

# NEW LICENSE APPLICATION BOARD OF AUDIOLOGY & SPEECH LANGUAGE PATHOLOGY SPEECH LANGUAGE PATHOLOGY APPLICATION



Please read instructions before completing this form. If you have any questions, call HRLA Customer Service at **1-877-672-2174**, Monday through Friday, 8:30 AM to 4:30 PM. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee	– see instru	ictions)			
SLP- Speech- Language Pathology by Examination \$ 264.00	ey order payable	to <u>D.C.</u>			
	ogy and Speech-Language				
Criminal Background Check- To schedule an appointment or see fee schedule (Call 1-877-783-4187 or www.L1enrollment.com) Pathology P.O. Box 37802 Washington, DC 20					
Duplicate Licenses (limit 5)	PLA ONLY				
Total Enclosed \$00	Check #	Staff			
\$00					
SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION					
Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attend please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that documents are marriage certificates, divorce decrees, or court orders.	ded college or a t it has changed	ny university, . Acceptable			
		JFFIX Sr, etc.)			
Image: Social security number, a sworn affidavit is required.					
PLACE OF BIRTH GENDER					
SECTION 3. SUPPORTING DOCUMENTS REQUIRED         Please indicate the supporting documents you have included with this package or requested to be sent to the Board Audiology and Speech-Language Pathology. Keep a photocopy of all supporting documents for your records.					
A. Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	YES NO				
B. Official transcript from educational institution showing proof of receipt of a Masters and Doctoral degree in Speech-					
If applying by Examination: Proof of completion of clinical fellowship in speech-language pathology (SLP) or proof of C. ASHA certification.	YES NO				
1) If applying by Examination: Proof of passing National Examination within 5 years; or	YES NO				
D. 2) If the applicant took the exam more than 5 years ago, then proof that the applicant has practiced SLP for a total of 3 years of the 5 years prior to this application and proof of ASHA certification or proof of National Examination					
E. All transcripts and supporting documentation in a language other than English shall be translated by a service that will attest to its accuracy.	an English shall be translated by a service that				
If licensed in other jurisdictions, the applicant shall submit a verification of licensure from each jurisdiction where the					
applicant is licensed to practice speech-language pathology.	YES NO				
G. Copies of legal documents supporting all name changes (if applicable). H. Completed and signed application.	YE\$ NO				

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SECTION 4. PREVIOUS NAMES
If your name has changed at any point since you first attended college or any university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees, or court orders.
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate
Changed to current name by:         Marriage         Divorce         Court Order         Spouse Death Certificate         (Jr, Sr, etc.)           I
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
FIRST NAME       MI       LAST NAME       SUFFIX         Changed to current name by:       Marriage       Divorce       Court Order       Spouse Death Certificate       (Jr, Sr, etc.)
Changed to current name by:       Marriage       Divorce       Court Order       Spouse Death Certificate       (Jr, Sr, etc.)         I
FIRST NAME (Jr. Sr. etc.)
SECTION 5A. HOME ADDRESS
Even if you have a P.O. Box, a street address should also be provided, if applicable.
APARTMENT SUITE FLOOR P.O. BOX
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
STATE ZIP CODE + 4
STATE     ZIP CODE + 4       Image: Im
HOME PHONE NUMBER     HOME FAX NUMBER     E-MAIL ADDRESS
HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS
HOME PHONE NUMBER       HOME FAX NUMBER       E-MAIL ADDRESS         SECTION 5B. BUSINESS ADDRESS         Please note: This information will be made available to the public.
HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS  SECTION 5B. BUSINESS ADDRESS Please note: This information will be made available to the public. COMPANY NAME
HOME PHONE NUMBER       HOME FAX NUMBER       E-MAIL ADDRESS         SECTION 5B. BUSINESS ADDRESS         Please note: This information will be made available to the public.         COMPANY NAME         APARTMENT       SUITE         FLOOR       PO BOX         NUMBER         BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)
HOME PHONE NUMBER       HOME FAX NUMBER       E-MAIL ADDRESS         SECTION 5B. BUSINESS ADDRESS         Please note: This information will be made available to the public.         COMPANY NAME         APARTMENT       SUITE         FLOOR       PO BOX         NUMBER       HOME fax number         BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)         BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NAME)
HOME PHONE NUMBER       HOME FAX NUMBER       E-MAIL ADDRESS         SECTION 5B. BUSINESS ADDRESS         Please note: This information will be made available to the public.         COMPANY NAME         APARTMENT       SUITE         FLOOR       PO BOX         NUMBER       Home for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)         BUSINESS STREET ADDRESS 2 (IF additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)         CITY
HOME PHONE NUMBER       HOME FAX NUMBER       E-MAIL ADDRESS         SECTION 5B. BUSINESS ADDRESS         Please note: This information will be made available to the public.         COMPANY NAME         APARTMENT       SUITE         FLOOR       PO BOX         NUMBER       HOME fax number         BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)         BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NAME)
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HOME PHONE NUMBER       HOME FAX NUMBER       E-MAIL ADDRESS         SECTION 5B. BUSINESS ADDRESS         Please note: This information will be made available to the public.       E-MAIL ADDRESS         COMPANY NAME       Image: Ploon Poil Box NUMBER       Image: Ploon Poil Box NUMBER         BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)         BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)         Image: Ploon Poil Poil Poil Poil Poil Poil Poil Poil

Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.

## **NEW LICENSE APPLICATION**

### SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all professional schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

#### SECTION 6B. POSTGRADUATE WORK EXPERIENCE

List all work experience since graduation from professional schools, in reverse chronological order, beginning with the most recent.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time
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		<u> </u>				
		<b></b>				
		<u> </u>				
		<u> </u>				
		<u> </u>				
* TYPE OF POSITION KEY						
A. Employment		D. Instructor				
B. Private Practice		<ul><li>E. Training</li><li>F. Other (specify on separate sheet of pape</li></ul>				
C. Clinical Rotations					sneet of p	aper)
SECTION 6C. PROFESSIONAL LICENSES IN						
List all states and jurisdictions in which you have ever he active, inactive, or expired.	eld a license. Provide	etters of ve	erification fro	om all states of licensu	ire regard	dless if
	Date License Was					
Jurisdiction		First Obtained		License Number		
		<u> </u>				
		1		1		

### **NEW LICENSE APPLICATION**

_		LICENSEE SIGNATURE NAME (Please Print) DATE				
I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete t the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibit attached hereto, is punishable by criminal penalties.						
SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE						
	J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES			
	I.	<ol> <li>Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession?</li> <li>Has any authority or peer review board taken adverse action against your license or privileges?</li> <li>Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law?</li> <li>Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?</li> </ol>	YES YES YES			
_	Н.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?				
_	G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES			
_	F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES	NO		
-	E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?		NO		
	D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES	NO		
-	C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete Section 6C of this form.)	YES	NO		
_	в.	Have you ever been arrested, convicted or investigated for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	YES	NO		
		The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i> , effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et se				
		<ul><li>5. Past due District of Columbia Water and Sewer Authority service fees; or</li><li>6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?</li></ul>				
		4. Past due taxes;				
		3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);				
		2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);				
	А.	following: Yes No 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1	985);		YES NO	
		IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOU YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED. As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the				
		Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement. Please read the information below carefully before responding to this question, as any false information provided requires that the Department of Health proceed immediately to deny or revoke your License or Permit for which you are now applying, and fine y one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).	ou			
_		Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to any quest must provide full information and complete details on a separate sheet of paper, including copies of relevation documents, and attach them to this application.			HPLA ONLY	
	SE	CTION 7. QUESTIONS – Applicants MUST answer all of the following questions.				