THE DISTRICT OF COLUMBIA

BEFORE

THE OFFICE OF EMPLOYEE APPEALS

In the Matter of:	
EMPLOYEE[1]	
v.	OEA Matter No.: 1601-0041-24
D.C. FIRE & EMERGENCY MEDICAL SERVICES, Agency	Date of Issuance: May 29, 2025

OPINION AND ORDER
ON
PETITION FOR REVIEW

Employee worked as a Firefighter Paramedic with the D.C. Fire & Emergency Medical Services Department ("Agency"). On June 16, 2023, Agency issued an Initial Written Notification charging Employee with violation of D.C. Code § 7–2341.05 (Emergency Medical Services Personnel: Certification Required); Order Book Article XXIV, Section 3 (Certification and Credential Requirements); Bulletin No. 83 (NREMT Certification Policy); and Position Description (FS–0081–01).[2] The charges were based on the Department of Health's ("DOH")

[1] Employee's name was removed from this decision for the purposes of publication on the Office of Employee Appeals' website.

[2] Each of the violations levied against Employee were contained within Charge No. 1, Specification No. 1 of Agency's notice. The notice further described the misconduct as cause defined in Order Book Article VII, § 2(f)(3), which states: "[a]ny on-duty or employment-related act or omission that interferes with the efficiency or integrity of government operations, to include: Neglect of Duty."

revocation of Employee's certification to work as an Emergency Medical Services ("EMS") provider with Agency, which was required of his position description. On January 17, 2024, Employee appeared before a Fire Trial Board ("Trial Board") wherein he was found guilty of the violations levied against him. On February 26, 2024, the Fire Chief accepted the Trial Board's recommendation of termination. The effective date of Employee's termination was March 9, 2024.[3]

Employee filed a Petition for Appeal with the Office of Employee Appeals ("OEA") on April 8, 2024. He argued that he completed remedial paramedic training as instructed by his supervisor; Agency retaliated against him; and the remediation program was arbitrary and unfair. Employee also submitted that his paramedic credentials never lapsed with the Department of American Medical Response ("AMR").[4] Therefore, he requested that he be reinstated with back pay and benefits lost as a result of his removal.[5]

Agency filed its answer on May 8, 2024. According to Agency, the record established that its medical director withdrew sponsorship of Employee's paramedic credentials to work as a provider which, in turn, prompted DOH to issue a Notice of Summary Revocation of EMS Certification pursuant to Chapter 29, Section 563 of the D.C. Municipal Regulations ("DCMR"). It clarified that the continuing sponsorship of AMR's medical director only authorized Employee to continue working as a provider for AMR, not as a provider with Agency. Thus, it reasoned that substantial evidence existed to support Employee's termination. Finally, Agency submitted that

[3] *Agency's Answer to Petition for Appeal* (May 8, 2024).
[4] AMR is a separate emergency medical services provider from D.C. Fire & Emergency Medical Services.
[5] *Petition for Appeal* (April 8, 2024).

Employee's misconduct warranted termination based on an assessment of the *Douglas* factors.[6] As a result, it requested that the disciplinary action be upheld.[7]

During a June 11, 2024, status conference, the Administrative Judge ("AJ") determined that the holding in *Pinkard v. Metropolitan Police Department*, 801 A.2d 86 (D.C. 2006), precluded a *de novo* hearing.[8] Accordingly, the parties were ordered to submit written briefs addressing whether Agency's termination action was supported by substantial evidence; whether Agency committed a harmful procedural error; and whether Employee's termination was taken in accordance with all applicable laws, rules, and regulations.[9]

In its brief, Agency explained that under the Emergency Medical Servies Act of 2008 and its implementing regulations, Employee could only serve as a paramedic under the sponsorship of its medical director. Agency stated that on May 10, 2022, Director Robert P. Holman, M.D., issued a Notice of Advance Life Support Sponsorship Withdrawal to the Chief Medical Officer of the

