



**CO L O R A D O**

**Department of  
Regulatory Agencies**

**2015 Sunset Review:  
Division of Professions and Occupations**

*Office of Policy, Research and Regulatory Reform  
October 15, 2015*



**COLORADO**

Department of  
Regulatory Agencies

Executive Director's Office

October 15, 2015

Members of the Colorado General Assembly  
c/o the Office of Legislative Legal Services  
State Capitol Building  
Denver, Colorado 80203

Dear Members of the General Assembly:

The mission of the Department of Regulatory Agencies (DORA) is consumer protection. As a part of the Executive Director's Office within DORA, the Office of Policy, Research and Regulatory Reform seeks to fulfill its statutorily mandated responsibility to conduct sunset reviews with a focus on protecting the health, safety and welfare of all Coloradans.

Programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated professions and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review via DORA's website at: [www.dora.colorado.gov/opr](http://www.dora.colorado.gov/opr). During the course of this sunset review, DORA staff organized and facilitated a town hall meeting to hear stakeholders' concerns about regulatory issues, as well as seek insight on workable changes to regulation that not only provide protection to consumers, but enhance regulation from a practitioner's perspective. The town hall meeting was well received and many ideas for enhancing regulation were explored.

DORA has completed the evaluation of the Division of Professions and Occupations (Division). I am pleased to submit this written report, which will be the basis for my office's oral testimony before the 2016 legislative committee of reference. The report is submitted in accordance with section 24-34-102(15), of the Colorado Revised Statutes (C.R.S.), which states in part:

The department of regulatory agencies shall submit the initial report and supporting materials of the analysis of the division to the office of legislative legal services no later than October 15, 2015.

The department of regulatory agencies shall conduct an analysis of the performance of the Division and its functions every 10 years.

The report discusses the effectiveness of the Division created in Article 34 of Title 24, C.R.S., in carrying out the intent of the statutes and makes recommendations for statutory and administrative changes.

Sincerely,

Joe Neguse  
Executive Director





# COLORADO

## Department of Regulatory Agencies

### 2015 Sunset Review Division of Professions and Occupations

#### SUMMARY

##### *What Is Regulated?*

The Division of Professions and Occupations (Division) houses and provides administrative support to boards and programs that regulate over 50 professions, occupations and types of businesses.

##### *Why Is It Regulated?*

The regulation provided by the Division protects the public by assuring that regulated individuals and businesses meet certain basic requirements while striving to maintain a fair and competitive marketplace.

##### *Who Is Regulated?*

In June 2014, the Division regulated a total of 368,601 individuals and businesses.

##### *How Is It Regulated?*

The authority to regulate the professions and occupations within the Division lies either with the Division Director or with a governing board, depending on the profession, occupation, or business type. The Division has centralized some of its regulatory functions in order to improve efficiency and consistency across its programs. These functions include, but are not limited to, licensing, investigations, and an expedited settlement process. The Director and the various governing boards within the Division maintain the authority to inspect, receive and investigate complaints and carry out disciplinary actions against licensees.

##### *What Does It Cost?*

In fiscal year 13-14, the total cost of regulation was \$24,423,355 and there were 204.6 full-time equivalent employees in the Division.

##### *What Investigative and Inspection Activity Is There?*

From fiscal year 09-10 to 13-14, the Division's Office of Investigations investigated a total of 2,903 complaints and the Office of Expedited Settlement settled 4,309 cases. Between calendar year 2010 and 2014, the Division conducted inspections of 203,430 electrical and plumbing installations, 1,202 barber and cosmetology shops, 315 nurse aide training programs, 12 nursing education programs, 3,802 passenger tramways and 6,113 pharmacies.

Until now, the Division as a whole has never gone through a comprehensive sunset review. When the General Assembly mandated that the Division go through the process, it did not include a repealer provision, which would have scheduled the Division to “sunset” unless affirmatively continued by the General Assembly via legislation. Instead, the General Assembly scheduled the Division for a review in accordance with the sunset criteria every 10 years. As such, this report does not contain a continuation recommendation. However, during the course of this review, the Department of Regulatory Agencies (DORA) staff identified areas where changes should occur. These recommendations, both statutory and administrative, are reflected in this report.

## KEY RECOMMENDATIONS

*Schedule the Healthcare Professions Profile Program for an independent sunset review, with a repeal date of September 1, 2021.*

The Healthcare Professions Profile Program (HPPP) aims to make available to consumers a wide array of information about healthcare professionals. Currently, 43 license types and over 140,000 healthcare professionals must create and maintain HPPP profiles. A recent survey conducted by DORA staff revealed some potential issues with the HPPP: work needs to be done to better educate those who are required to maintain profiles. Under current statute, the HPPP will not undergo sunset analysis until the Division is reviewed again in 10 years, in 2025. To better ascertain the rate of compliance with the HPPP, the General Assembly should schedule the HPPP to sunset in 2021, with a sunset report due in October 2020.

## METHODOLOGY

As part of this review, DORA staff facilitated a town hall meeting consisting of various stakeholders, conducted five distinct stakeholder surveys, interviewed Division staff, interviewed officials with state and national professional associations, reviewed Colorado statutes and rules, and reviewed the laws of other states.

## MAJOR CONTACTS MADE DURING THIS REVIEW

American Council of Engineering Companies of Colorado  
Citizens for Patient Safety  
Colorado Academy of Audiology  
Colorado Hearing Society  
Colorado Hospital Association  
Colorado Outfitters Association  
Colorado Podiatric Medical Association  
National Association of Social Workers, Colorado Chapter  
Public Accountants Society of Colorado

### What is a Sunset Review?

A sunset review is a periodic assessment of state boards, programs, and functions to determine whether they should be continued by the legislature. Sunset reviews focus on creating the least restrictive form of regulation consistent with protecting the public. In formulating recommendations, sunset reviews consider the public's right to consistent, high quality professional or occupational services and the ability of businesses to exist and thrive in a competitive market, free from unnecessary regulation.

Sunset Reviews are prepared by:  
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# Background

## Introduction

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria<sup>1</sup> and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are based on the following statutory criteria:

- Whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation;
- If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent;
- Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters;
- Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;
- The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;
- Whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;
- Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action;

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<sup>1</sup> Criteria may be found at § 24-34-104, C.R.S.

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- Whether the agency through its licensing or certification process imposes any disqualifications on applicants based on past criminal history and, if so, whether the disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subparagraph (i) of paragraph (a) of subsection (8) of this section shall include data on the number of licenses or certifications that were denied, revoked, or suspended based on a disqualification and the basis for the disqualification; and
  - Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

## Types of Regulation

Consistent, flexible, and fair regulatory oversight assures consumers, professionals and businesses an equitable playing field. All Coloradans share a long-term, common interest in a fair marketplace where consumers are protected. Regulation, if done appropriately, should protect consumers. If consumers are not better protected and competition is hindered, then regulation may not be the answer.

As regulatory programs relate to individual professionals, such programs typically entail the establishment of minimum standards for initial entry and continued participation in a given profession or occupation. This serves to protect the public from incompetent practitioners. Similarly, such programs provide a vehicle for limiting or removing from practice those practitioners deemed to have harmed the public.

From a practitioner perspective, regulation can lead to increased prestige and higher income. Accordingly, regulatory programs are often championed by those who will be the subject of regulation.

On the other hand, by erecting barriers to entry into a given profession or occupation, even when justified, regulation can serve to restrict the supply of practitioners. This not only limits consumer choice, but can also lead to an increase in the cost of services.

There are also several levels of regulation.

### Licensure

Licensure is the most restrictive form of regulation, yet it provides the greatest level of public protection. Licensing programs typically involve the completion of a prescribed educational program (usually college level or higher) and the passage of an examination that is designed to measure a minimal level of competency. These types of programs usually entail title protection - only those individuals who are properly licensed may use a particular title(s) - and practice exclusivity - only those individuals who are properly licensed may engage in the particular practice. While these requirements can be viewed as barriers to entry, they also afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

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## Certification

Certification programs offer a level of consumer protection similar to licensing programs, but the barriers to entry are generally lower. The required educational program may be more vocational in nature, but the required examination should still measure a minimal level of competency. Additionally, certification programs typically involve a non-governmental entity that establishes the training requirements and owns and administers the examination. State certification is made conditional upon the individual practitioner obtaining and maintaining the relevant private credential. These types of programs also usually entail title protection and practice exclusivity.

While the aforementioned requirements can still be viewed as barriers to entry, they afford a level of consumer protection that is lower than a licensing program. They ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

## Registration

Registration programs can serve to protect the public with minimal barriers to entry. A typical registration program involves an individual satisfying certain prescribed requirements - typically non-practice related items, such as insurance or the use of a disclosure form - and the state, in turn, placing that individual on the pertinent registry. These types of programs can entail title protection and practice exclusivity. Since the barriers to entry in registration programs are relatively low, registration programs are generally best suited to those professions and occupations where the risk of public harm is relatively low, but nevertheless present. In short, registration programs serve to notify the state of which individuals are engaging in the relevant practice and to notify the public of those who may practice by the title(s) used.

## Title Protection

Finally, title protection programs represent one of the lowest levels of regulation. Only those who satisfy certain prescribed requirements may use the relevant prescribed title(s). Practitioners need not register or otherwise notify the state that they are engaging in the relevant practice, and practice exclusivity does not attach. In other words, anyone may engage in the particular practice, but only those who satisfy the prescribed requirements may use the enumerated title(s). This serves to indirectly ensure a minimal level of competency - depending upon the prescribed preconditions for use of the protected title(s) - and the public is alerted to the qualifications of those who may use the particular title(s).

Licensing, certification and registration programs also typically involve some kind of mechanism for removing individuals from practice when such individuals engage in enumerated proscribed activities. This is generally not the case with title protection programs.

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## Regulation of Businesses

Regulatory programs involving businesses are typically in place to enhance public safety, as with a salon or pharmacy. These programs also help to ensure financial solvency and reliability of continued service for consumers, such as with a public utility, a bank or an insurance company.

Activities can involve auditing of certain capital, bookkeeping and other recordkeeping requirements, such as filing quarterly financial statements with the regulator. Other programs may require onsite examinations of financial records, safety features or service records.

Although these programs are intended to enhance public protection and reliability of service for consumers, costs of compliance are a factor. These administrative costs, if too burdensome, may be passed on to consumers.

## **Sunset Process**

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review via DORA's website at: [www.dora.colorado.gov/opr](http://www.dora.colorado.gov/opr).

The functions of the Division of Professions and Occupations (Division) as enumerated in Article 34 of Title 24, Colorado Revised Statutes (C.R.S.), have been scheduled for sunset analysis, but not repeal, by the General Assembly. As such, DORA conducted an analysis and evaluation of the Division pursuant to section 24-34-104, C.R.S.

The purpose of this review is to evaluate the performance of the Division. During this review, the Division must demonstrate that its regulatory functions serve the public interest. DORA's findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

## **Methodology**

As part of this review, DORA staff facilitated a town hall meeting consisting of various stakeholders, interviewed Division staff, interviewed officials with state and national professional associations, reviewed Colorado statutes and rules, and reviewed the laws of other states.

In July 2015, DORA staff conducted five distinct surveys related to this sunset report. Links to the various surveys were sent to individuals via email addresses supplied by the Division.

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**Electrical & Plumbing Inspections.** Surveys were sent to all 4,045 individuals to whom electrical or plumbing permits were issued by the Division<sup>2</sup> during fiscal year 14-15. Of these, 3,705 surveys were successfully delivered<sup>3</sup> and 693 individuals responded. This represents a response rate of 19 percent. Survey questions and responses may be found in Appendix A.

**General Inspections.** Surveys were sent to all 561 currently registered or licensed pharmacies, licensed passenger tramway area operators, licensed nursing education programs and licensed nurse aide training programs. This figure also includes all barber and cosmetology shops that were inspected in fiscal year 13-14. Of these, 547 surveys were successfully delivered and 128 individuals responded. This represents a response rate of 23 percent. Survey questions and responses may be found in Appendix B.

