Department of Health Professions

DIRECTOR'S POLICY # 76-7.3

Custodian of Records

Effective Date: July 22, 2011

Approved By: D. Reynolds-Cane MD

Dianne Reynolds-Cane, M.D., Director

Purpose: To ensure agency compliance with § 2.2-3700 et seq. and § 42.1-76 of the ***Code of Virginia*** which set forth requirements for the Virginia Freedom of Information Act and the Virginia Public Records Act.

Policy: To delegate authority and designate responsible staff for the purpose of compliance with law and appropriate records management.

Procedure: Agency Records Manager - The agency Deputy Director for Administration is designated as the Records Officer of the Department of Health Professions in accordance with § 42.1-76 of the ***Code of Virginia***. As such, he is responsible for implementing a records management program.

Custodians of Records - The following individuals are designated as custodians of records for the purpose of records management as established by the agency's records manager and responding to requests under § 2.2-3704 of the Virginia Freedom of Information Act.

Custodian	Records
Executive Director for the Board of Medicine (Position #00076)	All records associated with the Board of Medicine
Executive Director for the Board of Pharmacy (Position #00005)	All records associated with the Board of Pharmacy
Executive Director for the Board of Nursing (Position #00009)	All records associated with the Board of Nursing
Executive Director for the Board of Health Professions and Director of the DHP Healthcare Workforce Data Center (Position #00003)	All records associated with the Board of Health Professions and the DHP Healthcare Workforce Data Center

Effective Date: July 22, 2011

Approved By:_____
Dianne Reynolds-Cane, M.D., Director

Executive Director for the Behavioral Science Boards (Position #00068)	All records associated with the Boards of Psychology, Social Work, and Counseling
Executive Director for the Board of Dentistry (Position #00006)	All records associated with the Board of Dentistry
Executive Director for the Boards of Long Term Care Administrators, Physical Therapy, and Funeral Directors and Embalmers (Position #00265)	All records associated with the Boards of Long Term Care Administrators, Physical Therapy, and Funeral Directors and Embalmers
Executive Director for the Boards of Optometry, Veterinary Medicine, and Audiology and Speech-Language Pathology (Position #00301)	All records associated with the Boards of Optometry, Veterinary Medicine and Audiology and Speech-Language Pathology
Deputy Director for Administration (#00061)	All fiscal records not part of an application or licensee record
Human Resource Director (#00027)	All personnel records, time sheets, & leave records
Director of Enforcement (Position #00106)	All administrative records associated with management of investigations and reports of investigations prior to being filed with the appropriate board. All reports of unlicensed activity shall remain with this custodian or sent to the custodian of the applicable board. All administrative records associated with management of the inspections division and reports of inspections, audits and investigations prior to being filed with a Board

Effective Date: July 22, 2011

Approved By:_____
Dianne Reynolds-Cane, M.D., Director

Senior Policy Analyst (Position #00157)	All records of the Agency Regulatory Coordinator and all studies
Director of Information Technology (Position #00140)	All records not associated with a regulatory board, with information technology and not otherwise specified in this directive
Director (Position #00001)	All records associated with the Director's Office and not otherwise specified in this Directive
Director of Administrative Proceedings (Position #00031)	All records associated with the Administrative Proceedings Division and not otherwise specified in this Directive
Program Manager Health Practitioners' Monitoring Program (Position # 00228)	All records associated with the Health Practitioners' Monitoring Program
Program Manager Prescription Monitoring Program (Position #00164)	All records associated with the Prescription Monitoring Program

Successors to any of the positions specified in this Directive shall assume responsibility for records relative to such succession.

See Attachments for Certification of Records

CERTIFICATION OF DUPLICATION OF OFFICIAL RECORD
SECTION 54.1-112, CODE OF VIRGINIA (1950), AS AMENDED

I, *name of executive director*, Executive Director of the Virginia Board of *name of board*, hereby certify that I have custody of the records and that said files are official records of the Virginia Board of *name of board*. I certify that the attached information and my signature are true.

_____ _____
Name of executive director Date

COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO

Subscribed and sworn to before me, a Notary Public in and for the county of Henrico, this _____ day of _____, 2009, by *name of executive director*

_____
Notary Public

My commission expires: _____

I, Dianne Reynolds-Cane, M.D., Director, Department of Health Professions, hereby certify that I am the person to whom *name of executive director* reports and that the attached document is a true copy of the record of the Virginia Board of *name of board*.

_____ _____
Dianne Reynolds-Cane, M.D. Date

COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO

Subscribed and sworn to before me, a Notary Public in and for the county of Henrico, this _____ day of *month*, *year*, by Dianne Reynolds-Cane, M.D.

_____
Notary Public

My commission expires: _____

THE VIRGINIA BOARD OF [*NAME*]

IN RE: [licensee name]

AFFIDAVIT

COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO, to wit:

Name of board executive, being duly sworn, states as follows:

1. I am the Executive Director and the custodian of the records of the Virginia Board of *name of board* ("Board").

2. A search of the records of the Board, regarding *name of licensee*, *number of license, certification, or registration*, revealed that on *date*, *last name of license*'s address of record was *full address*.

3. Attached to my Affidavit are copies of the following Board documents: *(list documents in chronological order, e.g., Consent Order entered on October 10, 1999; or Notice of Informal Conference held on February 4, 2004)*

Declared this _____day of *month, year*, in Henrico County, Virginia.

_____
Name of board executive
Executive Director

Sworn and subscribed to me, _____, on this _____ day of *month, year* by *name of board executive*

_____
Notary Public

My commission expires: _____

THE VIRGINIA BOARD OF [*NAME*]

IN RE: [licensee name]

AFFIDAVIT

COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO, to wit:

Name of board executive, being duly sworn, states as follows:

1. I am the Executive Director and the custodian of the records of the Virginia Board of *name of board*.

2. A search of the records of the Board, regarding *full name* revealed that there is no person is *licensed, certified or registered* by the Virginia Board of *name of board.*

Declared this _____day of *month, year*, in Henrico County, Virginia.

_____
Name of board executive
Executive Director

Sworn and subscribed to me, _____, on this _____ day of *month, year* by *name of board executive*

_____
Notary Public

My commission expires: _____

THE VIRGINIA BOARD OF [*NAME*]

IN RE: [licensee name]

AFFIDAVIT

COMMONWEALTH OF VIRGINIA
COUNTY OF HENRICO, to wit:

Name of board executive, being duly sworn, states as follows:

1. I am the Executive Director and the custodian of the records of the Virginia Board of *name of board* ("Board").

2. A search of the records of the Board for a person using the identifier *full name* and *license, certificate or registration* number revealed the following:

Full name holds a current, active *license, certificate or registration* to practice as a *profession* which expires *expiration date*.

Full name was originally issued a license to practice *profession* in the Commonwealth of Virginia on *date*.

Other pertinent licensing information should be added, such as:
The license of *Full name*, lapsed on *date* and was reinstated on *date*.

Declared this _____day of *month, year*, in Henrico County, Virginia.

_____
Name of board executive
Executive Director

Sworn and subscribed to me, _____, on this _____ day of *month, year* by *name of board executive*

_____
Notary Public

My commission expires: _____