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[6] *Douglas v. Veterans Administration*, 5 M.S.P.B. 313 (1981). The *Douglas* factors provide that an agency should consider the following when determining the penalty of adverse action matters: 1) the nature and seriousness of the offense, and it's relation to the employee's duties, position, and responsibilities including whether the offense was intentional or technical or inadvertent, or was committed maliciously or for gain, or was frequently repeated; 2) the employee's job level and type of employment, including supervisory or fiduciary role, contacts with the public, and prominence of the position; 3) the employee's past disciplinary record; 4) the employee's past work record, including length of service, performance on the job, ability to get along with fellow workers, and dependability; 5) the effect of the offense upon the employee's ability to perform at a satisfactory level and its effect upon supervisors' confidence in employee's ability to perform assigned duties; 6) consistency of the penalty with those imposed upon other employees for the same or similar offenses; 7) consistency of the penalty with any applicable agency table of penalties; 8) the notoriety of the offense or its impact upon the reputation of the agency; 9) the clarity with which the employee was on notice of any rules that were violated in committing the offense, or had been warned about the conduct in question; 10) potential for the employee's rehabilitation; 11) mitigating circumstances surrounding the offense such as unusual job tensions, personality problems, mental impairment, harassment, or bad faith, malice or provocation on the part of others involved in the matter; and 12) the adequacy and effectiveness of alternative sanctions to deter such conduct in the future by the employee or others.

[7] *Agency's Answer to Petition for Appeal* (May 8, 2024).

[8] Under the holding in *Pinkard*, this Office may not conduct a *de novo* hearing in an appeal but must base its decision solely on the record below, when all of the following conditions are met: the appellant is an employee of the Metropolitan Police Department or the D.C. Fire & Emergency Medical Services Department; the employee has been subjected to an adverse action; the employee is a member of a bargaining unit covered by a collective bargaining agreement; the collective bargaining agreement contains language essentially the same as that found in *Pinkard*; and at the agency level, the employee appeared before a Trial Board that conducted an evidentiary hearing, made findings of fact and conclusions of law, and recommended a course of action to the deciding official that resulted in an adverse action being taken against Employee.

[9] *Post-Status Conference Order* (June 13, 2024).

Health Emergency Preparedness and Response Administration ("HEPRA"). The withdrawal notice was based on five patient care incidents wherein Agency determined that Employee provided substandard care; Agency's attempts to remediate Employee's deficient care; Employee's performance during remediation; and Dr. Holman's interview with Employee following remediation. Therefore, Agency posited that Employee violated Article XXIV, Section 3, Subparts 3 and 5 of the Department's Order Book and D.C. Code §§ 7-2341.05 and 7-2341.15 because his sponsorship as a paramedic was withdrawn.[10]

Next, Agency submitted that any procedural error it may have committed was harmless. Moreover, it noted that Employee's only recourse to appeal the revocation of his sponsorship withdrawal was by way of appeal to the Office of Administrative Hearings ("OAH"). Finally, it claimed that the penalty of removal was appropriate based on the holding in *Stokes v. District of Columbia*[11] and an assessment of the *Douglas* factors. Since Agency believed that there was no meaningful remedy that could be provided to Employee regarding his sponsorship status, it requested that the termination action be upheld.[12]

In response, Employee argued that he always maintained a valid DOH card to act as an EMS provider in the District of Columbia; his license never lapsed; and Agency's policy only required him to have valid DOH credentials while employed with the Department. Additionally, Employee claimed that an OAH Administrative Law Judge provided that the appeal of the credentialing revocation was a "waste of time" since Employee continued to be sponsored by another EMS agency, AMR. It was Employee's position that Agency's efforts of remedial training

[10] *Agency Brief* (July 8, 2024).
[11] 502 A.2d 1006, 1010 (D.C. 1985).
[12] *Agency's Brief* at p. 15. On July 31, 2024, the AJ issued Employee an Order for Statement of Good Cause because he failed to submit his brief by July 26, 2024. Agency subsequently submitted a Motion to Strike Employee's Brief on August 16, 2024. Employee then filed a rebuttal brief to Agency's motion on September 6, 2024. Agency's motion to strike was denied; however, the AJ granted Agency's request to submit a substantive brief since Employee filed his response on August 14, 2024. *See Order on Agency's Motion to Strike Employee's Brief* (August 19, 2024).

were inadequate. Lastly, Employee believed that there were other similarly situated paramedics who were also targeted without basis. Consequently, Employee asked that he be reevaluated by Agency's new medical director, Dr. Vitberg, to determine his fitness for sponsorship as a paramedic.[13]

