

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
Department of Health  
Health Regulation and Licensing Administration



**Board of Audiology and Speech-Language Pathology**

**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE  
TO PRACTICE AS A SPEECH-LANGUAGE PATHOLOGIST  
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Speech-Language Pathologist in the District of Columbia and look forward to providing expedient and professional service. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. Application fees are non-refundable.

This package contains the forms to apply for a Speech-Language Pathology license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach responses to the form. Please print or type all information except signatures.

**THE APPLICATION PROCESS**

Upon submission of all required documents, the D.C. Board of Audiology and Speech-Language Pathology will review your application at its next scheduled meeting. Upon final approval your application, you will be issued a license to practice in the District of Columbia.

**WHERE TO FILE**

All new license applications and documents should be **sent to** the following address:

Board of Audiology and Speech-Language Pathology  
P.O. Box 37802  
Washington, DC 20013

If you have any questions, please call the Customer Service line at 1-877-672-2174 between 8:30 a.m. and 4:30 p.m., Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application.

Revised: 03-3-2015

## GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a Speech-Language Pathology license in the District of Columbia shall meet the following requirements:

1. Applicant must not have been convicted of an offense which bears directly on the applicant's fitness to be licensed.
2. Applicant must be at least 18 years of age.

All applicants must submit the following in order to be considered for licensure:

1. A complete and signed application form, including required supporting documents;
2. Two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated or paper copies. Please be sure to mail in your two photos and write on the back of the photos your full name and Social Security Number.
3. One (1) **clear photocopy of a government-issued photo ID**, such as a valid driver's license, as proof of identity.
4. A check or money order for the total fee of \$264.00 made payable to D.C. Treasurer.
5. Official transcript(s) mailed directly from each educational institution showing proof of receipt of a Master's degree or a Doctoral degree in Speech-Language Pathology.
6. If applying by Examination, proof of completion of clinical fellowship or proof of ASHA certification.
7. If applying by Examination, exam results mailed directly from the Education Testing Center (ETS).
8. An applicant who is required to submit proof of ASHA certification must send the request directly to the Board from ASHA.
9. Comply with all other applicable requirements set forth in these instructions (*See Checklist for all required documents*).
10. Complete Criminal Background Check (CBC) procedures.

(For information regarding CBC, please visit HPLA website at <http://www.hpla.doh.dc.gov/hpla/cwp/view.a.1194.q.501826.asp> ).

## EDUCATIONAL REQUIREMENTS

1. Applicants must have completed a Master's degree or a Doctoral degree in Speech-Language Pathology from a recognized educational institution whose speech-language pathology program is accredited by the Council of Academic Accreditation in Audiology and Speech-Language Pathology (CAA), an accrediting body recognized by the U.S. Department of Education, or an equivalent accrediting body as determined by the Board.

## APPLICANTS EDUCATED IN FOREIGN COUNTRIES

- A. The Board may grant a license to practice speech-language pathology to an applicant who completed an educational program in a foreign country if the applicant:
  1. Meets all requirements for licensure except for educational requirements for applicants educated in the U.S. **and**
  - 2a. Provides proof satisfactory to the Board that the applicant has received Master's degree or higher from a foreign institution which was accredited, at the time the degree was conferred, by an accrediting body recognized by the national government of the country in which the institution is located **or**

- 2b. Provides certification from a private education evaluation service approved by the Board that the applicant's foreign education is substantially equivalent to the education required in an accredited program.
3. Foreign transcripts need not be in sealed envelopes, but the translation services must submit an affidavit stating that the transcript was received in a sealed envelope from the foreign institution.
4. If any document is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a translation signed by the translator attesting to its accuracy.

### **EXAMINATION REQUIREMENTS — NATIONAL EXAMINATION**

1. To qualify for a license, an applicant must have received a passing score of 600 on the National Examination in Speech-Language Pathology within five (5) years.
2. If the applicant took the exam more than five (5) years prior to applying for licensure, the applicant shall fulfill the following requirements:
  - Provides evidence that the applicant has practiced speech-language pathology for three (3) of the five (5) years before applying for licensure and;
  - Provides Proof of ASHA certification or proof of obtaining a score of 600 on the National Examination (Proof of ASHA Certification must be sent directly from ASHA and proof of score reports must be sent directly from the ETS).

### **SPECIFIC REQUIREMENTS FOR APPLICANTS BY ENDORSEMENT**

- 1) An applicant must submit proof of current licensure in another state. Verification of current licensure must be sent directly from the verifying jurisdiction.
- 2) If the applicant holds or has ever held a license to practice speech-language pathology in another jurisdiction of the United States, the applicant shall arrange for each jurisdiction to send a verification of licensure to the Board.

### **COMPLETING THE LICENSE APPLICATION**

#### **Section 1. LICENSE TYPE / LICENSE FEES**

- A. Please indicate whether you are applying by Examination or Endorsement.
- B. You may order up to five (5) duplicate licenses (a \$34 fee for each duplicate). Mark the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.
- C. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to D.C. Treasurer and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund.

For your information, the application and license fee portions of each application method are listed below:

**FEE MATRIX**

LICENSE TYPE	APPLICATION METHOD	APPLICATION FEE	LICENSE FEE	CRIMINAL BACKGROUND CHECK**	TOTAL DUE*
SLP- Speech Language Pathology	Examination	\$85	\$179	\$ 50	\$314
SLP- Speech Language Pathology	Endorsement	\$85	\$179	\$50	\$314

\*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

\*\*Fee is charged for those applicants using the DC MPD service to provide the Criminal Background Check. For those not residing in the District of Columbia, you may choose to use the service of a local law enforcement agency to initiate the Criminal Background Check. Fees would be paid directly to the local law enforcement agency for services rendered.

**Section 2. APPLICANT NAMES**

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided as required on the application form; your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or 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.

**Section 3. SUPPORTING DOCUMENTS REQUIRED**

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Audiology and Speech-Language Pathology. Keep a photocopy of all supporting documents for your records.

**Section 4. PREVIOUS NAME CHANGE**

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 for individuals are marriage certificates, divorce decrees, or court orders.

**Sections 5A & B. HOME ADDRESS / BUSINESS ADDRESS**

Include both your home and business addresses in the sections provided. Even if you have a P.O. Box, a street address should also be provided if you have one.

**Section 5C. PREFERRED MAILING ADDRESS**

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

**Section 6A. PROFESSIONAL SCHOOLS ATTENDED**

List all colleges and universities attended including any professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent.

*All applicants:* Transcripts must be sent directly to the Board from each educational institution attended. Note that if your transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in sealed envelopes, but the translation service use must submit an affidavit stating that the transcript was received in a sealed envelope from the foreign institution.

**Section 6B. POSTGRADUATE WORK EXPERIENCE**

List all work experience since professional school graduation. List all institutions/ facilities where you completed your clinical fellowship. Please submit the required clinical fellowship form. List experience in reverse chronological order, beginning with the most recent.

**Section 6C. PROFESSIONAL LICENSES IN OTHER STATES/ JURISDICTIONS**

List all states and jurisdictions in which you have ever held a similar professional license. If you are licensed or have been licensed in another jurisdiction, a statement of good standing must be submitted directly to the Board of Audiology and Speech-Language Pathology by the applicable state boards.

**Section 7. SCREENING QUESTIONS**

If you answer “yes” to any question (A through J), then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for denial of licensure or disciplinary action and could be cause for criminal prosecution.

**Section 8. LICENSEE AFFIDAVIT**

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

**ADDITIONAL APPLICATION FORMS**

If you need additional copies of this application package you may visit Health Professional Licensing Administration’s (HPLA) website at <http://www.hpla.doh.dc.gov> or call the Customer Service number at 1-877-672-2174. The forms that make up this package are:

- Speech-Language Pathologist, Application Checklist
- Speech-Language Pathologist, New License Application
- Speech-Language Pathologist, New License Instructions
- Speech-Language Pathology, Municipal Regulations

## SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing Speech-Language Pathologist licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing Speech-Language Pathologist are included in *DC Municipal Regulations Title 17, Chapters 62*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DC Board of Audiology and Speech-Language Pathology if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

License Type	Licensing Description	Signed Application	Two 2" x 2" Photos	Official Certified Transcript <sup>1</sup>	National Exam Results <sup>2</sup>	Proof of ASHA Certification	Supervision Form	Name Change Documentation <sup>3</sup>	License Verification	Criminal Background Check <sup>4</sup>	Check or Money Order <sup>5</sup>
SLP Speech-Language Pathology	Examination	X	X	X	X	X	X	X	O	X	\$264
SLP Speech-Language Pathology	Endorsement	X	X	X	O	O	O	X	X	X	\$264

**X = Required**  
**O = Not required**

<sup>1</sup> Applicants must have completed a Master's degree or a Doctoral Degree in speech-language pathology from a recognized educational institution whose speech-language pathology program is accredited by the Council of Academic Accreditation in Audiology and Speech-Language Pathology (CAA), an accrediting body recognized by the U.S. Department of Education, or an equivalent body.

<sup>2</sup> An applicant must have received a score of 600 on an examination administered by the National Examination in speech-language pathology and request results to be sent directly from the testing service to the Board. For more information, please check the application checklist.

<sup>3</sup> 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 include a marriage certificate, divorce decree, or court order.

<sup>4</sup> Fee is charged for those applicants using the DC MPD service to provide the Criminal Background Check.

<sup>5</sup> Check or money order MUST be made payable to D.C. Treasurer.