**Public Board Members.** Surveys were sent to all 54 public members serving on the various boards and committees housed within the Division. Of these, 49 surveys were successfully delivered and 8 individuals responded. This represents a response rate of 16 percent. Survey questions and responses may be found in Appendix C.

**Professional Board Members.** Surveys were sent to all 161 professional members serving on the various boards and committees housed within the Division. Of these, 153 surveys were successfully delivered and 42 individuals responded. This represents a response rate of 27 percent. Survey questions and responses may be found in Appendix D.

**Healthcare Professions Profile Program.** Surveys were sent to all 155,205 practitioners who are required to maintain profiles within the Healthcare Professions Profile Program. Of these, 145,358 surveys were successfully delivered and 6,101 individuals responded. This represents a response rate of four percent. Survey questions and responses may be found in Appendix E.

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<sup>2</sup> This did not include those who were issued permits by local jurisdictions.

<sup>3</sup> For all surveys, successful delivery is deemed to have occurred when the email sending the survey was not returned or did not fail.

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## Profile of the Division

The Division houses and provides administrative support to boards and director-model programs that regulate over 50 professions, occupations and types of businesses. The term “regulatory authority” is a generic term that refers to either a board or the Division Director, depending on the regulatory structure, and will be used throughout this sunset report.

This sunset report also uses the terms “license or licensee” in a general sense and the terms also include registered and certified practitioners and businesses.

The various boards and programs, which are highlighted below, encapsulate all of the more than 50 professions regulated within the Division.

- State Board of Accountancy
- Office of Acupuncture Licensure
- State Board of Addiction Counselor Examiners
- State Board of Licensure for Architects, Professional Engineers and Professional Land Surveyors
- Office of Athletic Trainer Registration
- Office of Audiology Licensure
- Office of Barber and Cosmetology Licensure
- Office of Boxing
- State Board of Chiropractic Examiners
- Colorado Dental Board
- Office of Direct-Entry Midwifery Registration
- State Electrical Board
- Office of Funeral Home and Crematory Registration
- Office of Hearing Aid Provider Licensure
- State Board of Landscape Architects
- State Board of Licensed Professional Counselor Examiners
- State Board of Marriage and Family Therapist Examiners
- Office of Massage Therapy Licensure
- Colorado Medical Board
- Office of Naturopathic Doctor Registration
- State Board of Nursing
- Board of Examiners of Nursing Home Administrators
- Office of Occupational Therapy
- State Board of Optometry
- Office of Outfitters Registration
- Passenger Tramway Safety Board
- State Board of Pharmacy
- State Physical Therapy Board
- Examining Board of Plumbers
- Podiatry Board

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- Office of Private Investigator Licensure
  - State Board of Psychologist Examiners
  - State Board of Registered Psychotherapists
  - Office of Respiratory Therapy Licensure
  - State Board of Social Work Examiners
  - Office of Speech-Language Pathology Certification
  - Office of Surgical Assistants and Surgical Technologists Registration
  - State Board of Veterinary Medicine

The Division has centralized some of its regulatory functions in order to improve efficiency and consistency across its programs. These functions include, but are not limited to, licensing, investigations and an expedited settlement process.

The regulatory authorities within the Division, however, maintain the authority to inspect, receive complaints and impose disciplinary action against individual licenses or businesses in the interest of protecting the public health, safety and welfare.

In addition to occupational and business licensing programs, the Division also houses:

- The Professional Review Governing Boards - registers and collects information from entities that conduct professional review of physicians, physician assistants and advanced practice nurses working at hospitals and other healthcare facilities, to assure clinicians are competent and practice within the boundaries of acceptable standards of care;
- The Nurse-Physician Advisory Task Force for Colorado Healthcare - provides a forum for the nursing profession and the medical profession to address areas of mutual concern;
- The Healthcare Professions Profile Program - is an online database that provides consumers with information about healthcare providers, including disciplinary action, criminal history, business interests and malpractice settlements; and
- The Prescription Drug Monitoring Program - is a secure database of controlled substance prescriptions that is accessible to pharmacists and prescribers in order to verify that prescriptions are appropriate.

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## Legal Framework

### History of Regulation

The General Assembly created the Department of Regulatory Agencies (DORA) and what is now called the Division of Professions and Occupations (Division) when it passed the Administrative Organization Act of 1968 (Act). The Act laid out the principal departments of state government and provided an overall administrative structure for the Executive Branch. The Act also moved numerous existing licensing boards to the Division.

Over the years, the General Assembly has passed numerous bills affecting the Division. The timeline below highlights the notable changes.

- **1973:** Three bills—House Bills 73-1018 and 73-1025 and Senate Bill 73-45—gave the Executive Director of DORA oversight over the Division’s licensing and examination procedures and made him or her responsible for monitoring complaints.
- **1979:** House Bill 79-1560 directed the Division to provide necessary management/administrative support to boards and commissions, and Senate Bill 79-264 allowed board members to collect a per diem for their service and to be reimbursed for expenses incurred while fulfilling their official duties.
- **2004:** Senate Bill 04-024 moved the regulatory authority over license renewals and reinstatements from DORA’s Executive Director to the Division Director (Director). The bill also established a uniform process for reinstatements and created a 60-day grace period, which exempted licensees who failed to renew their licenses by the expiration date from disciplinary action.
- **2010:** House Bill 10-1175 gave the Director the authority to establish, for endorsement applicants, alternative means of demonstrating competency other than work experience.
- **2011:** House Bill 11-1100 required the Director to consider military experience when determining whether applicants qualify for licensure.
- **2012:** House Bill 12-1055 changed the Division’s name to the Division of Professions and Occupations and added a provision that requires DORA to conduct a review of the Division every 10 years. Rather than including a typical sunset provision, which would allow for the termination of the sunset agency, this bill required only a review and stated that nothing in the law requires the Division to be terminated. House Bill 12-1263 established additional guidelines regarding applicants with a criminal history.
- **2014:** House Bill 14-1183 added a provision directing the Director to reinstate the expired license of any active military personnel on active duty for at least 30 days.

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## Legal Summary

In Colorado, regulatory oversight of various professions and occupations is most specifically articulated in the organic statutes. This sunset review pertains to the generalized administration of the Division, and the support it provides to the various boards and programs housed within it.

The Division is created in section 24-34-102, Colorado Revised Statutes. The Director serves as the head of the Division. In certain practice acts, the Director, is responsible for, among other things, policymaking, rulemaking and imposing discipline on licensees. These programs are commonly referred to as “Director-model” programs. The term licensee or license generically refers to various types of regulatory labels (e.g., license, certification or registration).

The Division also provides supervision and control of Type 2 advisory boards located within the Division,<sup>4</sup> which includes the approval or disapproval of rules related to the examination and licensure of applicants to ensure that rules are fair and impartial.<sup>5</sup> Type 2 boards are typically associated with Director-model programs.

The various practice acts often create Type 1 policy autonomous boards, which are responsible for, among other things, rulemaking, policymaking and imposing discipline. This report commonly refers to them as boards.

The Division is responsible for, among other things, providing management support to the Type 1 boards housed within it.<sup>6</sup>

The Division will not grant a license to an applicant unless applicable license fees have been paid.<sup>7</sup>

As determined by the Director, in consultation with the regulatory boards, a license may be valid for a minimum of one year and a maximum of three years.<sup>8</sup> The Director and any licensing board are authorized to prescribe the requirements for renewal, including completion of any required continuing education.<sup>9</sup>

A licensee has a 60-day grace period after the expiration of his or her license to renew the license without the imposition of a disciplinary sanction for practicing without a license.<sup>10</sup> The Director may impose discipline on licensees for those programs where he or she provides regulatory oversight. Boards that provide regulatory oversight to various regulated entities may impose discipline on practitioners for violating the 60-day grace period.

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<sup>4</sup> § 24-34-102(2), C.R.S.

<sup>5</sup> § 24-34-102(3), C.R.S.

<sup>6</sup> § 24-34-102(2), C.R.S.

<sup>7</sup> § 24-34-102(3), C.R.S.

<sup>8</sup> § 24-34-102(8)(a), C.R.S.

<sup>9</sup> § 24-34-102(8)(b), C.R.S.

<sup>10</sup> § 24-34-102(8)(c), C.R.S.

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A licensee who fails to renew his or her license within the renewal period, including the 60-day grace period, must apply for reinstatement from the regulatory authority.<sup>11</sup> If a license has been expired for two years or more, the licensee must pay all applicable fees and demonstrate competency to the regulatory authority.<sup>12</sup> Demonstration of competency is generally established in each practice act and further defined in rule. Demonstration of competency includes, but is not limited to:<sup>13</sup>

- Actively practicing in another state,
- Practicing for a specified period of time under a restricted license,
- Successfully completing prescribed remedial courses ordered by the regulatory authority, or
- Passing an examination approved by the regulatory authority.

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<sup>11</sup> § 24-34-102(8)(d), C.R.S.

<sup>12</sup> § 24-34-102(8)(d)(B)(II), C.R.S.

<sup>13</sup> §§ 24-34-102(8)(d)(II)(A), (B)(C) and (E), C.R.S.

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## Program Description and Administration

The Division of Professions and Occupations (Division) is created in section 24-34-102, Colorado Revised Statutes. The Division is responsible for, among other things, providing administrative support to the boards and programs housed in the Division that regulate more than 50 professions, occupations and types of businesses.

The Director serves as the head of the Division. In fiscal year 13-14, the Director devoted 204.6 full-time equivalent employees to provide various administrative duties including, but not limited to:

- Reviewing licensing applications,
- Investigating complaints filed against regulated practitioners and businesses,
- Preparing Expedited Settlement Program (ESP) offers,
- Maintaining the Healthcare Professions Profile Program (HPPP),
- Developing and auditing compliance with continuing competency and professional development programs,
- Fee setting,
- Board support, and
- Customer service.

The Division is divided into three branches:

- Healthcare, which houses various regulatory boards and programs related to healthcare (e.g., Colorado Dental Board, State Board of Nursing, and the Office of Surgical Assistants & Surgical Technologists Registration);
- Management, which houses shared services common to the boards and Director-model programs and provides general and administrative support to the overall Division; and
- Business and Inspections, which houses various non-healthcare regulatory boards and programs (e.g., State Board of Accountancy, State Electrical Board and the Office of Funeral Home & Crematory Registration).

To complete the aforementioned administrative duties, the Division houses many offices, including:

- Director's Office,
- Office of Division-Wide Programs and Systems,
- Office of Licensing,
- Office of Expedited Settlement,
- Office of Examination Services,
- Office of Investigations, and
- Office of Support Services.

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Table 1 highlights the total expenditures by the Division in fiscal years 09-10 through 13-14.

**Table 1**  
**Total Expenditures in Fiscal Years 09-10 through 13-14**

Fiscal Year	Total Expenditures
09-10	\$23,742,669
10-11	\$24,312,445
11-12	\$23,446,247
12-13	\$23,405,140
13-14	\$24,423,355

As Table 1 illustrates, the total expenditures during the fiscal years indicated have remained fairly consistent.

## Licensing

The Division is responsible for issuing and renewing licenses for a wide array of regulated professions, occupations, and businesses. There are over 50 license types under the Division's purview, including those for certified public accountants, barbers, electricians, physicians, boxers, professional engineers, pharmacies, barbershops, and funeral homes. Staff within the Division's Office of Licensing provide customer service to applicants and licensees and administer nearly all licensing functions for the Division.

Specific licensing requirements and procedures vary considerably among license types. Generally speaking, however, applicants must submit a completed application and any supporting documentation to the Office of Licensing and pay a fee. Depending on the type of license application, required supporting documentation may include examination results, transcripts, evidence of a bond or professional liability insurance policy, or verification of work experience.

