Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

BOARD OF PROFESSIONAL COUNSELING

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 Code 22-2514***. If you have any questions, call HRLA Customer Service at **1-877-672-2174 Monday through Friday, 8:30AM to 4:30PM EST.** Note: Please refer to application instructions before completing this form because fees are not refundable.

SECTION 1A. LICENSURE TYPE & FEES

SELECT LICENSURE TYPE:
All Licensure levels cost: $230

- ☐ Professional Counselor (PC) by examination
- ☐ Graduate Counselor (GC) by examination
- ☐ Professional Counselor (PC) by endorsement
- ☐ Graduate Counselor (GC) by endorsement
- ☐ Re-examination ☐ PC ☐ GC

☐ Duplicate licenses (limit 5) ______x $34.00

Total Enclosed $______

SECTION 1B. MAILING OF APPLICATION

PLEASE MAIL YOUR APPLICATION TO:

P.O. Box 37802
Washington, D.C. 20013

LICENSURE EXPIRATION: All licenses **expire December 31st on the even numbered year**

SECTION 2A. APPLICANT INFORMATION

Note: LEGAL NAME: *(Do not use any initials unless they are a part of your name)*

FIRST NAME ______ MI ______ LAST NAME ______ (SUFFIX: Jr., Sr. etc.) ______

GENDER: ☐ MALE ☐ FEMALE

___/___/___ Date of Birth

______ Place of Birth : State/Providence/Territory

______ Country if not USA

_____-_____-_____ Social Security Number

SECTION 2B. OTHER NAMES USED:

If your name on this application is different from the name on any of your supporting documentation, provide a copy of a legal document supporting that name change. Acceptable documents for individuals includes: a copy of a marriage certificate, divorce decree, or court order.

FIRST NAME ______ MI ______ LAST NAME ______ (SUFFIX: Jr., Sr. etc.) ______

FIRST NAME ______ MI ______ LAST NAME ______ (SUFFIX: Jr., Sr. etc.) ______

SECTION 2C: RACE & ETHNICITY DESIGNATION: (Optional)

- ☐ American Indian/Alaskan Native
- ☐ Asian/South Asian
- ☐ Black or African American
- ☐ Caucasian/White
- ☐ Hispanic or Latino
- ☐ Other ______
- ☐ Native Hawaiian or other Pacific Islander

LANGUAGE(S) SPOKEN:

Language(s) spoken other than English:

______

______

______

BOARD OF PROFESSIONAL COUNSELING

SECTION 3A. PREFERRED MAILING ADDRESS

Note: A P.O. BOX MAY NOT BE USED FOR AN ADDRESS. PLEASE PROVIDE A STREET 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.

☐ **HOME ADDRESS** ☐ **BUSINESS ADDRESS**

SECTION 3B. HOME ADDRESS

THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.

HOME ADDRESS:____
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

APARTMENT #__________ **HOME PHONE NUMBER: (_____) ______ - ________** **HOME FAX: (______) ______- ________**

EMAIL ADDRESS: ________________________________(REQUIRED)

SECTION 3C. BUSINESS ADDRESS:

THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.

BUSINESS NAME:________________________________

BUSINESS ADDRESS:____
(Street Number and Street Name) (City) (State/Province/Territory) (Zip Code)

☐ **SUITE #**______________ ☐ **FLOOR#**______________

BUSINESS PHONE NUMBER: (_____) ______- ________ **BUSINESS FAX: (______) ______ - ________**

EMAIL ADDRESS: ________________________________

IMPORTANT MESSAGE TO ALL PROFESSIONAL COUNSELORS

PCs are required to update name or address changes within 30 days of the change. It is imperative that you update your information in writing, by email **hpla.doh.dc.gov or fax (202) 724-5145** to the District of Columbia Health Regulation Licensing Administration Processing Department. Submit your request to the Attention of the "Processing Center". Include your name, phone number and any other pertinent information that will assist us in ensuring that the information is updated to the appropriate record/file.

