

District of Columbia Department of Human Resources

CREDENTIALING OFFICIAL DESIGNATION FORM

Action Type:

Add Designation

Remove Designation

Date

Agency

Designation

Instructions: The designee must be a full-time District government employee.

Employee Name (Print)

Position Title

Employee Email Address

Phone Number

If **adding** a designation, the designee must sign and date below:

Designee Signature

Date Acknowledged

Authorization (REQUIRED)

Agency Director Name (Print)

Phone Number

Agency Director Signature

Date Acknowledged