Every application the Office of Licensing receives is assigned to a licensing specialist who reviews it and notifies the applicant of any deficiencies. Once the application is complete, a licensing specialist evaluates the application to ensure the applicant meets the requirements. If requirements are met, the license is issued. If not, the licensing specialist notifies the applicant in writing, and the applicant has one year to provide any missing materials.

Generally, if an applicant discloses a criminal background requiring further review, or if there is a question about his or her education or credentials, the Office of Licensing refers the application to board or program staff.

Although most applications for an original license are still submitted on paper, the Division is phasing in online applications. In July 2015, the Division offered an online application for roughly half of the license types it supported, including high-volume professions such as nursing and cosmetology (using paper applications for license by endorsement only). Although the Division plans to phase out paper applications eventually, as of this writing, it continues to offer paper applications for all professions.

Online applications offer several advantages. With a paper application, it might take two weeks for a licensing specialist to notify an applicant that his or her application is incomplete; with the online application, the applicant knows immediately. According to an internal analysis, online applications allow the Office of Licensing to reduce application processing times by two days. The Division’s goal is to implement online applications for 80 percent of the license types it supports by June 2016, and 100 percent by June 2017.

While the Office of Licensing processes the vast majority of incoming applications, some programs outsource the licensing process to a private contractor, typically the vendor that administers the licensing examination. Programs with outsourced licensing include those regulating barbering, cosmetology, accountancy, and nurse aides. In these cases, an employee of the examination vendor, rather than the Division, performs these tasks.

Table 2 illustrates, for the five fiscal years indicated, the total number of new licenses issued. Electrical and plumbing apprentice registrations and professional engineer and land surveyor interns are not included.

**Table 2  
New Licenses Issued by the Division**

Fiscal Year	New Licenses
09-10	33,192
10-11	34,502
11-12	35,276
12-13	35,902
13-14	35,797

The number of new licenses has remained relatively stable over the five years reported.

Table 3 illustrates the total number of licensees for the five fiscal years indicated. These totals include all license statuses that may be renewed: active, inactive, and retired.

**Table 3  
Total Number of Licensees**

Fiscal Year	Active Licensees
09-10	314,265
10-11	342,845
11-12	347,645
12-13	365,891
13-14	368,601

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Over the past five years, there were two marked increases in the number of licensees—from fiscal year 09-10 to 10-11 and again from 11-12 to 12-13—followed by periods of relatively modest growth. It is difficult to determine the specific causes for the increases.

By law, licenses issued by the Division may be valid for no less than one and no more than three years. With few exceptions, licenses issued by the Division must be renewed every two years. The Division processes a total of roughly 200,000 renewals per year, almost all of which are completed online.

## **Collateral Consequences – Criminal Convictions**

Section 24-34-104(9)(b)(VIII.5), Colorado Revised Statutes, requires the Department of Regulatory Agencies (DORA) to determine whether the agency under review, through its licensing processes, imposes any disqualifications on applicants or licensees based on past criminal history, and if so, whether the disqualifications serve public safety or commercial or consumer protection interests.

The organic statutes for all of the Division’s regulatory programs—with the exception of the Colorado Passenger Tramway Safety Board, which is substantially dissimilar from the others—contain language allowing the regulatory authority to take disciplinary action against applicants or licensees based upon their criminal history.

Most statutes establish that any felony conviction is grounds for discipline. However, the laws governing some professions—including architects, professional engineers, professional land surveyors, landscape architects, speech-language pathologists, and certified public accountants—state that felonies must be related to the practice of the profession in order to constitute grounds for discipline.

Lesser crimes, such as misdemeanors, are generally not considered grounds unless the crime relates to professional practice.

When applicants disclose criminal history on an application, Office of Licensing staff uses written guidelines to determine whether the application requires program review. The guidelines authorize the Office of Licensing to administratively approve applications disclosing minor infractions, such as certain traffic offenses, single misdemeanors or petty offenses, or convictions where the court has expunged or sealed the records. There are standard guidelines in place that apply to most professions. Some boards, including the State Board of Nursing and Colorado Medical Board, maintain separate guidelines.

The Office of Licensing forwards to program staff any applications that disclose more serious offenses.

Program staff is responsible for maintaining data on applications denied on the basis of criminal history.

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## Complaints and Investigations

When the regulatory authority receives a complaint concerning a regulated entity (person or business), program staff reviews it and typically sends a 30-day letter to the practitioner, also referred to as the respondent. In addition to notifying respondents of the complaints filed against them, the 30-day letter provides respondents an opportunity to formally respond to the allegations. In most practice acts, the respondent is required to formally respond to the 30-day letter otherwise he or she may be subject to discipline by the regulatory authority.

There are situations, however, where certain complaints do not follow this “30-day letter” process. These complaints usually include issues such as alleged drug use, sexual misconduct, or practicing without a license. These types of complaints are forwarded directly to the Office of Investigations for investigation. Importantly, the respondents of these types of complaints are still able to formally respond to the allegations against them, just at a different stage of the process.

After all of the information is submitted to the program staff, the complaint and correspondence from the respondent and complainant are given to the regulatory authority for review.

Upon reviewing the information, the regulatory authority has several options available, including referring the case to the Office of Investigations.

When a complaint is referred to the Office of Investigations, staff acts as an impartial, neutral fact finder and does not “represent” the complainant, the regulatory authority, or the licensee.<sup>14</sup> As such, Office of Investigations investigators are tasked with conducting research, which may include interviewing the complainants and respondents. Office of Investigations staff may subpoena or otherwise obtain copies of pertinent documents, and where appropriate, may retain an expert consultant to review a case.<sup>15</sup> Office of Investigations staff conducts many investigations throughout a fiscal year, and staff attempts to complete an investigation within 180 days. The Office of Investigations also has a “high-priority case” performance goal of 90 days. However, investigations vary in complexity and some necessitate additional time to complete. Once an investigation is complete, the Office of Investigations drafts a report, which contains its findings from the investigation, and submits it to the regulatory authority.

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<sup>14</sup> DORA Division of Professions and Occupations. *Office of Investigations*. Retrieved July 6, 2015, from <http://cdn.colorado.gov/cs/Satellite/DORA-Reg/CBON/DORA/1251631769694>

<sup>15</sup> DORA Division of Professions and Occupations. *Office of Investigations*. Retrieved July 6, 2015, from <http://cdn.colorado.gov/cs/Satellite/DORA-Reg/CBON/DORA/1251631769694>

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Table 4 highlights the total number of complaints reviewed by the Office of Investigations staff in the past six fiscal years, as well as the average number of days it took to complete investigations.

**Table 4**  
**Total Number of Cases Investigated and the Average Number of Days to Complete an Investigation**

Fiscal Year	Number of Cases Investigated by the Office of Investigations Staff	Average Number of Days to Complete an Investigation
09-10	566	119
10-11	604	124
11-12	686	135
12-13	531	139
13-14	516	158
14-15	838	146

In fiscal year 14-15, the Office of Investigations completed 838 investigations, which was an all-time high, while decreasing the average number of days to complete an investigation to 146 days. The increase in total investigations and decrease in number of days to complete an investigation is attributable, in part, to Office of Investigations staff clarifying the manner in which investigations are performed for each specific program within the Division. Also, in fiscal year 14-15, the Office of Investigations was fully-staffed.

### **Expedited Settlement Process**

ESP is housed in the Office of Expedited Settlement. ESP was established to resolve disciplinary issues without a formal hearing.

The Office of Expedited Settlement staff obtains the parameters concerning the level of discipline that the regulatory authority has found to be justified. Settlement terms may include any of the following, including but not limited to:

- Practice evaluation by the regulatory authority-approved evaluator,
- Practice monitoring (a form of probation) for a specific period of time, or
- Continuing education.

The regulatory authority may also settle a complaint with probation, suspension, revocation or voluntary surrender of a license. Probation may include requirements such as an evaluation to determine fitness to practice or practice monitoring for a specified period of time.

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If the practitioner agrees to the terms in the ESP settlement offer, a Stipulation and Final Agency Order is signed and forwarded to the regulatory authority for signature and the case is closed. At times, the practitioner may present a counter offer to the regulatory authority. If the counter offer is accepted, the Final Agency Order is signed and the case is closed. Conversely, if the counter offer is rejected, the practitioner is given the opportunity to accept the original ESP settlement offer.

However, if a settlement is not achieved through ESP, the case is referred to the Attorney General's Office for settlement or initiation of formal disciplinary proceedings against the practitioner.

Approximately 90 percent of the cases referred to ESP in the past six fiscal years have been settled through the process.

Table 5 highlights the total number of cases settled through ESP in the fiscal years indicated, as well as the average number of days to complete an ESP settlement.

**Table 5**  
**Total Number of Cases Settled through ESP and the Average Number of Days to Complete an ESP Settlement**

Fiscal Year	Number of Cases Settled through ESP	Average Number of Days to Complete an ESP Settlement
09-10	816	60
10-11	928	61
11-12	912	60
12-13	858	81
13-14	795	80
14-15	907	64

In fiscal year 14-15, the Office of Expedited Settlement settled more than 900 cases. The increase in the number of settlements from the previous fiscal year is attributable, in part, to expanding the types of cases handled, such as cases from the Colorado Medical Board. Importantly, ESP is a referral-driven program, and as Table 5 illustrates, the caseload of the ESP settlements tends to fluctuate from year to year.

## **Healthcare Professions Profile Program**

HPPP began as the Michael Skolnik Medical Transparency Act of 2010 (Skolnik Act). The Skolnik Act aimed to make available to consumers a wide array of information about physicians so that consumers could make informed decisions when choosing a physician. This information included a physician's licensing and disciplinary history, history of any malpractice suits and information about the physician's finances and investments.

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Over time, the General Assembly expanded the number of professions that are subject to these disclosure requirements, and now the HPPP encompasses 43 license types and over 140,000 healthcare professionals. The HPPP is a standalone program within the Division and is not directly affiliated with any of the boards or programs regulating the practitioners who must maintain HPPP profiles. The HPPP is administered by the Division's Office of Division-Wide Programs and Systems.

Although the Skolnik Act has changed over time, the purpose of providing consumers with information about their healthcare providers remains. The type of information that must be disclosed, however, varies by profession.

The table in Appendix F illustrates, for all license types required to participate in the HPPP, the specific questions they are asked in order to make the required disclosures.

The questions asked of each profession are relevant to that profession. In other words, not every profession is asked the same series of questions. For example, acupuncturists are not asked whether they have a current affiliation with any health-care facility or a non-Colorado hospital because, in general, this is not common practice for acupuncturists. However, this question is asked of anesthesia assistants, for whom this is a common practice.

The HPPP is completed online. Until recently, it was a standalone system, requiring a username and password combination that was separate from the Division's electronic licensing system. Now, however, the HPPP is a component of the licensing system so only one username and password combination is required.

At the time of application for initial licensure, applicants are required to complete their profiles. When new professions are added to the list of those who must complete profiles, existing practitioners are typically required to create a profile at the time of their next license renewal.

When creating a profile, certain fields self-populate with data gleaned from the Division's licensing system. For example, if a practitioner indicates that the address provided in the licensing system is his or her business address, the full address will self-populate in the profile. If, on the other hand, the practitioner indicates that the address provided in the licensing system is a home address, only the city, state and zip code will self-populate in the profile. When these fields are updated in the licensing system, they automatically update in the profile.

Additionally, certain types of disclosures, such as disciplinary actions and criminal convictions, must be further accompanied by documentation. This documentation is not available to the public through the HPPP, but it is reviewed and retained by staff to ensure full and complete disclosures.

Once established, profiles must be updated within 30 days of any changes, and licensees are reminded of the obligation to keep their profiles current at the time of license renewal.

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Notably, licensees are responsible for updating their profiles even when disciplined by a regulatory authority within the Division. This is necessary because the HPPP is a program that is separate and distinct from the individual regulatory programs of the Division. Practitioners who are disciplined by a regulatory program housed within the Division are reminded of this obligation at the time of the disciplinary action.

Although staff does not formally audit the HPPP system for compliance, program directors report occasionally accessing the profiles of individual licensees to ensure that disciplinary actions, for example, have been properly disclosed.

