
HRLA New Application

Applicant Information

Merchant: DC-HEALTH

Board Name: BOARD OF MEDICINE

License Type: MEDICINE AND SURGERY

Name: Justin Diedrich

Email: [REDACTED]

Date/Time: Wed May 11 00:00:00 GMT 2022

Gender: Male

Date Of Birth: [REDACTED]

Highest Degree: MD

Race/ Ethnicity: Caucasian/White

Place of Birth

City:

State:

Country:

Name Change: No

Reason for Name Change:

First Name:

Middle Name:

Last Name:

Additional Licenses

Control Substance: Yes

HRLA New Application Instructions

"Please read the instructions below before you begin your new health professional license application
General Information Please read instructions carefully before starting the online application form. Any omitted or illegible information will delay your registration. The manner in which information is submitted within the application is the way your certificate of registration will read. You will receive an electronic copy of your certificate in your email address provided.

False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2405. Applicant Tab DC Health Professional are required to update changes to their name, home address or business address within thirty (30) days of the change and within the renewal cycle as applicable. Failure to do so may result in disciplinary action. It is imperative that you review and update your information at this time. Address Tab Home: A P.O. Box may NOT be used for an address. Home address information will NOT be made available to the public. Business: A P.O. Box may NOT be used for an address. Business address information WILL be made available to the public.

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 the public. Schedule Selection Descriptions(Please select all schedules that apply) Schedule I: The drug or other substance has a high potential for abuse; and has no currently accepted medical use in treatment in the United States or the District of Columbia or a lack of accepted safety for 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 District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence. Schedule IIN: 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 District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence. Schedule III: The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence. Naturopathic Physicians are limited to schedule III only Schedule IIIN: The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence. Schedule IV: The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III. Schedule V:(Naturopathic Physicians are limited to schedule III only) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV; has a currently accepted medical use in treatment in the United States or the District of Columbia.; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

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 Affidavit in the application by selecting “Agree”. 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.

Please complete your DC Health Professional Profile Please register for Prescription Drug Monitoring Program after you complete your application, a registration link will be provided. Please return to your profile to do any of the following: Upload additional documents Renew additional licenses as applicable View your submitted application"

Licenses

Board	Designation	Fees
BOARD OF MEDICINE	Medicine And Surgery (MD)	805.00
License Type	Purpose	Fees Paid
MEDICINE AND SURGERY	New License	805.00

Board	Designation	Fees
	Criminal Background Check	50.00
License Type	Purpose	Fees Paid
Criminal Background Check	CBC	50.00

Board	Designation	Fees
CERTIFICATE OF CONTROLLED SUBSTANCE REGISTRATION		130.00
License Type	Purpose	Fees Paid
CONTROLLED SUBSTANCE	New License	130.00

Addresses

Preferred Mailing Address: Home Address

HOME ADDRESS

Street1: [REDACTED]

Street2:

City: [REDACTED]

State: [REDACTED]

Country: [REDACTED]

Zip Code: [REDACTED]

Email: [REDACTED]

Phone: [REDACTED]

Do you Have Business Address: No

CONTROL SUBSTANCE ADDRESS

Name of DC Business Affiliation: DuPont Clinic

Street1: 1120 19TH STREET NW

Street2: Unit 316

City: WASHINGTON

State:

Country:

Zip Code: 20036

Email: info@dupontclinic.com

Phone: 2024781976

Screening Questions

1. Have you ever been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any criminal law of any jurisdiction whether misdemeanor or felony, including driving under the influence or while impaired, but excluding minor traffic violations? Please note that a charge or conviction does not necessarily mean a barrier to licensure

Response: No

Description #1:

2. Have you been a defendant or respondent to a claim for healthcare 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

Response: Yes

Description #2: See attached information.

3. 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?

Response: No

Description #3:

4. Have you ever been placed on probation or suspension, or been terminated or resigned, voluntarily or involuntarily, from a clinical or professional training program?

