



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 instructions)			
<input type="checkbox"/> SLP- Speech- Language Pathology by Examination \$ 264.00 <input type="checkbox"/> SLP- Speech- Language Pathology by Endorsement \$ 264.00 <input type="checkbox"/> Criminal Background Check- To schedule an appointment or see fee schedule (Call 1-877-783-4187 or www.L1enrollment.com) <input type="checkbox"/> Duplicate Licenses (limit 5) _____ X \$34.00 = \$ _____.00	Make check or money order payable to <u>D.C. TREASURER.</u> MAIL TO: DC Board of Audiology and Speech-Language Pathology P.O. Box 37802 Washington, DC 20013		
Total Enclosed \$ _____.00		HPLA ONLY	
		Check \$	Check #
		\$ _____.00	Staff

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 attended college or any university, please complete Section 4 on page 2. You must also 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.																																									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 10%;"></td> </tr> <tr> <td style="font-size: small;">FIRST NAME</td> <td style="font-size: small;">MI</td> <td style="font-size: small;">LAST NAME</td> <td style="font-size: small;">SUFFIX</td> <td style="font-size: small;">(Jr, Sr, etc.)</td> </tr> </table>						FIRST NAME	MI	LAST NAME	SUFFIX	(Jr, Sr, etc.)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> <td style="border-bottom: 1px solid black; width: 5%;"></td> </tr> <tr> <td style="font-size: small;">M</td><td style="font-size: small;">M</td><td style="font-size: small;">D</td><td style="font-size: small;">D</td><td style="font-size: small;">Y</td><td style="font-size: small;">Y</td><td style="font-size: small;">Y</td><td style="font-size: small;">Y</td><td colspan="2"></td> </tr> <tr> <td colspan="2" style="font-size: small;">SOCIAL SECURITY NUMBER</td> <td colspan="8" style="font-size: small;">DATE OF BIRTH</td> </tr> </table>											M	M	D	D	Y	Y	Y	Y			SOCIAL SECURITY NUMBER		DATE OF BIRTH							
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SECTION 3. SUPPORTING DOCUMENTS REQUIRED																																												
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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMINISTRATION**

NEW LICENSE APPLICATION

SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to any question, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach them to this application.

HPLA ONLY

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 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 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 following:

Yes No

- A.
1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
 4. Past due taxes;
 5. Past due District of Columbia Water and Sewer Authority service fees; or
 6. 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.).

B.	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 <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I.	(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) 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? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE

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 the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

HPLA ONLY

LICENSEE SIGNATURE

NAME (Please Print)

DATE