once all responses are provided for each screening question the Licensee will click on the  button to navigate to the “Continuing Education” section.

PROCEED TO THE NEXT PAGE FOR STEP 8.

STEP 8 – CONTINUING EDUCATION

Each Licensee renewing their license has their own Continuing Education (CE) requirements which will display based on the license type. Additional information regarding CE requirements can be found by accessing this [link](#) and scrolling to the section titled “Continuing Education Requirements”.



The screenshot shows a web form titled "CONTINUING EDUCATION". The text reads: "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." Below this, it states: "Licensees will need to select any 1(one) from the selection provided below" and lists three options: "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.", and "I will complete my CE's by 12/31/2020- Applicant must complete all CE's by end of the renewal cycle." A sub-section titled "Continuing Education Requirements for Renewal" lists: "Fifty (50) hours of CE every two (2) years, which includes two (2) hours in the subject of LGBTQ cultural competency, and at least one (1) course in the subject of pharmacology." The form includes a dropdown menu for "Continuing Education" with "--Select an Item--", a text input field for "Continuing Education Description" with "type here..." placeholder, and an "Add attachment" section with "Upload Files" and "Or drop files" options.

For the 2020 renewal cycle, Licensees will have three (3) options when reporting their CEs:

1. *First Time Renewal* – For those Applicants renewing their license for the first time, they are exempt from CE requirements.
2. *I Have Completed My CEs* – Applicants 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 clearly demonstrates who the course is accredited by, course title, number of CEs granted, and any other relevant documentation.
 - A brief description of the course is required for the DC Health staff to ensure the Applicant have met the required CE requirements.
3. *I Will Complete My CE's by 12/31/2020* – Applicants will need to submit proof by uploading supporting documentation of CE prior to the end of the renewal period.

PROCEED TO THE NEXT PAGE FOR STEP 9.

**STEP 9 – PRACTICE SPECIALITIES,
BOARD CERTIFICATIONS, ETC.**

- ***This section will only display if it's applicable to the license type being renewed.***
- This scenario displays Practice Specialties and Board Certifications along with PDMP registration.
- All responses are mandatory except for the “Certifying Agency” if it is unknown or different from the “Certifying Board”.

The screenshot shows a web form with two main sections. The first section is titled "PRACTICE SPECIALITIES AND BOARD CERTIFICATIONS" and contains a sub-header: "• If you practice in a specialty area, indicate your specialty. If a specialty code is not listed, please write the full specialty in the boxes provided under "Other".". Below this are five mandatory fields: 1. "Do you have any practice specialties?" with a dropdown menu set to "Yes". 2. "Please specify the Practice Specialities" with a dropdown menu set to "IN/EN-Internal Medicine Endocrinology". 3. "Certifying Board" with a text input field containing "DC Health". 4. "Certifying Agency" with a text input field containing "DC Health". 5. "Do you have Additional Specialities" with a dropdown menu set to "No". The second section is titled "PDMP REGISTRATION" and contains one mandatory field: "Are you registered for the Prescription Drug Monitoring Program?" with a dropdown menu set to "Yes".

PROCEED TO THE NEXT PAGE FOR STEP 10.

STEP 10 – PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. This includes any professional licenses you hold/have held or have been licensed in another jurisdiction.


PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS
(List all states and jurisdictions in which you have EVER held a professional license regardless of status. For license type, indicate whether it was a full license, a temporary license, a training license or any other type of license issued to you.)

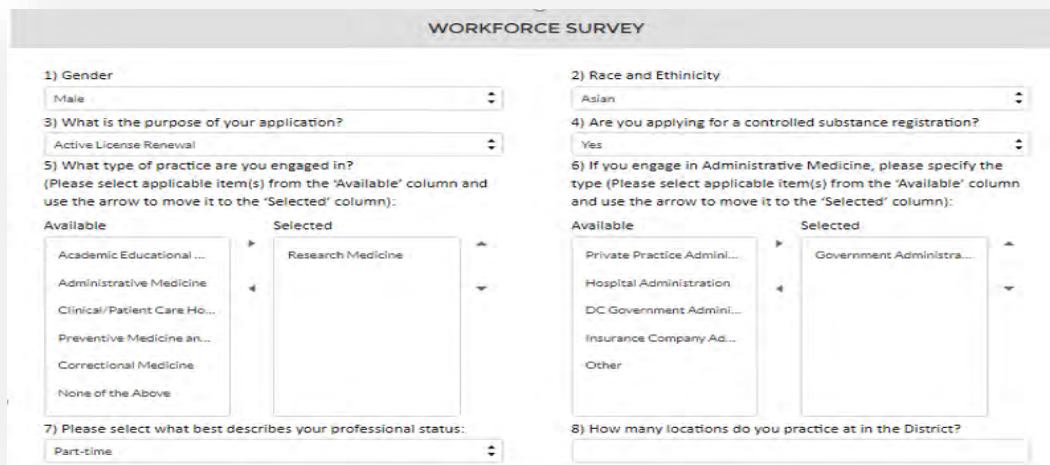
* Do you hold professional licenses in other states or jurisdictions?
Yes

