

Government of the District of Columbia



HEALTH REGULATION AND LICENSING ADMINISTRATION

RENEWAL APPLICATION FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

All applicants must complete every section of this application and submit the original application and all required supporting documents. If more space is needed to fully answer questions, attach additional sheets with typed responses.

False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Official Code 22-2405. If you have any questions, call HRLA Customer Service at 1-877-672-2174 Monday through Friday, 8:15AM to 4:40PM EST.

Note: LEGAL NAME: (Bo not use any initiots unless they are a part of your name) FIRST NAME	Please Note: Please re	efer to applica	ation instructi	ons before comple	eting this form.				
Preferred Mailing address: Street Address City State Zip Code	SECTION 1. LICENSEE	INFORMATIO	N						
FIRST NAME MI LAST NAME (SUFFIX: Jr., Sr. etc.) Date of Birth Place of Birth: State/Providence/Territory Country if not USA Social Security Number Preferred Mailing address: Streef Address City State Zip Code Phone Number: Fax Number: EMAIL ADDRESS: SECTION 2. SPECIAL INSTRUCTIONS Your license expires December 31, 2016 Renewal applications submitted after December 31 st will require an \$85 late fee If you are unable to renew your license by December 31 st or within the 60-day late renewal period, you will then be required to apply for reinstatement of your license. You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must meet the Board's requirements to apply for a new license. CONTINUING EDUCATION REQUIREMENT: Adulologist and Speech-Longuage Pethologists must have hereally (30) hours of approved continuing aducation, and one (1) hour of the Inventy (20) hours must be in eithics. Of the hirty (30) hours equired for double license, the applicant must have a least five (5) hours in both the Adudology and Speech-Longuage Pethologists must be period. Discussement applicants in both the Adulology and Speech-Longuage Pethology structure on your pocket license, explored must have a least five (5) hours in both the Adulology and Speech-Longuage Pethology disciplines. ONLINE RENEWAL INSTRUCTIONS: To renew your license online go to: <a href="https://www.new.new.new.new.new.new.new.new.new.</th><th>Note: LEGAL NAME: (D</th><th>o not use any</th><th>initials unles</th><th>s they are a part o</th><th>f your name)</th><th></th><th></th><th></th><th></th></tr><tr><th>FIRST NAME MI LAST NAME (SUFFIX: Jr., Sr. etc.) Date of Birth Place of Birth: State/Providence/Territory Country if not USA Social Security Number Preferred Mailing address: Streef Address City State Zip Code Phone Number: Fax Number: EMAIL ADDRESS: SECTION 2. SPECIAL INSTRUCTIONS Your license expires December 31, 2016 Renewal applications submitted after December 31<sup>st</sup> will require an \$85 late fee If you are unable to renew your license by December 31<sup>st</sup> or within the 60-day late renewal period, you will then be required to apply for reinstatement of your license. You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must meet the Board's requirements to apply for a new license. CONTINUING EDUCATION REQUIREMENT: Adulologist and Speech-Longuage Pethologists must have hereally (30) hours of approved continuing aducation, and one (1) hour of the Inventy (20) hours must be in eithics. Of the hirty (30) hours equired for double license, the applicant must have a least five (5) hours in both the Adudology and Speech-Longuage Pethologists must be period. Discussement applicants in both the Adulology and Speech-Longuage Pethology structure on your pocket license, explored must have a least five (5) hours in both the Adulology and Speech-Longuage Pethology disciplines. ONLINE RENEWAL INSTRUCTIONS: To renew your license online go to: <a href=" https:="" th="" www.new.new.new.new.new.new.new.new.new.<=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th>									
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Government of the District of Columbia