Agency filed a rebuttal brief on September 6, 2024. It averred that Employee was attempting to relitigate fully decided issues that were outside of OEA's jurisdiction, namely the revocation proceeding before OAH. Agency submitted that Employee made no showing of unfair treatment or inadequate training on its part. Alternatively, it suggested that even if Employee's claims regarding remedial training were truthful, the relevant statutory authority warranted his termination because his sponsorship to operate as a paramedic with Agency was withdrawn by the medical director. Agency reiterated its previous position that OEA could award no meaningful remedy to Employee because this Office could not reverse a decision by the medical director as to the sponsorship of a paramedic. Thus, it renewed its request to uphold Employee's termination.[14]

The AJ issued an Initial Decision on September 25, 2024. First, she held that Agency met its burden of proof by establishing that Employee was noncompliant with D.C. Code §§ 7-2341.05 and 7-2341.15 after DOH revoked his certification to work as an EMS provider with Agency. The AJ went on to discuss that it was uncontroverted that Dr. Holman withdrew his sponsorship from Employee; Employee appealed the revocation to DOH; and the appeal was dismissed with prejudice. Since Employee could no longer work as a paramedic with Agency following the revocation, the AJ concluded that cause existed to charge Employee with neglect of duty. She noted that while Employee continued to be sponsored by another EMS agency, his ability to

[13] *Employee's Brief* (August 14, 2024).
[14] *Agency's Reply to Employee's Brief* (September 6, 2024).

provide paramedic services with Agency was precluded after sponsorship was withdrawn by the medical director.[15]

Next, she found that although Agency violated Article 31, Section (B)(1) of the Collective Bargaining Agreement ("CBA") with the International Association of Firefighters ("Local 36") by issuing the Initial Written Notification in an untimely manner, the error was harmless because the procedures did not specify a consequence for the failure to act within the prescribed seventy-five-day period. The AJ further concluded that Agency properly terminated Employee based on a thorough consideration of the relevant *Douglas* factors and the Table of Illustrative Actions. Based on the foregoing, Employee's termination was upheld.[16]

Employee filed a Petition for Review with the OEA Board on October 30, 2024. He asserts that new and material evidence is available that, despite due diligence, was not available when the record was closed. Employee highlights "Case number R003848-101024 filed with the DC FOIA office"[17] which he purports to be a matter similarly situated to his. Specifically, he contends that the employee in this case also failed remediation training as a paramedic but was not terminated. Employee also disagrees with the wording of Article XXIV, Section 3, of Agency's Order Book, asserting that the AJ overreached in interpretating the language of the policy related to paramedic credentialling. Further, Employee opines that any testimony provided by Dr. Holman should not be used as substantial evidence because he provided inconsistent and inarticulate reasons for why he required remediation training as a paramedic. He submits that his route of discipline was unregulated by policy and in direct contradiction of the procedures established under the applicable

[15] *Initial Decision* (September 25, 2024).
[16] *Id*.
[17] "FOIA" is short form for the Freedom of Information Act.

CBA. Finally, Employee argues that the Initial Decision failed to address his argument of disparate treatment. As such, he asks that the Board grant his petition.[18]

Agency filed its response on December 4, 2024. It asserts that Employee's identification of a new case number is not new evidence and that he makes no compelling argument for determining that the information was not available when the record was closed by the AJ. Agency maintains that the law is clear that all Firefighter Paramedics serving in a regulated EMS agency must hold a certification sponsored by that agency's medical director. Thus, it reasons that nothing within Article XXIV of the Order Book is inconsistent with the statutory and regulatory law. As it relates to the testimony provided by Dr. Holman, Agency states that OAH was the only administrative body that was permitted to question the medical director's decision to withdraw Employee's sponsorship to provide EMS services with Agency. Agency lastly proposes that the medical director retained the broad statutory authority to establish remediation training procedures for its sponsored medical professionals. Thus, it requests that Employee's petition be denied.

Substantial Evidence

OEA Rule 637.4(c) provides that a Petition for Review may be granted when findings of the Administrative Judge are not based on substantial evidence. The D.C. Court of Appeals in *Baumgartner v. Police and Firemen's Retirement and Relief Board*, 527 A.2d 313 (D.C. 1987) found that if administrative findings are supported by substantial evidence, then it must be accepted even if there is substantial evidence in the record to support a contrary finding. Substantial evidence is defined as evidence that a reasonable mind could accept as adequate to support a

[18] *Employee's Petition for Review* (October 30, 2024).

conclusion.[19] For the reasons discussed herein, this Board finds that the AJ's finding are based on substantial evidence in the record.