In July 2015, DORA staff, as part of this sunset review, surveyed all practitioners required to maintain HPPP profiles. A total of 6,101 individuals responded, representing a response rate of four percent. Results of the survey can be found in Appendix E.

Approximately one-third (33.9 percent) of respondents indicated that they were not aware of the need to keep their profiles current, and another quarter of respondents (24.4 percent) indicated that their profiles were not current. Indeed, the top two reasons given for this were lack of awareness (23 percent) on the part of the practitioner<sup>16</sup> and that the practitioner forgot (6.7 percent).

Regardless, failure to comply with HPPP reporting requirements can result in a fine of up to \$5,000. All fines collected for violation of the HPPP are credited to the state's General Fund.

The Office of Division-Wide Programs and Systems is tasked with maintaining the HPPP database, but the Director imposes fines when appropriate. To this end, the Director has developed a fining matrix that serves as the basis for establishing the value of a fine. In short, the matrix considers the average annual salary of a particular profession and the type of violation that has occurred. For example, failure to update an address is treated less harshly than failure to report a criminal conviction, and a physician is likely to be fined more than a registered psychotherapist for the same violation.

Prior to imposing any fine, staff makes multiple attempts—both by telephone and in writing—to inform the practitioner of the violation and to encourage compliance. As a result, and as Table 6 illustrates, fines are rarely imposed.

In all cases, statute requires that failure to pay a fine results in a refusal to renew the practitioner's license when it is due to be renewed, even if the practitioner complied with the underlying requirement that resulted in the fine (i.e., the practitioner updated the profile). If a practitioner pays the fine, but fails to comply with the underlying requirement, the case is referred to the appropriate regulatory authority for disciplinary action. The same is true if the practitioner fails to pay the fine and fails to comply with the underlying requirement.

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<sup>16</sup> Practitioners were asked two separate questions. First they were asked whether they were aware of the requirement to keep their profiles current, and 33.9 percent responded "no." A follow-up question was asked pertaining to whether their profiles were current, and 23 percent responded that they were not aware of the requirement. No explanation is available as to why they answered the two questions differently.

Table 6 illustrates, for the indicated fiscal years, the number and value of fines imposed on licensees for failing to comply with these requirements.

**Table 6  
Fines Relating to HPPP Non-Compliance**

Fiscal Year	Reason for Fine	Amount of Fine	Fine Paid?	Current License Status
13-14	Copy of old Colorado conviction	\$500	Yes	Active
13-14	Copies of two old disciplinary actions in other state; Copy of old conviction in other state	\$1,500	No	Voluntary Surrender
13-14	Copy of old conviction in other state	\$500	Dismissed <sup>17</sup>	Active
13-14	Update and copy of Colorado discipline	\$1,500	No	Expired
13-14	Update Colorado discipline; Copy of discipline in other state	\$1,000	No	Expired
13-14	Update old Colorado discipline	\$250	No	Expired
13-14	Copy of old Colorado conviction	\$250	Yes	Expired
13-14	Copy of old Colorado conviction; Copy of old malpractice settlement	\$2,000	No	Expired
13-14	Copy of old Colorado conviction	\$250	No	Expired
13-14	Copy of old Colorado conviction	\$250	No	Expired
13-14	Update Colorado discipline	\$250	No	Expired
13-14	Update old discipline in other state; Update old convictions in Colorado and other states	\$5,000	Yes	Expired <sup>18</sup>
14-15	Update old Colorado conviction	\$250	No	Expired
14-15	Update Colorado discipline	\$350	Yes	Active
14-15	Update old discipline in other states; Copy of old discipline in other state	\$1,500	Yes	Active
14-15	Copy of old discipline in other state	\$500	No	Expired
14-15	Update Colorado discipline	\$350	No	Expired
14-15	Update Colorado discipline	\$700	Yes	Active
14-15	Update Colorado discipline	\$175	Pending <sup>19</sup>	Active

No fines were assessed prior to fiscal year 13-14. This was to give practitioners time to adjust to the new requirements and allow them to process through at least one license renewal cycle before imposing sanctions for failure to comply.

Interestingly, 6 of the 19 (32 percent) individuals who have been fined for HPPP violations have been mental health professionals, while 9 (47 percent) have been individuals regulated by the State Board of Nursing. These figures are not surprising, given the high number of licensees in these professions.

<sup>17</sup> This case was dismissed after Office of Division-Wide Programs and Systems staff learned that the practitioner had been in communication with other Division staff in an attempt to address the issue.

<sup>18</sup> This practitioner allowed the license to expire and applied for reinstatement, which was denied.

<sup>19</sup> As of this writing, this licensee had only recently received notice of the fine and was not yet scheduled to renew the license.

The extent to which consumers access the HPPP has been the subject of discussion since the Skolnik Act was enacted.

Table 7 illustrates, for fiscal year 13-14, the total number of times the HPPP was accessed (expressed as "hits") by both internal (DORA staff) and external (non-DORA staff) users.

**Table 7  
HPPP Hit Rate by License Type**

License Type	Internal (DORA)	External	Total	LICENSEE COUNT Active, Inactive and Retired Status Licensees Total as of 7/2014
Academic Dentist	8	29	37	9
Acupuncturist	18	510	528	1,256
Anesthesia Assistant	2	54	56	26
Audiologist	0	69	69	426
Certified Addiction Counselor I	3	259	262	367
Certified Addiction Counselor II	1	206	207	844
Certified Addiction Counselor III	6	340	346	1,748
Chiropractor	56	1,336	1,392	2,386
Compact Certified Nurse Midwife	0	54	54	20
Compact Certified Registered Nurse Anesthetist	1	96	97	144
Compact Clinical Nurse Specialist	0	29	29	10
Compact Intravenous Certification	1	13	14	33
Compact Nurse Practitioner	4	332	336	183
Dental Hygienist	11	795	806	4,395
Dentist	158	7,977	8,135	5,210
Direct-Entry Midwife	1	56	57	62
Hearing Aid Provider	4	8	12	116
Licensed Addiction Counselor	0	131	131	414
Licensed Clinical Social Worker	9	3,709	3,718	4,456
Licensed Practical Nurse	51	1,288	1,339	8,544
Licensed Professional Counselor	26	1,021	1,047	5,436
Licensed Psychologist	10	2,305	2,315	2,842
Licensed Social Worker	7	1,867	1,874	831
Marriage and Family Therapist	6	181	187	729
Naturopathic Doctor	2	295	297	99
Optometrist	12	584	596	1,235
Optometrist Volunteer	4	0	4	0

License Type	Internal (DORA)	External	Total	LICENSEE COUNT Active, Inactive and Retired Status Licensees Total as of 7/2014
Physical Therapist	12	674	686	6,185
Physical Therapist Assistant	2	240	242	1,097
Physician	3,463	98,579	102,042	18,710
Physician Assistant	129	5,039	5,168	2,560
Physician Training License	5	248	253	672
Podiatrist	9	1,274	1,283	216
Podiatrist Training License	0	17	17	27
Podiatrist Volunteer License	0	2	2	1
Pro Bono Physician	0	32	32	8
Provisional Licensed Professional Counselor	1	65	66	70
Provisional Marriage and Family Therapist	0	18	18	11
Provisional Psychologist	0	39	39	1
Provisional Social Worker	2	51	53	54
Registered Nurse	477	18,708	19,185	65,621
Registered Psychotherapist	11	1,391	1,402	3,681
Speech Language Pathologist	27	570	597	1,864
Surgical Assistant	7	300	307	583
Surgical Technologist	7	1,023	1,030	1,764
*** No License Type Selected ***	657	165,747	166,404	
Totals	5,210	317,561	322,771	144,946

These data in Table 7 reveal a number of things. First, although the HPPP was created to assist consumers in making healthcare decisions, staff within DORA also utilizes the data contained in the HPPP, as reflected in the column entitled “Internal (DORA).”

Importantly, the number of searches reflected in Table 7 does not necessarily reflect the number of individual profiles searched or the number of individuals conducting searches. This is most clearly exemplified by examining the data pertaining to academic dentists. There are only nine such licensees, yet those nine were searched 37 times. Perhaps all searches related to a single dentist, perhaps not. Similarly, a single consumer (or DORA employee) may have conducted multiple searches. Such cannot be determined by these data.

The “Licensee Count” is included in this table to provide some context for the number of searches. Surprisingly, a larger practitioner population does not necessarily translate into a higher ratio of searches.

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Regardless, overall, a total of 317,561 external searches were conducted in fiscal year 13-14, evidencing the fact that members of the general public are utilizing the information available in the HPPP.

At present, consumers must directly access the HPPP website to glean the information contained in the HPPP. However, the Division is working to make HPPP data “scrape-able” by third parties that consumers might more instinctively turn to for such information. Ideally, HPPP data will be seamlessly incorporated into the information provided by these third parties, thereby increasing the rate at which HPPP data plays a role in consumer decisions, even if the consumers themselves are not aware of the source of the information.

## **Mandatory Continuing Education, Continuing Competency and Professional Development**

Statutory licensing requirements are designed, for the most part, to ensure that those practitioners to whom the state issues a license are minimally competent. From time to time, the General Assembly determines that practitioners in certain professions should demonstrate their efforts to remain competent even after they are licensed. Two mechanisms by which this is achieved in Colorado are mandatory continuing education requirements and continuing competency programs. The latter is sometimes also referred to as continuing professional development.

### Mandatory Continuing Education

Mandatory continuing education requirements typically require a practitioner to obtain a specific number of hours (typically contact hours) of education beyond what was required for initial licensure, in order to renew the license. While individual program requirements vary, credit can often be received for attending lectures, short courses (varying in length from a single hour to several hours over the course of weeks or months) and even university level courses and distance learning.

The practice acts of eight of the professions regulated by boards within the Division require practitioners to obtain continuing education. Table 8 details which professions must obtain continuing education, the number of hours required and the time frame within which those hours must be obtained.

**Table 8  
Mandatory Continuing Education**

Profession	Number of Hours Required	Compliance Period
Architects	12	1 year
Certified Public Accountants <sup>20</sup>	80	2 years
Chiropractors <sup>21</sup>	15	1 year
Dentists <sup>22</sup>	30	2 years
Dental Hygienists	30	2 years
Optometrists	24	2 years
Pharmacists	24	2 years
Veterinarians	32	2 years

The hourly requirements for certified public accountants (CPAs), chiropractors, dentists, dental hygienists, optometrists, pharmacists and veterinarians have been established by the General Assembly in statute.

The hourly requirements for architects have been established pursuant to rules promulgated by the State Board of Licensure for Architects, Professional Engineers and Professional Land Surveyors. The General Assembly has specifically granted that board such authority.

Regardless of which body determines the number of hours to be obtained, most of these practitioners must complete between 12 and 15 hours of continuing education per year. CPAs, at 40 hours per year, are the obvious exception to this.

Interestingly, the General Assembly has granted the State Board of Nursing the authority to require continuing education, but that board has determined that no continuing education should be mandated at this time.

Compliance with mandatory continuing education requirements can be determined through both passive and active means. All of the members of the professions identified in Table 8 must attest on their license renewal applications that they have complied with their respective continuing education requirements. Should a complaint be filed against one of these professionals, the veracity of the attestation is verified. If the licensee is found to have falsely attested to having complied with the continuing education requirement, disciplinary action can be taken.

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<sup>20</sup> The compliance period for CPAs does not coincide with their license renewal period. Whereas, CPAs' licenses renew in November of odd-numbered years, their continuing education compliance period ends on December 31 of odd-numbered years. This requires them to attest, at the time of renewal, that by the end of December, they will have complied with the continuing education requirement.

<sup>21</sup> Although chiropractors renew their licenses every two years, the State Board of Chiropractic Examiners has determined, by rule, to establish an annual compliance period for mandatory continuing education.

<sup>22</sup> The General Assembly imposed a mandatory continuing education requirement on dentists and dental hygienists during the 2014 legislative session. Practitioners will be required to comply with this requirement when they renew their licenses in 2018.

