



Government of the District of Columbia
Department of Health



HEALTH REGULATION AND LICENSING ADMINISTRATION
BOARD OF MEDICINE

**APPLICATION INSTRUCTIONS FOR A MEDICAL TRAINING REGISTRANT
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Postgraduate Physician Medical Trainee in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action.

All individuals who wish to practice as a Medical Training Registrant in the District of Columbia have to meet the general requirements of these instructions.

WHERE TO FILE

All Medical Training Registrant Forms and documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
899 North Capitol Street, NE
First Floor
Washington, DC 20002

Checks or money orders for application and license fees should be made payable to **DC Treasurer** and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-877-672-2174 between 8:15 a.m. and 4:45 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications, and applications submitted without required signatures, or with incorrect fees, will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

- A. Applicant must not have been convicted of an offense, which bears directly on the applicant's fitness to be licensed.
 - 1. Hospital GME Attestation – (Must be submitted by GME Director)
 - 2. Criminal Background Check
 - 3. Attach a copy of your Driver's License or Government issued Identification.
- B. Comply with all other applicable requirements set forth in these instructions.

For information concerning the application process call (877)-672-2174

EDUCATIONAL REQUIREMENTS

Medical School Graduate

COMPLETING THE LICENSE APPLICATION

Section 1. TYPE OF REGISTRATION

- Medical Training Registrant (Rotation 90 days or less)
 - **NOTE: If you currently hold a full license to practice medicine in another state you must apply for a Full Medical License or Medical Training License.**
- Criminal Background Check - all applicants are required to undergo a Criminal Background Check per DC Official Code Section 3-1205.22.

Section 2. MEDICAL TRAINING REGISTRANT INFORMATION

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000 Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. If a foreign applicant and you do not yet have a social security number, you must complete the Social Security Affidavit Form. Your social security number will not be made available to the public. All applicants must be at least 18 years of age.

Section 3. ROTATING HOSPITAL

- a. Select the hospital where you will be rotating in the District of Columbia.
- b. Provide dates of rotation (From and To)
- c. If you are rotating through more than one hospital use a separate form for each rotation

Section 4. APPLICANT AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge. Note: Please print and mail Original Registrant Form to the Rotating Hospital Program (selected in Section 3) for the GME to review, verify, and mail the Original Executed Registrant Form to the DC Board of Medicine. Please retain a copy for your files.

Section 5. GME VERIFICATION (AS PER ROTATING HOSPITAL SELECTED IN SECTION 3)

Rotating Hospital GME to review the Medical Training Registrant form and verify that the information provided is accurate and mail the Original Executed Registrant Form to DC Board of Medicine and retain a copy for their file.