District of Columbia Health Regulation Licensing Administration
Attention: Processing Department - Board of Professional Counseling
899 North Capitol Street, N.E., 1st Floor
Washington, D.C. 20002

BOARD OF PROFESSIONAL COUNSELING

SECTION 4A. SCHOOLS ATTENDED

List Professional Counseling schools attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Date of Graduation mm/yyyy	Degree/Certificate

SECTION 4B. TRAINING AND PRACTICE - POSTGRADUATE EXPERIENCE

List experience covering the five (5) year period prior to the submission of the application (**MONTH & YEAR**) and all training. Include letters from employing facilities, organizations, and training. **For " TRAINING AND PRACTICE DESCRIPTIONS", use the letter key code below**. List experience in reverse chronological order, beginning with the most recent.

Organization/Institution	Start Date mm/yyyy	End Date mm/yyyy	Type of Position *(Use Key Code Below)*

TRAINING AND PRACTICE DESCRIPTIONS/TYPE OF POSITION KEY CODE

A. INTERNSHIP B. EMPLOYMENT C. PRIVATE PRACTICE D. OTHER…(Attach a typed explanation on a separate sheet of paper to this form.)

SECTION 4C. LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license (excluding training licenses) and request license verifications to be mailed directly to the Board. Use additional sheet if necessary.

Are you currently applying for licensure in any other jurisdiction? _____If yes please list those jurisdictions:______________________________

Jurisdiction	Issue Date mm/yyyy	Expiration Date mm/yyyy	License Number

SECTION 5. REQUIRED SCREENING QUESTIONS

Please answer questions 1 through 15 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 attaching copies of all relevant documents such as final court orders or panel review decisions.**

	Question	Yes	No
1.	Have you ever been charged, arrested, convicted, pled guilty to, or pled no contest (including no lo contendere) to the violation of any federal, state or other statute or ordinance constituting a felony or misdemeanor (including driving under the influence or while impaired, but excluding minor traffic violations and whether or not sentence was imposed or suspended)?	☐	☐
2.	Have you ever been licensed in any healthcare field in any state or jurisdiction? If yes, please list profession(s) & jurisdiction(s). **HEALTH PROFESSION(S)** ____________ **JURISDICTION(S)** ____________ ____________ ____________	☐	☐
3.	Have you ever voluntarily surrendered a license or registration certificate (or allowed it to lapse) after formal charges had been brought against you or while you were under investigation?	☐	☐
4.	Have you ever been terminated or resigned (voluntary or involuntary) from employment or training program in your profession for any reason?	☐	☐
5.	Has any licensing authority taken adverse action against your license or privileges or informed you of any pending charges?	☐	☐
6.	Has any licensing authority, health facility, or peer review board informed you of any pending charge(s) or investigation(s) against you?	☐	☐
7.	Do you have a medical condition or have you become aware of any medical condition that currently impairs or limits your ability to practice medicine safely or that could affect your performance or impact your ability to practice your profession?	☐	☐
8.	Are you currently being treated, or within the past five (5) years have you been treated, for a physical or mental condition that, but for the treatment, could impair your ability to practice your profession?	☐	☐
9.	Have you ever engaged in the excessive use of alcohol, controlled substances or prescription drugs or have you received treatment or therapy for abuse of alcohol or drugs?	☐	☐
10.	Within the last ten (10) years, have you voluntarily resigned, asked to resign, been terminated, or disciplined by any employer due to practice or moral turpitude issues?	☐	☐
11.	Have you ever withdrawn a license application or have you been denied a license or denied the privilege of taking a license examination by any professional licensing board or agency?	☐	☐
12.	Have you ever been pardoned from a felony (or criminal) conviction?	☐	☐
13.	Have you ever had a record expunged from a felony (or criminal) conviction?	☐	☐

SECTION 7A. 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);
- Fines, penalties, or interest assessed pursuant to ***D.C. Official Code Title 2, Chapter 18*** (Civil Infractions Act of 1985);
- Past due taxes;
- 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.***).

SECTION 7B. LICENSEE AFFIDAVIT

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.

LICENSEE SIGNATURE	***PRINT NAME***	***DATE***

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.