Licensing Requirements for Emergency Medical Service Providers

In 2008, the D.C. Council established the Emergency Medical Services Act of 2008 (D.C. Law 17-357 and D.C. Code §§ 7-2341.01-.29), which applies to entities providing EMS services, as well as their personnel. Under D.C. Code § 7-2341.03(h), every person performing EMS services in an EMS-regulated agency must practice under the licensure authority of the agency's medical director. In accordance with § 7-2341.05, each person performing the duties of EMS personnel in the District shall be certified. D.C. Code § 7-2341.15 goes on to provide that any certification conferred under the authority of the Act may be denied, suspended, or revoked.

Emergency Medical Services, 29 DCMR Chapter 5, establishes the procedures for certification of any EMS providers to include those serving as paramedics. To that end, 29 DCMR § 515.3 states that a provider "shall be sponsored by a District certified EMS agency" and "shall have the endorsement of the sponsoring agency's medical director." Additionally, the regulations permit that a medical director may withdraw the authorization for personnel to perform any or all patient care procedures at his or her discretion.[20] A withdrawal of sponsorship by an agency's medical director therefore, constitutes cause for the denial, suspension, or revocation of a certification issued by DOH.[21]

Agency, an EMS provider, is regulated under both the Act and 29 DCMR Chapter 5, subsequently enacted policies consistent with the Act by way of Article XXIV of its Order Book.

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[19] Black's Law Dictionary, Eighth Edition; *Mills v. District of Columbia Department of Employment Services*, 838 A.2d 325 (D.C. 2003); and *Black v. District of Columbia Department of Employment Services*, 801 A.2d 983 (D.C. 2002).
[20] 29 DCMR 504.
[21] 29 DCMR § 563.17(z).

This Article, in addition to Agency's Bulletin No. 83, requires that any member performing EMS services maintain both NREMT and DOH certifications. Thus, all Firefighter Paramedics serving in a regulated EMS agency, including Agency, must hold a certification sponsored by that agency's medical director. If the sponsoring medical director withdraws their sponsorship from the employee, they are no longer eligible to provide EMS services for that agency but may continue to be sponsored by a different agency.

This Board finds that no error was committed by the AJ in concluding that Agency established cause to institute the instant termination action. On May 10, 2022, Dr. Holman issued a Notice of Advance Life Support Sponsorship Withdrawal to Dr. Brian W. Amy, Chief Medical Officer of HEPRA. The withdrawal notice identified five incidents wherein Employee's deficient patient care was raised, as well as Agency's attempts to remediate Employee's performance as a paramedic. Of the five incidents identified, two were a result of peer review history. In those matters, Employee admitted that he was either "in the wrong" or "dropped the ball" when rendering care to patients.[22] Employee does not contest the medical director's authority or discretion to withdraw sponsorship to provide paramedic services if the employee's patient care is deemed substandard. There is also no evidence in the record to suggest that Dr. Holman's decision to withdraw his sponsorship in this case was made arbitrarily, as evidenced by the efforts undertaken by him and Agency to remediate and retain Employee.

In accordance with 29 DCMR § 563.17(z), when Employee's sponsorship was withdrawn, DOH was mandated to revoke the paramedic certification required to work under Agency's medical director. Since cause was established to revoke Employee's certification, his only recourse

[22] *Agency's Answer* at Tab 7.

was to file an appeal with OAH, to which he availed himself.[23] After OAH dismissed his appeal, Employee did not request reconsideration of the decision, nor did he appeal to the D.C. Court of Appeals.[24] Employee was provided with a Trial Board hearing consistent with the CBA between Agency and Local 36. Further, he cites no statutory authority to support a finding that the Trial Board or OEA was permitted to exercise a review of Dr. Holman's decision to withdraw his sponsorship from Employee. Following Dr. Holman's withdrawal of sponsorship, Employee became noncompliant with D.C. Code § 7-2341.05 – Emergency Medical Services Personnel: Certification Required and § 7-2341.15 – Denial, Suspension, and Revocation of Licensure or Certification. The result of the withdrawal of sponsorship by Dr. Holman mandated that Employee could no longer provide paramedic services with Agency. Since Agency met its burden of proof in this matter, this Board finds that the AJ's findings are supported by substantial evidence.