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Some boards, namely those regulating CPAs,<sup>23</sup> chiropractors,<sup>24</sup> optometrists,<sup>25</sup> pharmacists<sup>26</sup> and veterinarians,<sup>27</sup> conduct periodic audits of licensees to ensure that attestations are truthful. An audit typically entails program staff notifying members of the audit pool that they have been selected for a compliance audit. Members of the audit pool then have 30 days to submit proof of compliance, which program staff processes upon receipt. Licensees found to be out of compliance are then referred to their respective licensing boards for consideration of disciplinary action. If disciplinary action is taken, it typically entails a confidential letter of concern,<sup>28</sup> a letter of admonition, a fine, or some combination thereof, depending upon the individual board and the disciplinary tools at its disposal.

### Continuing Competency

Continuing competency programs represent an attempt to tailor professional development activities to the needs of the individual practitioner. Rather than prescribe that each practitioner complete a specific number of hours of continuing education, continuing competency programs involve the practitioner assessing his or her own competency and areas of deficiency and then engaging in a variety of activities to address those deficiencies.

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<sup>23</sup> The Board of Accountancy last audited licensees in 2012. Members of the audit pool included those licensees who self-reported that they had not complied with the continuing education requirements, professional members of the State Board of Accountancy and those who had violated the practice act in the past. This could be considered more of a risk-based approach. In all, 426 licensees were audited and 109 were found to be out of compliance. These licensees received confidential letters of concern, letters of admonition or a fine plus additional continuing education. This board plans to audit licensees again in 2016.

<sup>24</sup> The last time the State Board of Chiropractic Examiners conducted a compliance audit was 2005. No data in terms of the size of the audit pool or the rate of compliance is available.

<sup>25</sup> There are no readily available records indicating the last time the State Board of Optometry conducted a compliance audit, although one is scheduled to occur sometime in 2015.

<sup>26</sup> The State Board of Pharmacy conducts audits of five percent of licensees following every renewal. Division staff reports that it is extremely rare to find a pharmacist who has not complied with the continuing education requirement.

<sup>27</sup> The last time the State Board of Veterinary Medicine conducted a compliance audit was 2013. The audit pool comprised 185 licensees (six percent of the total population). This board “disciplined” nine licensees for non-compliance by issuing three confidential letters of concern and six letters of admonition.

<sup>28</sup> Confidential letters of concern do not constitute discipline. Rather, they represent a means by which a regulatory authority may caution a practitioner of behavior that is dangerously close to constituting a violation.

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Eleven professions regulated within the Division must participate in a continuing competency program:

- Addiction Counselors,
- Electricians,
- Licensed Professional Counselors,
- Physical Therapists,
- Podiatrists,
- Speech-Language Pathologists,
- Occupational Therapists,
- Occupational Therapy Assistants,
- Marriage and Family Therapists,
- Naturopathic Doctors, and
- Social Workers.

The Office of Division-Wide Programs and Systems is tasked with assisting individual programs in developing their continuing competency programs, maintaining the computer system by which licensees comply with those requirements, and auditing licensees for compliance.

The first step in the continuing competency process occurs when the practitioner completes a self-assessment tool to determine his or her individual learning goals. The tool, available on the Division's website, is a personal assessment that takes into account a practitioner's current skill level, as well as how important the practitioner considers the skill to be to his or her current or planned practice. It consists of questions to be answered on a numerical scale. The questions cover multiple dimensions of professional skills related to the particular practice. The dimensions covered are diverse and are intended to help the practitioner honestly reflect on his or her practice and realize potential areas for improvement.

While this tool is available on the Division's website, the completed document is retained by the practitioner.<sup>29</sup> The tool is confidential and may be requested by the Division only as part of a continuing competency compliance audit, but it is not subject to public inspection. Similarly, the tool is considered not to be subject to discovery in any civil action.

Results from this tool guide the practitioner in creating learning goals that the practitioner will work toward over the compliance period. These goals serve as a resource to guide the practitioner's continuing competency activities.

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<sup>29</sup> A notable exception to this process involves electricians. Licensees must take a computerized assessment which identifies areas of deficiency. Subsequent learning activities are then logged in the same computer system.

Next, the practitioner develops a learning plan, which is also available on the Division’s website. This plan provides a framework to guide continuing competency activities over the compliance period. The form contains checkboxes with approved continuing competency activities to alert the practitioner of potential ways in which he or she may achieve the learning goals created.

Over the course of the compliance period, the practitioner participates in learning activities. The board for each profession has determined the required number of hours that practitioners must participate in learning activities, as well as acceptable activities and areas that qualify.

Table 9 illustrates the means by which practitioners demonstrate their compliance with their respective continuing competency requirements.

**Table 9**  
**Continuing Competency Required Hours/Points**

Profession	Compliance Period	Number of Points or Hours Required
Addiction Counselors	2 years	40 Hours
Electricians <sup>30</sup>	3 years	Varies
Licensed Professional Counselors	2 years	40 Hours
Physical Therapists <sup>31</sup>	2 years	30 Points
Podiatrists	1 year	10 Hours
Speech Language Pathologists	1 year	10 Hours
Occupational Therapists and Occupational Therapy Assistants	2 years	24 Hours
Marriage and Family Therapists	2 years	40 Hours
Naturopathic Doctors	Not Available	Not Available
Social Workers	2 years	40 Hours

The continuing competency requirement for naturopathic doctors became effective on June 30, 2015. As a result, no information is available.

An additional option for some practitioners is to satisfy the continuing competency requirement through “deemed status.” Generally, this allows a practitioner who participates in another continuing competency program to claim credit for such a program and avoid having to duplicate his or her continuing competency efforts.

<sup>30</sup> The State Electrical Board has adopted a system whereby 50 minutes equates to one Professional Development Unit (PDU). A computerized assessment tool generates the total number of PDUs (between 8 and 24) a particular practitioner must obtain, and identifies the areas in which those PDUs must be obtained.

<sup>31</sup> The State Physical Therapy Board uses a point-based system, where certain types of learning activities are worth a certain number of points.

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To ascertain compliance with the continuing competency program, staff from the Office of Division-Wide Programs and Systems conducts routine audits of practitioners. While members of the audit pool are selected randomly, the sample size varies from program to program and from year to year.

When a practitioner is selected for an audit, Office of Division-Wide Programs and Systems staff mails notification of such. The selected practitioners then have 30 days to submit their signed learning plans and documentation of their learning activities. This is also the point at which a practitioner would claim deemed status, if applicable.

Continuing competency is a relatively new concept and as such, no audits had been completed as of this writing. However, some information regarding compliance and enforcement is nevertheless available.

Electricians last renewed their licenses in November 2014. At the close of the renewal period, the Office of Division-Wide Programs and Systems determined that 42 licensees had not completed the assessment tool and 130 had not completed their learning activities.<sup>32</sup> The 42 that had not completed the assessment tool were referred to the State Electrical Board, which issued fines and instructions to comply. Those who failed to comply were referred to ESP. Cases that were not settled in ESP were forwarded to the Attorney General's Office for formal disciplinary proceedings.

The 130 who failed to complete their learning activities will be included in a future audit pool.

Mental health professionals last renewed their licenses in August 2013. At the close of the renewal period, Office of Division-Wide Programs and Systems staff determined that 317 licensees had not completed their learning activities.<sup>33</sup> The Office of Division-Wide Programs and Systems staff worked with these practitioners and all but 31 came into compliance. Those 31 were then referred to their respective boards, which, in most cases, issued confidential letters of concern to the practitioners.

In March 2015, the Office of Division-Wide Programs and Systems mailed audit letters to 423 mental health licensees. As of this writing, the audit was not yet complete. However, between the two projects, a total of 740 mental health licensees, or approximately five percent of the total, will have been effectively audited.

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<sup>32</sup> The continuing competency program for electricians is unusual in that practitioners take an online self-assessment and then post their progress on their individualized learning plans. Thus, it is possible for staff to monitor these licensees more closely than others.

<sup>33</sup> The continuing competency program for these practitioners is unique in that they are required to post their learning plans and completed learning activities prior to the time they renew their licenses.

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## Outreach and Engagement

### Division Outreach with Licensees

The extent to which the Division communicates with the practitioners it regulates is primarily program-specific. That is, there is no overarching communications structure or strategy.

While all programs attempt to keep the information on their respective websites current and up-to-date, a few still prepare newsletters to disseminate information on a periodic basis. More commonly, individual programs send email alerts to practitioners on an as-needed basis to inform them of important statutory or rules changes, or other information Division staff or individual boards deem important.

Additionally, most program directors actively engage with the appropriate professional associations.

### Advisory Committee and Board Member Orientations

Whenever a new member of a board or advisory committee is appointed, Division staff from that particular program provides the new board member with an orientation. While this orientation is fairly standardized, having program staff provide the orientation ensures that it can address any necessary programmatic nuances.

In general, these orientations address:

- The organization of DORA and the Division;
- Information pertaining to the Division, its duties and its functions;
- The applicability of Amendment 41 and its general prohibition on receiving gifts valued at more than \$50;
- Ethics and board responsibilities;
- The complaint process;
- The rulemaking process;
- The disciplinary process, including information on hearings, initial decisions and final orders;
- Sunrise requirements for new professions;
- Sunset requirements and processes;
- Information pertaining to the Administrative Procedure Act;
- Information pertaining to the Colorado Sunshine Law;
- Information pertaining to conflicts of interest;
- Information pertaining to any applicable per diems and travel reimbursement; and
- Information pertaining to the legislative process.

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In July 2015, DORA staff, as part of this sunset review, surveyed the members of the various boards and advisory committees housed within the Division. One series of questions pertained to the board member orientations provided by the Division:

- 95.2 percent of professional member respondents and 100 percent of public member respondents reported having received an orientation.
- 90.5 percent of professional member respondents and 87.5 percent of public member respondents reported that the orientation adequately prepared them for actual service on their respective boards and advisory committees.

These data indicate that the Division's orientation program adequately prepares board and advisory committee members for service.

## Fee Setting

The Division is a cash-funded agency, meaning it receives no funding from the state's General Fund. As such, all of the Division's revenue is generated from the fees imposed on the practitioners and businesses its boards and programs regulate.

Most of the fees assessed by the Division are determined administratively, although some are capped by statute. Establishing the appropriate fees to assess on more than 50 professions and types of businesses is a complex and nuanced process.

In general, the Division receives a single appropriation from the General Assembly each year. This appropriation is then divided into subaccounts for the Division's various programs.

DORA's budget staff then analyzes historical data pertaining to expenditures, including legal and personnel services and overhead, as well as the size of the regulated population and the rate at which that population has increased or decreased. From these historical data, budget staff projects, over a five-year period, the anticipated costs of each program within the Division. Calculations are then conducted to establish the fees at a rate that will meet the current year's allocation with a mind to preventing fund deficits and large surpluses in subsequent years.

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Several variables can complicate this process:

- Renewal cycles of multiple years mean that fees must be set in a renewal year so as to generate a fund surplus in the renewal year, thereby preventing a fund deficit in non-renewal years.
- Legal services expenditures tend to be highly variable, particularly among programs with smaller license populations. A single, unexpected disciplinary case in a program with only a few hundred licensees can quickly create a fund deficit, which can, in turn, necessitate a large increase in fees in subsequent years.
- Staff vacancies can generate fund surpluses when anticipated expenditures fail to materialize.
- Reorganizations can also generate fund surpluses and fund deficits in individual programs as staff and duties are shifted from one area to another.

Helping to mitigate these variables is the fact that the Division has a single line item within DORA's overall budget. This allows for considerable flexibility when fund deficits or excessive fund surpluses occur.

Division staff strives to maintain fees at relatively constant levels. The flexibility afforded by a single Division allocation, coupled with an extended multi-year forecast, mean that any fee increases or decreases are kept to a minimum.

## Inspections

An inspection is an examination to ensure that individuals or businesses are following established standards.