* State/Jurisdiction --Select an Item--	* License Number <input type="text"/>
* Is your license active? --Select an Item--	* License Type --Select an Item--
* Issue Date <input type="text"/>	* Expiration Date <input type="text"/>
* Would you like to add additional licenses? --Select an Item--	

PROCEED TO THE NEXT PAGE FOR STEP 11.

STEP 11 – WORKFORCE SURVEY

- **The Workforce Survey Tab will only display if applicable to your license type.**
- Workforce survey is the next section of the 2020 renewal process. 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.
- 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  button.



WORKFORCE SURVEY

1) Gender
Male

2) Race and Ethnicity
Asian

3) What is the purpose of your application?
Active License Renewal

4) Are you applying for a controlled substance registration?
Yes

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):

Available	Selected
Academic Educational ...	Research Medicine
Administrative Medicine	
Clinical/Patient Care Hc...	
Preventive Medicine an...	
Correctional Medicine	
None of the Above	

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):

Available	Selected
Private Practice Admini...	Government Administra...
Hospital Administration	
DC Government Admini...	
Insurance Company Ad...	
Other	

7) Please select what best describes your professional status:
Part-time

8) How many locations do you practice at in the District?

PROCEED TO THE NEXT PAGE FOR STEP 12.

STEP 12 – CLEAN HANDS

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

The screenshot shows a form titled "CLEAN HANDS". It contains a list of questions about owing money to the District of Columbia government. Below the questions is a red warning message and a form field for a description of the debt, with an "Add attachment" section below it.

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
 Or drop files


- 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 (<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.
- After a response is selected, click on the  button to navigate to the Payment tab.

PROCEED TO THE NEXT PAGE FOR STEP 13.

STEP 13 – CBC SCREENING AND PROFESSIONAL AFFIDAVIT

At each renewal period, licensees must undergo a name-based CBC.

The screenshot shows two sections of a form. The first section is titled 'CRIMINAL BACKGROUND CHECK' and contains the text: '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.' Below this text is a dropdown menu with 'Agree' selected. The second section is titled 'HEALTH PROFESSIONAL AFFIDAVIT' and contains the text: '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.' Below this text is another dropdown menu with 'Agree' selected. At the bottom of the form are two buttons: 'Back' and 'Save and Continue'.

- Licensee's will not have to go to any 3rd party 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 an Applicant from continuing with the renewal process.
- Should any positive results come back from the CBC, Staff from DC Health will reach out to the Applicant to obtain more information.
- Select "Agree" to the name-based CBC.
- Select "Agree" to the Health Professional Affidavit and attest under penalty of perjury that all information and attached documents are true to the best of your knowledge.
- Click  to submit the application payment.

PROCEED TO THE NEXT PAGE FOR STEP 14.

STEP 14 – PAYMENT

The final tab of the 2020 renewal process is “Payment”. Here the 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.

The screenshot displays the 'Payment' tab of the renewal process. At the top, there are navigation links: HOME, RENEWAL INSTRUCTIONS, FEEDBACK, and CONTACT SUPPORT. The main section is titled 'License Details' and contains a table with the following data:

Board	Profession	Purpose	Fee
BOARD OF MEDICINE	MEDICINE AND SURGERY	MD01913111	1 <input checked="" type="checkbox"/>
BOARD OF MEDICINE	ACUPUNCTURIST	AC113311	1 <input type="checkbox"/>
	Criminal Background Check	CBC Check	1

Below the table, there is a 'Payment Details' section with the text: 'Payment Details, we accept only (Please pay all of your fee now)'. The form includes fields for: * Card Number, * CVV, * Card Expiration Month (Please Select), and * Card Expiration Year (Please Select). A 'Total Amount: \$ 2' is displayed in the bottom right corner of the license details section.

- Should Licensee desire not to renew all their licenses, they will simply uncheck the box next to that license, indicating they do not want to submit a fee for that license renewal.
- 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 (1) indicate their license has been approved and contain their new, electronic license, or (2) 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/>.