HEALTH REGULATION AND LICENSING ADMINISTRATION

RENEWAL APPLICATION FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

YOU MAY	RENEW UNTIL: DECEMBER, 31, 2016		
SECTION	4. SCREENING QUESTIONS		
question	nswer questions 1 through 13 by placing X in the appropriate boxes. If you answer "YES" to any c s below, you must provide complete information and details on a separate sheet of paper, include court or supporting documents and attach it to this form.		
1.	Since your last application, have you been arrested, convicted or charged for a felony or misdemeanor including DUIs, OWIs, or DWIs (other than minor traffic violations for which a fine or ticket is the maximum penalty)?	Yes	No
2.	Since your last application: (1) Have you withdrawn an application for licensure/ certification/ registration to practice any health profession in any jurisdiction?	Yes	No
	(2) Has any authority, health facility or peer review board taken action against any of your health profession licenses or privileges (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension or revocation)?	Yes Yes	No No
	(3) Have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal, or local law?		
	(4) Has any authority, health facility or peer review board informed you of any pending charge(s) or investigation(s)?	Yes	No
3.	Since your last application, have you been diagnosed with a physical or mental condition, including alcohol or drug abuse, that currently impairs your ability to practice your profession or that could affect your performance or impact your ability to perform your professional duties?	Yes	No
4.	Are you currently being treated or have you been treated for a physical or mental condition, including alcohol or drug abuse, that, but for the treatment, could impair your ability to practice your profession?	Yes	No
5.	Since your last application, have you surrendered a license, certification, or registration to practice any health profession in any jurisdiction?	Yes	No
6.	Since your last application, have you been terminated, asked to resign, or resigned in lieu of being terminated from employment or a clinical training/fellowship program for any health profession?	Yes	No
7.	Since your last application, have you been found by a court to be legally incompetent to practice or by a medical professional to be impaired to practice?	Yes	No
8.	Since your last application, have you been diagnosed or treated for alcohol abuse, controlled substance abuse, prescribed medication abuse, or illegal drug abuse?	Yes	No
9.	Since your last application, has any authority, health facility or peer review board taken action against any health care facility or agency for which you have an ownership interest in, or serve as manager or director for (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension or revocation)?	Yes	No 🗌
10.	Since your last application, have you been a defendant or respondent to a claim for damages or malpractice action?	Yes	No
11.	Will you be mailing in name change documentation for this renewal?	Yes	
12.	I certify that I have completed a total of twenty (20) hours of approved continuing education. One (1) of these twenty (20) hours is in ethics. I certify that if I have dual license, I have completed thirty (30) hours of continuing education, that one (1) of the hours is in ethics, and that at least five (5) of the thirty (30) hours are in both the Audiology and Speech-Language Pathology disciplines. I understand that I may be required to document my continuing education to the Board for a future audit. No CEUs are required for first-time renewal. If this applies to you, select "Yes". If you are answering "No" to this question, send an explanation and supporting documents.	Yes	No
13.	Do you currently practice your profession in the District of Columbia? (if you answer "Yes" to this question, you do not need to submit any supporting documents)	Yes	No
	FOR ALL "YES" ANSWERS, SUPPORTING DOCUMENTS MUST BE SUBMIT	TED	



Government of the District of Columbia



HEALTH REGULATION AND LICENSING ADMINISTRATION

RENEWAL APPLICATION FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

SECTION 6. PAYMENT/MAILING INFORMATION

Make CHECK or MONEY ORDER payable to DC TREASURER:

A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

MAIL YOUR APPLICATION PACKAGE AND CHECK TO:

Health Professional Licensing AdministrationBoard of Audiology and Speech-Language Pathology – Processing Center
899 North Capitol Street, NE First Floor
Washington, DC 20002
www.hpla.doh.dc.gov

SECTION 7. CLEAN HANDS

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).**

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE 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 following:

- Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
- Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);

PRINT NAME

- Fines, penalties, or interest assessed pursuant to **D.C. Official Code Title 2, Chapter 18** (Civil Infractions Act of 1985);
- Past due taxes:

SECTION 8. LICENSEE AFFIDAVIT

LICENSEE SIGNATURE

- Past due District of Columbia Water and Sewer Authority service fees; or
- Fines or penalties assessed pursuant to **D.C. Official Code Title 50, Chapter 23** (Traffic Adjudication)

Yes	NO

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that making a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

*PLEASE NOTE: PRINT AND MAIL ORIGINAL APPLICATION TO THE BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY AND RETAIN A COPY FOR YOUR FILES.

Page 3 10/01/2016

DATE