There are seven programs in the Division that are charged with conducting inspections:

- Barber and Cosmetology,
- Electrical,
- Plumbing,
- Nurse Aide Training,
- Nursing Education,
- Passenger Tramway, and
- Pharmacy.

The frequency of inspections depends on the type of program and the risk of public harm. There are different types of inspections: pre-licensing and renewal, periodic or random, requested (e.g., for a permit), complaint- or incident-based, and risk-based. Inspections are conducted by the applicable staff for each program and are not conducted by a centralized office.

Nursing education programs and pharmacies must undergo an inspection in order to obtain and maintain program approval or licensure, respectively. Electrical and plumbing installations undergo inspections when a contractor or homeowner requests a permit. Inspections of barber shops and beauty salons are primarily triggered by a complaint. Complaints may also trigger an inspection at a pharmacy or an electrical or plumbing installation. Passenger tramways are inspected upon installation, a major change and periodically, based on hours of usage. While it is rare, a complaint or an incident could also trigger a passenger tramway inspection.

Generally, programs in the Division do not conduct random inspections due to a lack of resources.

Table 10 provides the number of inspections conducted over a five-year period.

**Table 10  
Number of Inspections**

Fiscal Year	Barber and Cosmetology	Electrical	Plumbing	Nurse Aide Training	Nursing Education	Passenger Tramway	Pharmacy
09-10	264	32,132	9,386	67	1	760	1,051
10-11	422	32,655	9,123	60	2	757	1,202
11-12	215	30,708	8,114	51	4	760	1,415
12-13	182	31,159	8,155	82	4	761	1,303
13-14	119	32,713	9,285	55	1	764	1,142

The number of barber and cosmetology inspections varied widely from year-to-year from 119 to 422, with an average of 240. This program’s inspections are triggered by complaints, which accounts for the variation. Approximately 90 to 95 percent of barber and cosmetology inspections uncover cleaning and disinfection violations.

Electrical and plumbing inspections are primarily triggered by a request for a permit. The number of electrical and plumbing inspections over the five-year period was fairly consistent.

Nurse aide training and nursing education inspections are performed in order to obtain and to maintain program approval. Nurse aide training programs are inspected every two years, and nursing education programs are inspected every five years. Inspections in these programs may also be triggered by a complaint or for other reasons, such as having a low pass rate. Nurse aide training inspections increased significantly in fiscal year 12-13 in order to accomplish site visits that were not accomplished in the previous year due to staffing issues. In addition to the site visits reported in Table 10, the nursing education inspector also completes between 10 and 15 desk reviews each year.

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Additionally, passenger tramway inspections are typically conducted twice a year and more frequently when necessary, which accounts for the consistent number of inspections over the five-year period. The Division may also conduct an inspection based on an incident or a complaint, but incidents and complaints in this program are rare.

On average, the Division conducts about 1,225 pharmacy inspections a year, which are conducted by licensed pharmacists. The number of pharmacy inspections fluctuates depending on a number of factors. All pharmacies are inspected on a periodic basis. However, a complaint may also trigger an inspection, and some pharmacies are inspected more frequently based on an increased risk of public harm. The number of inspections also varies depending on the number of inspectors available in the field each year.

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## Analysis and Recommendations

Over the past several decades, the share of workers in the United States who are regulated has grown sharply.<sup>34</sup> In fact, more than one-quarter of workers are required to possess a license to do their jobs, with most of these workers being regulated by individual states.<sup>35</sup>

Approximately 17 percent of Colorado's workforce is regulated by the state,<sup>36</sup> and the regulatory authorities for many of these professions are housed in one central location: the Division of Professions and Occupations (Division). That is, the Division serves as the umbrella agency in providing regulatory oversight, in various forms, to more than 50 professions, occupations and types of businesses. This approach is recognized as a helpful way to simultaneously ensure adequate resources and efficiency.

Since its creation, the Division, as a whole, has never gone through a comprehensive sunset review to evaluate its performance. Therefore, the General Assembly mandated that the Division go through the process in 2015.

When the General Assembly scheduled the Division for sunset review, it did not include a repealer, which essentially mandates that the statute under sunset review is scheduled to "sunset" unless affirmatively continued by the General Assembly via legislation. Instead, the General Assembly scheduled the Division for a review in accordance with the sunset criteria every 10 years. As such, this report does not contain a continuation recommendation. However, during the course of this review, the Department of Regulatory Agencies (DORA) staff identified areas where changes to the Division should occur. These recommendations, both statutory and administrative, are highlighted below.

### **Recommendation 1 – Schedule the Healthcare Professions Profile Program for an independent sunset review, with a repeal date of September 1, 2021.**

The Healthcare Professions Profile Program (HPPP) began as the Michael Skolnik Medical Transparency Act of 2010 (Skolnik Act). The Skolnik Act aimed to make available to consumers a wide array of information about physicians so that consumers could make informed decisions when choosing a physician. This information included a physician's licensing and disciplinary history, history of any malpractice suits and information about the physician's finances and investments.

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<sup>34</sup> The White House. *Occupational Licensing: A Framework for Policymakers*. Retrieved September 15, 2015, from [https://www.whitehouse.gov/sites/default/files/docs/licensing\\_report\\_final\\_nonembargo.pdf](https://www.whitehouse.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf)

<sup>35</sup> The White House. *Occupational Licensing: A Framework for Policymakers*. Retrieved September 15, 2015, from [https://www.whitehouse.gov/sites/default/files/docs/licensing\\_report\\_final\\_nonembargo.pdf](https://www.whitehouse.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf)

<sup>36</sup> The White House. *Occupational Licensing: A Framework for Policymakers*. Retrieved September 15, 2015, from [https://www.whitehouse.gov/sites/default/files/docs/licensing\\_report\\_final\\_nonembargo.pdf](https://www.whitehouse.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf)

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Over time, the General Assembly expanded the number of professions subject to these disclosure requirements, and now the HPPP encompasses 43 license types and over 140,000 healthcare professionals. The HPPP is a standalone program within the Division and is not directly affiliated with any of the boards or programs regulating the practitioners who must maintain HPPP profiles. As a result, the HPPP, as a program, has not been subject to sunset review until now.

The survey DORA staff conducted in July 2015<sup>37</sup> highlights some potential issues with the HPPP. However, under current statute, the HPPP will not undergo sunset analysis until the Division is reviewed again in 10 years, in 2025.

Scheduling a program such as the HPPP for its own sunset review is not without precedent. The Prescription Drug Monitoring Program, administered by the State Board of Pharmacy, is reviewed independently from that board. The HPPP, too, should be reviewed on its own, independent from the Division.

To better ascertain the rate of compliance with the HPPP, the General Assembly should schedule the HPPP to sunset in 2021, with a sunset report due in October 2020.

**Administrative Recommendation 1 – The Division should improve outreach to practitioners who are required to maintain profiles under the HPPP.**

In July 2015, DORA staff, as part of this sunset review, surveyed all practitioners required to maintain HPPP profiles. A total of 6,101 individuals responded, representing a response rate of four percent.

Approximately one-third (33.9 percent) of respondents indicated that they were not aware of the need to keep their profiles current, and another quarter of respondents (24.4 percent) indicated that their profiles were not current. Indeed, the top two reasons given for this were lack of awareness (23 percent) on the part of the practitioner and that the practitioner forgot (6.7 percent).

The Division already goes to considerable lengths to inform and remind practitioners of this obligation. New applicants are informed of the obligation at the time of application and all practitioners are reminded when they renew their licenses. Additionally, practitioners who are disciplined by one of the programs within the Division are reminded of the obligation when that disciplinary action is taken. Yet still, some practitioners admit that their profiles are not current.

The HPPP is a resource for consumers to utilize while researching the health-care practitioners they will choose to provide care to themselves or loved ones.

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<sup>37</sup> Complete survey results can be found in Appendix E.

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Therefore, the Division should develop a strategic communications plan to better educate and inform practitioners of their obligations to keep their HPPP profiles current.

**Administrative Recommendation 2 – The Division should centralize the audit function of those programs mandating continuing education.**

Six of the professions regulated by boards within the Division must currently comply<sup>38</sup> with mandatory continuing education requirements, and another 11 professions must comply with continuing competency requirements. With a few minor variations, all are required to attest, at the time of license renewal, that they are in compliance with these respective requirements. While all 11 professions subject to continuing competency requirements can expect to be audited on a routine basis, those subject to mandatory continuing education requirements have no similar expectation.

Only five of the professions subject to mandatory continuing education requirements are the subject of periodic audits<sup>39</sup> and of these, only three have been audited in the last five years.<sup>40</sup> In short, aside from requiring licensees to attest to their compliance when renewing their licenses and confirming the veracity of the attestation in the event a complaint is filed, little is done to ensure that these practitioners are in compliance with the mandatory continuing education requirements deemed necessary by the General Assembly.

A key distinction between the audits conducted of continuing competency programs and mandatory continuing education programs lies in the personnel who conduct the audits. Staff in the Division’s Office of Division-Wide Programs and Systems audits continuing competency programs, but staff for the individual boards audits mandatory continuing education programs.

This is a bit surprising, given the relative complexity involved in continuing competency, where staff must assess a practitioner’s learning plan and then determine whether reported learning activities satisfy the goals identified in that plan. Auditing mandatory continuing education, on the other hand, is a more straightforward endeavor. Staff merely ensures that the practitioner has obtained the requisite number of hours from approved sources.

Therefore, to ensure that those practitioners who are subject to mandatory continuing education requirements are in compliance with the requirements mandated by the General Assembly, the Division should transfer responsibility for conducting compliance audits from the individual programs to the Office of Division-Wide Programs and Systems.

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<sup>38</sup> Dentists and dental hygienists will be subject to such requirements beginning in 2016.

<sup>39</sup> These include the Board of Accountancy, Board of Chiropractic Examiners, State Board of Optometry, State Board of Pharmacy and State Board of Veterinary Medicine.

<sup>40</sup> These include the Board of Accountancy, State Board of Pharmacy and State Board of Veterinary Medicine.

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**Administrative Recommendation 3 – The Division should develop a consistent mechanism for tracking applications denied and licenses disciplined on the basis of criminal history.**

In 2013, the General Assembly created a tenth sunset criterion, which requires DORA to evaluate whether the agency undergoing sunset:<sup>41</sup>

...through its licensing or certification process imposes any disqualifications on applicants based on past criminal history and, if so, whether the disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis...shall include data on the number of licenses or certifications that were denied, revoked, or suspended based on a disqualification and the basis for the disqualification.

Because it is a relatively new requirement, the boards and programs in the Division have not yet developed a consistent mechanism for tracking the number of denials, revocations, and suspensions related to criminal history and the bases for those actions.

With the exception of the Colorado Passenger Tramway Safety Board, all of the regulatory programs within the Division have statutory authority to take disciplinary action against applicants and licensees based upon their criminal history. This statutory authority is permissive rather than mandatory: the statutes allow, but do not require, boards and programs to take disciplinary action. In most cases, boards and programs may take action based on any felony, whether it is related to the relevant professional practice or not. Consistent data on how boards and programs are using this authority would help DORA conduct its sunset analysis pursuant to the collateral consequences criterion.

Boards and programs have generally been able to collect these data retroactively while undergoing sunset. However, developing and implementing a consistent, Division-wide mechanism for tracking the number of applications received from people reporting criminal history, the number of complaints received relating to criminal history, and the number of disciplinary actions taken based on such history, including the bases for such actions, would ease the burden on Division staff and assist DORA in conducting its analysis.

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<sup>41</sup> § 24-34-104 (9)(a)(VIII.5), C.R.S.

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**Administrative Recommendation 4 – The Division should promote direct-testing in examination contracts.**

Applicants for most professions and occupations must pass an examination.

For 13 professions, including high-volume professions such as nurses and professional engineers, applicants must obtain approval from the Office of Licensing before they can sit for the licensing examination. By contrast, under a “direct-testing” model, applicants register directly with the testing agency without contacting the Office of Licensing: they submit their license applications only after they have passed the licensing examination. Programs regulating physicians and dentists are two that use direct-testing.