Response: No

Description #4:

5. Do you have a medical condition that impairs or limits or may impair or limit your ability to practice your profession?

Response: No

Description #5:

6. Have you ever resigned in lieu of termination, been asked to resign, terminated, or disciplined by any employer?

Response: No

Description #6:

7. Has any licensing authority, health facility, employer or peer review board, in any healthcare field, informed you of any pending charge(s) or investigation(s) against you?

Response: No

Description #7:

8. Have you ever entered into a monitoring program for purposes of monitoring your abuse of alcohol, drugs, or any controlled substances?

Response: No

Description #8:

9. Have you ever withdrawn an application for licensure/ certification/ registration to practice any health profession in any jurisdiction?

Response: No

Description #9:

10. Has any authority, licensing board, health facility or peer review board taken action against any of your health profession licenses or privileges (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension, or revocation)?

Response: No

Description #10:

CONTROL SUBSTANCE QUESTIONS

Q1. Has the applicant been convicted of a felony in connection with controlled substance (CS) under DC, State or Federal Law?

Response: No

Description #1:

Q2. Has the applicant ever surrendered or had a controlled substance registration revoked, suspended or denied?

Response: No

Description #2:

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).

Clean Hands: No

Criminal Background Check: Agree

Clean Hands Description:

Health Professional Affidavit: Agree

Education and Experience

School Details #1

Name: Case Western Reserve School of Medicine
City: Cleveland
State: Ohio
Country: United States
Graduation Date: Fri Jan 18 00:00:00 GMT 2008
Type of Degree: M.D.

POST-GRADUATE WORK EXPERIENCE #1

Program: University of California Irvine
City: Orange
State: California
Country: United States

Position Key: Residency
Start Date: Wed Jul 01 00:00:00 GMT 2009
End Date: Sun Jun 30 00:00:00 GMT 2013

POST-GRADUATE WORK EXPERIENCE #2

Program: Washington Univesrity in St Louis
City: St Louis
State: Missouri
Country: United States

Position Key: Fellowship
Start Date: Mon Jul 01 00:00:00 GMT 2013
End Date: Tue Jun 30 00:00:00 GMT 2015

WORK EXPERIENCE #1

Employer Name: UC Riverside
Start Date: Sat Aug 01 00:00:00 GMT 2015
Type of Employment: Full Time
Country: Riverside
Country: United States

End Date: Fri Jun 30 00:00:00 GMT 2017
Reason for Leaving: I left to become a full time travel physician.
Country: California

WORK EXPERIENCE #2

Employer Name: Justin Diedrich MD
(Self-employed)
Start Date: Sat Jul 01 00:00:00 GMT 2017
Reason for Leaving:
State: California

Type of Employment: Full Time
End Date:
City: Pasadena
Country: United States

Other State Licenses #1

State/Jurisdiction: Illinois
Is your license active?: Active
License Number: 036-145127
License Type: Full License

Professional Designation Name: Doctor of Medicine
Issue Date: Thu Feb 15 00:00:00 GMT 2018
Expiry Date: Mon Jul 31 00:00:00 GMT 2023

Other State Licenses #2

State/Jurisdiction: Missouri

Is your license active?: Active

License Number: 2013023316

License Type: Full License

Professional Designation Name: Doctor of Medicine

Issue Date: Sat Jul 06 00:00:00 GMT 2013

Expiry Date: Tue Jan 31 00:00:00 GMT 2023

Other State Licenses #3

State/Jurisdiction: California

Is your license active?: Active

License Number: A114859

License Type: Full License

Professional Designation Name: Doctor of Medicine

Issue Date: Wed Nov 24 00:00:00 GMT 2010

Expiry Date: Mon Oct 31 00:00:00 GMT 2022

PRACTICE SPECIALTIES #1

Practice Specialities: OB-Obstetrics & Gynecology

Certifying Agency:

Certifying Board: American Board of Obstetrics & Gynecolo