New and Material Evidence

OEA Rule 637.4(a) provides that a Petition for Review may be granted when new and material evidence is available that, despite due diligence, was not available when the record closed. Employee's petition highlights "Case number R003848-101024 filed with the DC FOIA office" as a basis for reversing his termination. According to him, the employee in this matter also failed the same remedial training program but retained his employment as a paramedic. Employee failed to provide a sufficient basis for determining that this information was not available when the record was closed. Additionally, under the holding in *Pinkard supra*, the AJ was precluded from opening the record for the submission of new evidence at the appellate level. We note that a consideration

[23] *See* 29 DCMR § 564. During the status conference before OAH, the parties discussed the fact that the certification that was at issue was expired, and that Employee was still sponsored by American Medical Response. According to the notice, Employee advised OAH that he no longer wished to pursue an appeal of the revocation notice. As a result, DOH filed a Motion to Dismiss the matter, which was granted without objection.
[24] *Id*. at Tab 8.

of disparate treatment was performed at the agency level in its review of *Douglas* factor No. 6 – consistency of the penalty with those imposed upon other employees for the same or similar offenses. In its analysis, the Trial Board held that "[Employee's] recommended penalty is consistent with another member who did not maintain valid certification to provide emergency medical services for the Department."[25]

Even if this Board were to consider Employee's new submission as permissible, it is insufficient for a moving party asserting disparate treatment to simply show that other employees engaged in misconduct and that the agency was aware of it.[26] The employee must also show that the circumstances surrounding the misconduct were substantially similar to their own. Normally, in order to prove disparate treatment, the employee must demonstrate that they worked in the same organizational unit as the comparison employee(s) and that they were subject to discipline by the same supervisor, for the same offense, and within the same general time period.[27] Employee's petition fails to satisfy any of these elements; therefore, we find his purported evidence to be unpersuasive.

Order Book, Article XXIV (Certification and Credential Requirements)

Employee argues that OEA exceeded its authority by interpreting Agency's policy related to the licensing requirements established for its paramedics. At issue is Order Book Article XXIV, § 3, Certification and Credential Requirements, which provides the following:

> 2) All EMS providers, including uniformed firefighters hired on or after January 1, 1987, are required to maintain, at minimum, Emergency Medical Technician certification upon completion of

[25] *Agency's Answer to Petition for Appeal* at Tab 31.
[26] *See Jordan v. Metropolitan Police Department*, OEA. Matter No. 1601-0285-95, *Opinion and Order on Petition for Review* (September 29, 1995).
[27] *Mills v. D.C. Department of Public Works*, OEA Matter No. 1601-0001-09, *Opinion and Order on Petition for Review* (December 12, 2011), citing *Manning v. Department of Corrections*, OEA Matter No. 1601-0049-04 (January 7, 2005); *Ira Bell v. Department of Human Services*, OEA Matter No. 1601-0020-03, *Opinion and Order on Petition for Review* (May 6, 2009); *Frost v. Office of D.C. Controller*, OEA Matter No. 1601-0098-86R94 (May 18, 1995); and *Hutchinson v. District of Columbia Office of Employee Appeals*, 710 A.2d 227, 236 (D.C. 1998).

> training and for the duration of employment. Members who are in job classifications that require higher certifications are required to maintain those as well. It is the responsibility of the individual member to ensure that a valid EMT / EMT–I / Paramedic / CPR / ACLS card is maintained per DOH requirements.

Employee proffers that the Order Book should instead state "the member must maintain a DOH card under the Medical Director with DC FEMS in order to retain employment with DCFEMS." However, neither the AJ nor this Board is tasked with rewriting the terms of Agency and Local 36's negotiated procedures. CBAs are voluntary agreements negotiated between employers and labor unions, reflecting a mutual bargain.[28] Although unclear, it appears that Employee is contending that Article XXIV should only require that paramedics hold a certification from DOH and not a certification from DOH that is sponsored by a specific agency's medical director. However, as previously discussed, all Firefighter Paramedics employed with a regulated EMS agency are required to possess a valid paramedic certification sponsored by that agency. Nothing within the AJ's analysis of the applicable law is inconsistent with the reading of Article XXIV, Section 3. After sponsorship was withdrawn by Agency's medical director, Employee was statutorily precluded from operating as a paramedic with the Department. Therefore, Employee's suggestion to the contrary is inconsistent with the applicable law.