Requiring applicants to be pre-approved before sitting for an examination adds another step and potential delay to the licensing process. It compels the licensing specialist to maintain multiple incomplete files for applicants who may never take, or may never pass, the applicable licensing examination.

The licensing requirements for the different professions and occupations within the Division are understandably diverse. Typically the workflow between the examination vendor and the Division is laid out in the examination contract. Regulatory authorities have the authority to enter into examination contracts.

Individual boards might have existing statutes or rules, and examination vendors might have existing policies, that would limit or prohibit the implementation of direct-testing. There also are certain professions where allowing candidates to apply for a license before taking their respective examinations helps distribute the Division’s workload more evenly, especially during the busy spring graduation season. Direct-testing might not be the best option for these professions. In the absence of a compelling public safety reason, however, boards and the Director should promote, to the greatest extent practicable, moving to a direct-testing model. Doing so could eliminate an administrative burden and streamline the licensing process without compromising public safety.

**Administrative Recommendation 5 – The Division should improve the Online Permit System for requesting state electrical and plumbing permits and scheduling inspections.**

To request a state permit for an electrical or plumbing installation, a contractor or homeowner must use the Division’s Online Permit System. When the work is completed, the permit holder must again use the Online Permit System to request an inspection.

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DORA staff conducted a survey of anyone who requested a permit in fiscal year 14-15. The response rate was 19 percent, and overall, respondents were very satisfied with the service provided by the electrical and plumbing inspectors. In fact, 92 percent rated the level of service provided by the inspectors as satisfactory or better. The complete survey results may be found in Appendix A. One issue that stood out, however, concerned the Online Permit System. Approximately five percent of the respondents reported problems with it. According to those respondents, it is extremely slow, it is not user friendly, and occasionally it does not work at all. Clearly, five percent is not an overwhelming response. However, DORA's survey did not ask about the Online Permit System directly. Rather, the respondents volunteered this information in an open comment section.

Further, this is consistent with another survey conducted by DORA earlier in the year. That survey was conducted to solicit input from all DORA website users before converting to a new department-wide website. Again, approximately five percent of the comments consisted of complaints about the Online Permit System.

Electricians, plumbers and homeowners rely on this system in order to obtain required permits from the state. In order to do their jobs, electricians and plumbers need this system to work properly, and they need it to support the number of people who use it every day. While most users are able to obtain permits, it is reported to be slow and difficult to use. This is costly for electrical and plumbing companies, and ultimately for consumers.

Therefore, the Division should improve the Online Permit System for requesting state-issued electrical and plumbing permits and scheduling inspections.

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## Appendix A - Electrical and Plumbing Inspections Survey

On July 9, 2015, surveys were sent to all 4,045 individuals to whom electrical or plumbing permits were issued by the Division<sup>42</sup> during fiscal year 14-15. Of these, 3,705 surveys were successfully delivered<sup>43</sup> and 693 individual responded. This represents a response rate of 19 percent.

### 1. Are you a homeowner or a contractor?

Homeowner	307	44.9%
Contractor	377	55.1%

### 2. What type of permit have you requested from the State of Colorado in the last year? (Select one or both)

An electrical permit*	545	79.9%
A plumbing permit**	137	20.1%

### 3. How easy was it to schedule your most recent inspection?

Easy	414	61.9%
Fairly easy	202	30.2%
Difficult	53	7.9%

### 4. What was the level of service provided by the Department during your most recent inspection?

Excellent	333	49.9%
Very good	211	31.6%
Satisfactory	69	10.3%
Needs improvement	39	5.8%
Poor	16	2.4%

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<sup>42</sup> This did not include those who were issued permits by local jurisdictions.

<sup>43</sup> For all surveys, successful delivery is deemed to have occurred when the email sending the survey was not returned or did not fail.

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**5. Was the most recent inspection fair?**

Yes	547	82.3%
Mostly	61	9.2%
Somewhat	33	5%
Not very	12	1.8%
Not at all	12	1.8%

**6. Was your installation cited for any violations or deficiencies?**

Yes	222	33.8%
No	434	66.2%

**7. How helpful was the Division in providing information necessary to bring your installation into compliance or to fix any violations or deficiencies?**

Extremely	103	36.1%
Very	116	40.7%
Somewhat	38	13.3%
Not very	17	6%
Not at all	11	3.9%

**8. Have you undergone more than one electrical/plumbing inspection by the State of Colorado over the last year?**

Yes	395	59.5%
No	269	40.5%

**9. Are the inspections consistent from inspection to inspection?**

Yes	260	61%
Mostly	108	25.4%
Somewhat	34	8%
Not very	12	2.8%
Not at all	12	2.8%

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## Appendix B - General Inspections Survey

On July 7, 2015, surveys were sent to all 561 currently registered or licensed pharmacies, licensed tramway facilities, licensed nursing education programs and licensed nurse aide training programs. This figure also includes all barber and cosmetology shops that were inspected in fiscal year 13-14. Of these, 547 surveys were successfully delivered and 128 individuals responded. This represents a response rate of 23 percent.

### 1. What type of license or registration does your place of business hold?

Pharmacy	71	55.5%
Nursing Education	14	10.9%
Nurse Aide Training	34	26.6%
Barber/Cosmetology	2	1.6%
Passenger Tramway	7	5.5%

### 2. Has your place of business undergone an inspection in the last year?

Yes	96	75%
No	32	25%

### 3. Was the inspection routine or in response to a consumer complaint or incident?

Routine	96	99%
In response to a consumer complaint or incident	1	1%
Not sure	0	0%

### 4. What was the level of service provided by the Department?

Excellent	55	56.7%
Very good	29	29.9%
Satisfactory	11	11.3%
Needs improvement	1	1%
Poor	1	1%

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**5. Was the most recent inspection fair?**

Yes	<b>76</b>	78.4%
Mostly	<b>14</b>	14.4%
Somewhat	<b>6</b>	6.2%
Not very	<b>1</b>	1%
Not at all	<b>0</b>	0%

**6. Was the most recent inspection disruptive to your business?**

Extremely	<b>0</b>	0%
Very	<b>5</b>	5.2%
Somewhat	<b>15</b>	15.5%
Not very	<b>41</b>	42.3%
Not at all	<b>36</b>	37.1%

**7. Was your place of business cited for any violations or deficiencies during the most recent inspection?**

Yes	<b>53</b>	54.6%
No	<b>44</b>	45.4%

**8. How helpful was the Division in providing information necessary to bring your place of business into compliance or to fix any violations or deficiencies?**

Extremely	<b>25</b>	41%
Very	<b>21</b>	34.4%
Somewhat	<b>11</b>	18%
Not very	<b>3</b>	4.9%
Not at all	<b>1</b>	1.6%

**9. Has your place of business undergone more than one inspection in the last three years?**

Yes	<b>82</b>	87.2%
No	<b>12</b>	12.8%

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**10. Have the inspections been consistent from inspection to inspection?**

Yes	<b>44</b>	48.9%
Mostly	<b>32</b>	35.6%
Somewhat	<b>6</b>	6.7%
Not very	<b>6</b>	6.7%
Not at all	<b>2</b>	2.2%

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## Appendix C - Public Board Members Survey

On July 15, 2015, surveys were sent to all 54 public members serving on the various boards and committees housed within the Division. Of these, 49 surveys were successfully delivered and 8 individuals responded. This represents a response rate of 16 percent.

### 1. How long have you served on the board/advisory committee on which you currently sit?

0-2 years	3	37.5%
3-5 years	4	50%
6-8 years	0	0%
More than 8 years	1	12.5%

### 2. Including the board/advisory committee on which you currently serve, how many board/advisory committees within DORA have you served?

1	6	75%
2	1	12.5%
3	1	12.5%
4	0	0%
5 or more	0	0%

### 3. If you have previously served on other boards/advisory committees within DORA, in which capacity did you serve?

Public member	2	25%
Professional member	0	0%
Other	0	0%
Haven't served on any other board/advisory committee.	6	75%

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Please answer the following questions as they pertain to the board/advisory committee on which you currently serve.

**4. How did you come to serve on the board/advisory committee on which you currently serve?**

I proactively sought this particular appointment.	1	14.3%
I applied to the Governor's office to serve, in general, on any board or commission.	3	42.9%
The Governor's Office recruited me to serve.	0	0%
DORA staff recruited me to serve.	3	42.9%

**5. Thinking back to when you were first appointed, did you receive a new member orientation from DORA staff?**

Yes	8	100%
No	0	0%

**6. Did that orientation adequately prepare you for actual service on the board/advisory committee?**

Yes	7	87.5%
No	1	12.5%
Did not receive an orientation	0	0%

**7. About how long did it take before you felt comfortable with the subject matter of the profession your board/advisory committee regulates?**

Less than a year	3	37.5%
1 year	3	37.5%
2 years	2	25%
3 years	0	0%
4 or more years	0	0%
Not there yet	0	0%

**8. When considering or discussing a complaint, how often do you defer to the opinions of the professional members of the board/advisory committee?**

Never	0	0%
Rarely	1	12.5%
About half the time	4	50%
Quite often	3	37.5%
Always	0	0%

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**9. When considering or discussing a complaint, how often do you defer to the opinions of DORA staff?**

Never	0	0%
Rarely	3	37.5%
About half the time	1	12.5%
Quite often	4	50%
Always	0	0%

**10. When considering or discussing a complaint, how often do you defer to the opinions of the Assistant Attorney General?**

Never	0	0%
Rarely	2	25%
About half the time	2	25%
Quite often	3	37.5%
Always	1	12.5%

**11. When considering or discussing a complaint, how often do you place public protection above all else?**

Never	0	0%
Rarely	0	0%
About half the time	0	0%
Quite often	3	37.5%
Always	5	62.5%

**12. When considering or discussing a complaint, how often do you place concerns for the licensee/respondent above all else?**

Never	0	0%
Rarely	2	25%
About half the time	5	62.5%
Quite often	1	12.5%
Always	0	0%

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**13. When considering or discussing a complaint, how often do you balance the concerns of the public with those of the licensee/respondent?**

Never	0	0%
Rarely	1	14.3%
About half the time	3	42.9%
Quite often	1	14.3%
Always	2	28.6%

**14. When considering or discussing a complaint, how often do you feel as though your opinions as a public member are given due consideration?**

Never	0	0%
Rarely	0	0%
About half the time	1	12.5%
Quite often	2	25%
Always	5	62.5%

**15. When participating in rulemaking, how often do you defer to the opinions of the professional members of the board/advisory committee?**

Never	0	0%
Rarely	2	25%
About half the time	2	25%
Quite often	4	50%
Always	0	0%

**16. When participating in rulemaking, how often do you defer to the opinions of DORA staff?**

Never	0	0%
Rarely	1	12.5%
About half the time	2	25%
Quite often	4	50%
Always	1	12.5%

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**17. When participating in rulemaking, how often do you defer to the opinions of the Assistant Attorney General?**

Never	0	0%
Rarely	1	12.5%
About half the time	1	12.5%
Quite often	5	62.5%
Always	1	12.5%

**18. When participating in rulemaking, how often do you place public protection above all else?**

Never	0	0%
Rarely	0	0%
About half the time	0	0%
Quite often	5	62.5%
Always	3	37.5%

**19. When participating in rulemaking, how often do you place concerns for licensees above all else?**

Never	0	0%
Rarely	2	25%
About half the time	5	62.5%
Quite often	1	12.5%
Always	0	0%

**20. When participating in rulemaking, how often do you balance the concerns of the public with those of the licensee/respondent?**

Never	0	0%
Rarely	0	0%
About half the time	3	37.5%
Quite often	3	37.5%
Always	2	25%

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**21. When participating in rulemaking, how often do you feel as though your opinions as a public member are valued and given due consideration?**

Never	0	0%
Rarely	0	0%
About half the time	1	12.5%
Quite often	3	37.5%
Always	4	50%

**22. How many program directors (both acting and permanent) have been assigned to your board/advisory committee during your tenure?**

1	4	50%
2	2	25%
3	1	12.5%
4	1	12.5%
5 or more	0	0%

**23. To what extent has any turnover in the program director position had on the operations of your board/advisory committee?**

We've had no turnover during my tenure.	2	25%
None	0	0%
Minor	3	37.5%
Moderate	2	25%
Serious	1	12.5%
Severe	0	0%

**24. In what areas do you think any turnover in the program director position has had an impact (mark all that apply)?**

No impact in any area	2	25%
Consistency. One program director insisted on doing things one way, and another program director insisted on doing things a different way.	2	25%
Efficiency. It takes a while for a new program director to learn the job.	4	50%
Consumer protection. It takes a while for a new program director to learn the subject matter.	1	12.5%

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## Appendix D - Professional Board Members Survey

On July 15, 2015, surveys were sent to all 161 professional members serving on the various boards and committees housed within the Division. Of these, 153 surveys were successfully delivered and 42 individuals responded. This represents a response rate of 27 percent.

