

Speech Language Pathology Clinical Fellow

NEW LICENSE APPLICATION

CHECKLIST- By EXAMINATION

IMPORTANT:

To expedite the processing of your NEW LICENSE APPLICATION be sure to follow the instructions carefully before submitting your ONLINE application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
1. All Pages of Application		
All pages of the online application must be completed and submitted.	ONLINE	<input type="checkbox"/>
2. Demographic Information		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	ONLINE	<input type="checkbox"/>
3. Social Security Number		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B).	ONLINE	<input type="checkbox"/>
4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background		
The photo must be original and cannot be a computer-generated copy, or paper copy.	ONLINE	<input type="checkbox"/>
5. One (1) photocopy of a current government issued photo ID		
This can be a driver's license or passport.	ONLINE	<input type="checkbox"/>
6. Name Change Documents (If applicable)		
Applicant must provide a copy of a legal name change document for <u>EACH</u> time that it has changed. Acceptable documents are <u>marriage certificates</u> , <u>divorce decrees</u> or <u>court orders</u> .	ONLINE	<input type="checkbox"/>
7. Official Sealed Transcript		
<p>Master's degree or <u>higher</u> in Speech Language Pathology or related field. The Official Transcript must be sent <u>directly from the school</u>. It can be sent by mail (899 North Capitol St, NE, 1st FL) but preferably via email (dcboaud@dc.gov).</p> <p>Foreign Educated Only: Transcripts from a foreign school in a foreign language must have evaluated by World Education Services (WES).</p>	E-MAIL or MAIL (Preferably via E-Mail and must come directly from the school/issuing institution)	<input type="checkbox"/>

CONTINUED CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
8. Criminal Background Check (CBC)		
<p>If a recent CBC (fingerprint) already exists in the system within 2 years, no new CBC is required. All other applicants must re-do their CBC with the online application. If answering “YES” to any of the screening questions, an explanation of the incident(s) must be provided by the applicant.</p> <p>For information, please visit the website: https://dchealth.dc.gov/node/120532. {\$50 payment must be paid via online with the application. A link will be provided to you afterward via email}.</p>	ONLINE (PAYMENT)	<input type="checkbox"/>
9. Screening Question Responses		
<p>Applicants must answer all questions, including Clean Hands. If answered “Yes”, the applicant must also submit any and <u>all relevant documents</u> related to the reason for the “Yes” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)</p>	ONLINE	<input type="checkbox"/>
10. Payment (Fee)		
\$210 (USD) for Application and License Fee.	ONLINE	<input type="checkbox"/>