Credibility Determinations

Employee alleges that the testimony provided by Dr. Holman was inconsistent and does not meet the threshold of substantial evidence. He states that the Dr. Holman could not adequately articulate why he needed to engage in remediation training and that any complaints received about his performance should have been addressed by way of written citation to the specific protocols that were alleged to have been broken. Hence, he suggests that his testimony should be stricken.

[28] *D.C. Fire and Emergency Medical Services Department v. D.C. Office of Employee Appeals*, Case No. 2023-CAB-1076 (D.C. Super Ct. December 29, 2023).

However, the Court of Appeals in *Pinkard supra* held that "OEA, as a reviewing authority, also must generally defer to the agency's credibility determinations."[29] The only administrative body authorized to review Dr. Holman's decision to withdraw Employee's sponsorship was OAH, pursuant to 29 DCMR § 564. Employee does not contest this fact and provides no legal authority to support his argument that OEA was permitted to upset any previously established credibility determinations. Moreover, the OEA AJ did not rely on Dr. Holman's testimony as a basis for finding that Agency's termination action was supported by substantial evidence. As a result, we can find no legal authority for granting Employee's Petition for Review on this basis.

Issues Not Addressed in the Initial Decision

Employee contends that the AJ failed to address all issues of law raised on appeal. Specifically, Employee asserts that the Initial Decision did not adjudicate his claim of disparate treatment, noting that his route of discipline was unprecedented, one-of-a-kind, and unregulated by policy. He also opines that his disciplinary process was in direct violation of the CBA. According to Employee, Agency was required to first cite him with the rule or protocol violation prior to being summarily disciplined.

Contrary to Employee's assertions, the AJ adequately addressed all issues of law required under the holding in *Pinkard*. Agency also complied with Article 32, Section A of the CBA (Disciplinary Procedures/Governing Rules and Regulations). Employee was: 1) notified of the alleged infraction; 2) issued an Initial Written Notice of the charges; and 3) provided with a Trial Board hearing.[30] Moreover, D.C. Code § 7-2341.03(g), bestowed broad authority to Dr. Homan to

[29] *See also Gunty v. Department of Employment Services*, 524 A.2d 1192, 1197 (D.C. 1987) and *Dell v. District of Columbia Department of Employment Services*, 499 A.2d 102, 105-106 (D.C. 1985).
[30] *See Agency's Answer* at Tab 21.

oversee the functions of the medical professionals that he sponsored.[31] This authority logically includes the engagement of remediation efforts to correct a paramedic's performance deficiencies. Employee provides no statute, regulation, or case law to support an opposing conclusion. As a result, we find that the AJ adequately addressed all issues permitted by law.

Conclusion

Based on the foregoing, this Board finds that the Initial Decision is supported by substantial evidence. Employee was in violation of D.C. Code §§ 7-2341.05 and 7-2341.15 after his sponsorship to provide EMS services was withdrawn by Dr. Holman. Since Employee could no longer provide EMS services with Agency, he was properly subject to termination. Additionally, Employee's purported new evidence does not meet the threshold established in OEA Rule 637.4(a) as a basis for granting his petition. The AJ properly interpreted Article XXIV of Agency's Order Book and Employee has provided no legal authority to support a finding that Dr. Holman's testimony was subject to review by OEA. Finally, the AJ addressed all issues required by law. Therefore, we must deny Employee's Petition for Review.

[31] D.C. Code § 7-2341.03(g) provides that "[a]n emergency medical services agency shall have a medical director. Except as provided in §§ 5-401, 5-402, 5-404, 5-404.01, and 5-407, an emergency medical services agency shall have as its medical director a physician licensed to practice medicine in the District of Columbia. The medical director shall have responsibility for medical oversight of all operations of the agency."

ORDER

Accordingly, it is hereby **ORDERED** that Employee's petition is **DENIED**.

FOR THE BOARD:

Dionna Maria Lewis, Chair

Arrington L. Dixon

Jeanne Moorehead

LaShon Adams

Pia Winston

Either party may appeal this decision on Petition for Review to the Superior Court of the District of Columbia. To file a Petition for Review with the Superior Court, the petitioning party should consult Superior Court Civil Procedure Rules, XV. Agency Review, Rule 1.