### 1. How long have you served on the board/advisory committee on which you currently sit?

0-2 years	19	45.2%
3-5 years	16	38.1%
6-8 years	4	9.5%
More than 8 years	3	7.1%

### 2. Including the board/advisory committee on which you currently serve, how many board/advisory committees within DORA have you served?

1	36	85.7%
2	5	11.9%
3	1	2.4%
4	0	0%
5 or more	0	0%

### 3. If you have previously served on other boards/advisory committees within DORA, in which capacity did you serve?

Public member	1	2.5%
Professional member	7	17.5%
Other	1	2.5%
Haven't served on any other board/advisory committee	31	77.5%

### 4. How did you come to serve on the board/advisory committee on which you currently serve?

I proactively sought this particular appointment.	24	57.1%
I applied to the Governor's office to serve, in general, on any board or commission.	7	16.7%
The Governor's Office recruited me to serve.	1	2.4%
DORA staff recruited me to serve.	10	23.8%

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Please answer the following questions as they pertain to the board/advisory committee on which you currently serve.

5. Thinking back to when you were first appointed, did you receive a new member orientation from DORA staff?

Yes	40	95.2%
No	2	4.8%

6. Did that orientation adequately prepare you for actual service on the board/advisory committee?

Yes	38	90.5%
No	2	4.8%
Did not receive an orientation	2	4.8%

7. When considering or discussing a complaint, how often do you consider to the opinions of the public members of the board/advisory committee?

Never	0	0%
Rarely	4	9.8%
About half the time	3	7.3%
Quite often	7	17.1%
Always	27	65.9%

8. When considering or discussing a complaint, how often do you defer to the opinions of DORA staff?

Never	0	0%
Rarely	11	26.8%
About half the time	14	34.1%
Quite often	14	34.1%
Always	2	4.9%

9. When considering or discussing a complaint, how often do you defer to the opinions of the Assistant Attorney General?

Never	0	0%
Rarely	2	5%
About half the time	15	37.5%
Quite often	17	42.5%
Always	6	15%

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**10. When considering or discussing a complaint, how often do you place public protection above all else?**

Never	0	0%
Rarely	0	0%
About half the time	1	2.4%
Quite often	9	21.4%
Always	32	76.2%

**11. When considering or discussing a complaint, how often do you place concerns for the licensee/respondent above all else?**

Never	9	22%
Rarely	10	24.4%
About half the time	13	31.7%
Quite often	4	9.8%
Always	5	12.2%

**12. When considering or discussing a complaint, how often do you balance the concerns of the public with those of the licensee/respondent?**

Never	1	2.4%
Rarely	8	19.5%
About half the time	7	17.1%
Quite often	14	34.1%
Always	11	26.8%

**13. When participating in rulemaking, how often do you consider the opinions of the public members of the board/advisory committee?**

Never	0	0%
Rarely	3	7.3%
About half the time	5	12.2%
Quite often	13	31.7%
Always	20	48.8%

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**14. When participating in rulemaking, how often do you defer to the opinions of DORA staff?**

Never	0	0%
Rarely	5	12.2%
About half the time	18	43.9%
Quite often	13	31.7%
Always	5	12.2%

**15. When participating in rulemaking, how often do you defer to the opinions of the Assistant Attorney General?**

Never	0	0%
Rarely	2	5%
About half the time	10	25%
Quite often	20	50%
Always	8	20%

**16. When participating in rulemaking, how often do you place public protection above all else?**

Never	0	0%
Rarely	0	0%
About half the time	0	0%
Quite often	5	12.2%
Always	36	87.8%

**17. When participating in rulemaking, how often do you place concerns for licensees above all else?**

Never	8	20%
Rarely	9	22.5%
About half the time	10	25%
Quite often	8	20%
Always	5	12.5%

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**18. When participating in rulemaking, how often do you balance the concerns of the public with those of the licensee/respondent?**

Never	0	0%
Rarely	4	10.3%
About half the time	16	41%
Quite often	7	17.9%
Always	12	30.8%

**19. In general, how often do you feel pressure from your professional association to vote in a certain manner?**

Never	28	68.3%
Rarely	11	26.8%
About half the time	1	2.4%
Quite often	0	0%
Always	1	2.4%

**20. How many program directors (both acting and permanent) have been assigned to your board/advisory committee during your tenure?**

1	17	40.5%
2	16	38.1%
3	4	9.5%
4	3	7.1%
5 or more	2	4.8%

**21. To what extent has any turnover in the program director position had on the operations of your board/advisory committee?**

We've had no turnover during my tenure.	15	36.6%
None	4	9.8%
Minor	12	29.3%
Moderate	7	17.1%
Serious	2	4.9%
Severe	1	2.4%

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22. In what areas do you think any turnover in the program director position has had an impact (mark all that apply)?

No impact in any area	18	50%
Consistency. One program director insisted on doing things one way, and another program director insisted on doing things a different way.	9	25%
Efficiency. It takes a while for a new program director to learn the job.	14	38.9%
Consumer protection. It takes a while for a new program director to learn the subject matter.	7	19.4%

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## Appendix E - Healthcare Professions Profile Program Survey

On July 17, 2015, surveys were sent to all 155,205 practitioners who are required to maintain profiles within the Healthcare Professions Profile Program. Of these, 145,358 surveys were successfully delivered and 6,101 individuals responded. This represents a response rate of four percent.

### 1. Thinking back to when you first completed your profile, approximately how long did it take for you to complete the profile?

Less than 30 minutes	2,302	39.1%
30 minutes to an hour	2,780	47.2%
2 hours	564	9.6%
3 hours	123	2.1%
4 hours	44	0.7%
5 or more hours	79	1.3%

### 2. Are you aware that you are required to keep your profile current?

Yes	4,012	66.1%
No	2,056	33.9%

### 3. Is your profile current?

Yes	4,524	75.6%
No	1,463	24.4%

### 4. If your profile is not current, why not?

My profile is current.	3,500	66.5%
I forgot to update it.	352	6.7%
I was not aware of the requirement to keep my profile current.	1,212	23%
It takes too long to update my profile.	40	0.8%
I've tried updating my profile, but have been unable to do so due to technical difficulties.	159	3%

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5. Have you ever looked at the profile of another person?

Yes	748	12.3%
No	5,309	87.7%

6. If you have looked at the profile of another person, what was the primary reason for doing so?

I have not looked at the profile of another person.	4,460	85.3%
Verification of a credential	625	11.9%
Verification of a disclosure	49	0.9%
To decide if I wanted to work with a particular person	61	1.2%
To decide if I wanted to use a particular individual for my own/family member's care	36	0.7%

7. Has anyone ever mentioned to you that they looked at your profile?

Yes	420	6.9%
No	5,625	93.1%

8. If someone has mentioned to you that they've looked at your profile, who was it? (check all that apply)

No one has mentioned it.	4,915	91.4%
Patients	65	1.2%
Colleagues/coworkers	83	1.5%
Employer/Potential employer	323	6%
Friends	14	0.3%
Family	15	0.3%
Insurance carrier	28	0.5%
DORA staff	37	0.7%
Other	43	0.8%

9. To the best of your knowledge, have you gained any of the following due to someone viewing your profile? (check all that apply)

Patients	44	0.8%
Employment	278	4.9%
Hospital/facility privileges	104	1.8%
None of the above	5,223	92.3%
Other	82	1.4%

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10. To the best of your knowledge, have you lost any of the following due to someone viewing your profile? (check all that apply)

Patients	5	0.1%
Employment	21	0.4%
Malpractice insurance	4	0.1%
Hospital/facility privileges	12	0.2%
None of the above	5,566	98.1%
Other	90	1.6%

## Appendix F - Required HPPP Disclosures by License Type

	Attestation	Request for Documentation	Optional Narrative	Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?	Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?	Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?	Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?	Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?	Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending?	Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?	Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?	Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?	Do you have an employer in the profession in which you are licensed or are applying for a license?	Do you have a current business ownership interest in any healthcare-related business?	Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?	Do you have a current affiliation or clinical privileges with any Colorado Hospital?	Do you have a practice specialty in which you are appropriately trained and actively practicing?	Do you hold any current Board Certifications?	Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?	Please select the school where you obtained the degree used in your profession or the highest level of education received as it pertains to your profession.	Are you currently practicing in the healthcare profession associated with this profile?	
Academic Dentist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Acupuncturist	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Anesthesia Assistant	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Audiologist	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Certified Addiction Counselor I	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Certified Addiction Counselor II	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Certified Addiction Counselor III	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Chiropractor	Yes	Yes	Yes	No	Yes	No	No	Yes	No	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Compact Certified Nurse Midwife	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Compact Certified Registered Nurse Anesthetist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Compact Clinical Nurse Specialist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Attestation																						
Request for Documentation																						
Optional Narrative																						
Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?																						
Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?																						
Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?																						
Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?																						
Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?																						
Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending?																						
Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?																						
Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?																						
Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?																						
Do you have an employer in the profession in which you are licensed or are applying for a license?																						
Do you have a current business ownership interest in any healthcare-related business?																						
Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?																						
Do you have a current affiliation or clinical privileges with any Colorado Hospital?																						
Do you have a practice specialty in which you are appropriately trained and actively practicing?																						
Do you hold any current Board Certifications?																						
Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?																						
Please select the school where you obtained the degree used in your profession or the highest level of education received as it pertains to your profession.																						
Are you currently practicing in the healthcare profession associated with this profile?																						
Compact Intravenous Certification	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes						
Compact Nurse Practitioner	Yes																					
Dental Hygienist	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes						
Dentist	Yes																					
Direct Entry Midwife	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes						
Hearing Aid Provider	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes						
Licensed Addiction Counselor	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes						
Licensed Clinical Social Worker	Yes	No	Yes																			
Licensed Practical Nurse	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes						
Licensed Professional Counselor	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes						
Licensed Psychologist	Yes	No	Yes																			
Licensed Social Worker	Yes	No	Yes																			
Marriage and Family Therapist	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes						

	Attestation	Request for Documentation	Optional Narrative	Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?	Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?	Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?	Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?	Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?	Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending?	Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?	Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?	Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?	Do you have an employer in the profession in which you are licensed or are applying for a license?	Do you have a current business ownership interest in any healthcare-related business?	Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?	Do you have a current affiliation or clinical privileges with any Colorado Hospital?	Do you have a practice specialty in which you are appropriately trained and actively practicing?	Do you hold any current Board Certifications?	Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?	Please select the school where you obtained the degree used in your profession or the highest level of education received as it pertains to your profession.	Are you currently practicing in the healthcare profession associated with this profile?	
Naturopathic Doctor	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Optometrist	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Optometrist Volunteer	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Physical Therapist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Physical Therapist Assistant	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
Physician	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Physician Assistant	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Physician Training License	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Podiatrist	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Podiatrist Training License	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Podiatrist Volunteer License	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pro Bono Physician	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provisional Licensed Professional Counselor	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes

