DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

# SPEECH LANGUAGE PATHOLOGY CLINICAL FELLOW NEW LICENSE APPLICATION 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:**

## EXAMINATION CHECKLIST (GUIDE)

- **Please note that the checklist is intended as a reference tool to guide applicants in preparing their application. It is not exhaustive. Applicants must consult the relevant regulations to confirm that all required documents are submitted to ensure their application for licensure is complete:** DC Municipal Regulations for Speech Language Pathology Clinical Fellow.

- **All Pages of Application (ONLINE)** ☐
  All pages of the online application must be completed and submitted.

- **Demographic Information (ONLINE)** ☐
  The demographic information (i.e., name, date of birth, address, etc.) provided by the applicant is true and correctly matches what is contained in the electronic licensing system.

- **Social Security Number (ONLINE)** ☐
  If you do not have social security number then you must submit a Sworn Affidavit, 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).

- **One (1) Recent Passport-Size Type Photo (2x2 size) of the Applicant's Face with white background (ONLINE)** ☐
  The photo must be a high-resolution digital color image of the applicant's face.

- **One (1) photocopy of a current government issued photo ID (ONLINE)** ☐
  This can be a driver's license or passport.

- **Name Change document (ONLINE)** ☐
  Applicant 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.

- **Official School Transcript** **(EMAIL OR MAIL)** ☐
  Master's degree or higher in Speech Language Pathology or related field. The Official Transcript must be sent directly from the school. It can be sent by mail ([1] 2201 Shannon Pl, SE, 1st FL) but preferably via email (dcboaud@dc.gov ).

- **Criminal Background Check (CBC)** **(ONLINE PAYMENT)** ☐
  All other applicants must do (or 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. 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}.

- **Screening Question Responses** **(ONLINE)** ☐
  Applicants must answer all questions, including Clean Hands. If answered "Yes", the applicant must also submit any and all relevant documents related to the reason for the "Yes" answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.) along with National Practitioner Databank (NPDB) Self Query Report. The Self-Query Report must be requested from the NPDB (https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp) no more than thirty (30) days prior to submission of the application.

- **Payment (Fee)** **(ONLINE)** ☐
  $210 (USD) for Application and License Fee.