

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 PATHOLOGY CLINICAL FELLOW
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Speech-Language Pathology Clinical Fellow 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 Clinical Fellow 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. Upon final approval of your application, you will be issued a license to practice in the District of Columbia.

WHERE TO FILE

Online applications should be filed at: <https://app.hpla.doh.dc.gov/mylicense/PersonSearchResults.aspx>

Paper applications and accompanying documents should be **sent to** :

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.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a Speech-Language Pathology Clinical Fellow 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 \$125.00 made payable to D.C. Treasurer.
5. An official transcript of a Master's or Doctoral degree in Speech-Language Pathology from an Accredited educational institution.
6. Comply with all other applicable requirements set forth in these instructions (*See Checklist for all required documents*).
7. Complete Criminal Background Check (CBC) procedures.

(For information regarding CBC, please contact the vendor MorphoTrust at (877) 783-4187 or www.1enrollment.com)

EDUCATIONAL REQUIREMENTS

1. Applicants must have graduated from an accredited educational institution with at least a Master's or Doctoral degree in Speech-Language Pathology.

COMPLETING THE LICENSE APPLICATION

Section 1. LICENSE TYPE / LICENSE FEES

- A. Please indicate that you are applying by Examination.
- 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- Clinical Fellow	Examination	\$85	\$125	Varies	\$210 Plus

*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).

**This fee is charged by the vendor MorphoTrust and will vary depending on the state in which the applicant resides. To find out the fees charged to applicants of each state, please contact MorphoTrust at (877) 783-4187 or at www.l1enrollment.com

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

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 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 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 used 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 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 I), 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 Regulation and Licensing Administration’s (HRLA) website at <https://doh.dc.gov/service/licensing-boards> or call the Customer Service number at 1-877-672-2174. The forms that make up this package are:

- SLP Clinical Fellow New License Application
- SLP Clinical Fellow Application Instructions
- SLP Clinical Fellow Application Checklist
- SLP Clinical Fellow D.C. Municipal Regulations