

## GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH - HEALTH REGULATION AND LICENSING ADMINISTRATION

# NEW LICENSE APPLICATION BOARD OF AUDIOLOGY & SPEECH LANGUAGE PATHOLOGY AUDIOLOGY ASSISTANT 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, 8:30AM to 4:30PM. 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)							
ALIDA Audiology Assistant by Evamination	\$ 125.00	Make check or mor	, , ,	le to			
□ AUDA- Audiology Assistant by Examination     □	\$ 125.00	MAIL TO:					
AUDA- Audiology Assistant by Endorsement	\$ 125.00	Board of Audiolog	gy and Speec	h-Language			
Criminal Background Check- To schedule an appointment see fee schedule (Call 1-877-783-4187 or www.L1enrollm		Pathology P.O. Box 37802 Washington, DC		0 0			
☐ Duplicate Licenses (limit 5) X \$34.0	<b>0</b> = \$00	н	PLA ONLY				
		Check \$	Check #	Staff			
Total Enclosed	\$00	\$00					
SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORM	MATION	1					
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.							
FIRST NAME MI LAST NAME SUFFIX (Jr. Sr. etc.)							
SOCIAL SECURITY NUMBER	DATE OF BIRTH						
If applicant does not provide a social security number, a sworn affidavit is required.							
PLACE OF BIRTH Provide city and state if born in U.S.A. or country if born outside the U.S.A.	Male Female  GENDER  Please check the correct box.						
		Please check the cone	ect box.				
Please indicate the supporting documents you have included with this pa and Speech-Language Pathology. Keep a photocopy of all supporting documents.			Audiology	HPLA ONLY			
A. Two recent and identical passport-type photos of the applicant's face (approx. 2"x 2") 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. Proof of having completed one of the following educational levels in Audiology Assisting, Hearing Sciences and Disorders, Communication Sciences and Disorders, or equivalent as determined by the Board:  (a) Two (2) years of accredited college education, with a minimum of forty-eight (48) semester hours or seventy-two (72) quarter hours;  (b) Associate's degree from an accredited college; or (c) Technical school certification program.			YES NO				
C. All transcripts and supporting documentation in a language other than English shall be translated by a service that will attest to its accuracy.			YES NO				
D. If licensed in other jurisdictions, the applicant shall submit a verification of licensure from each jurisdiction where the applicant is licensed to practice audiology.			YES NO				
E. Copies of legal documents supporting all name changes (if applicable).			YES NO				
F. Completed and signed application.			YES 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
<u> </u>
FIRST NAME Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate SUFFIX (Jr, Sr, etc.)
FIRST NAME Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate SUFFIX (Jr, Sr, etc.)
FIRST NAME Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)  FIRST NAME  MI LAST NAME  SUFFIX  (Jr, Sr, etc.)
(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 PO BOX NUMBER
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
SECTION 5B. BUSINESS ADDRESS
Please note: This information will be made available to the public.
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)
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
СПY
STATE ZIP CODE + 4
BUSINESS PHONE NUMBER  BUSINESS FAX NUMBER  E-MAIL ADDRESS  E-MAIL ADDRESS
SECTION 5C. PREFERRED MAILING ADDRESS
Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license will be your business address.
☐ HOME ☐ BUSINESS

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the 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.

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#### 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. **Number of Hours** Date of Type of Graduation Degree/Certificate Completed School Name, City, State, Country SECTION 6B. POSTGRADUATE WORK EXPERIENCE List all work experience since graduation from professional schools, in reverse chronological order, beginning with the most recent. Start End **Type of Position** Full **Part** Date Date (Use Key Below)\* Time Location Organization/Institution \* TYPE OF POSITION KEY A. Employment D. Instructor B. Private Practice E. Training C. Clinical Rotations Other (specify on separate sheet of paper) SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS List all states and jurisdictions in which you have ever held a license. Provide letters of verification from all states of licensure regardless if active, inactive, or expired. **Date License Was** First Obtained Jurisdiction **License Number**

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SE	CTION 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 questions provide full information and complete details on a separate sheet of paper, including copies of relevatoruments, and attach them to this application.		HPLA ONLY			
Α.	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 PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUT 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  1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1 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)?  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 sec	TO JNT 985);	YES NO			
В.	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				
C.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES NO				
D.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES NO	,   $\square$			
E.	Have you ever been terminated from or resigned from a place of employment, a clinical or professional training program?	YES NO	] 🗆			
F.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES NO				
G.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES NO	) ]			
Н.	<ul> <li>(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession?</li> <li>(2) Has any authority or peer review board taken adverse action against your license or privileges?</li> <li>(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?</li> <li>(4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?</li> </ul>	YES NO YES NO YES NO YES NO				
I.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES NO				
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					