



## DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION AND LICENSING ADMINISTRATION

## **Board of Audiology and Speech-Language Pathology**

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

## SPEECH-LANGUAGE PATHOLOGY ASSISTANT BY EXAMINATION

Checklist of Supporting Documents required:

- A complete signed application for DC License.
- Two (2) recent passport photos (2" x 2").
- Social Security Number or a Sworn Affidavit if the applicant does not have Social Security Number.
- Photocopy of a government issued <u>photo ID</u> (such as valid driver's license).
- Name Change Document (marriage certificate, divorce decree or court order), if applicable.
- An official transcript of an Associate's degree from a technical training program in Speech-Language Pathology Assisting or a Bachelor's degree in Speech-Language Pathology.
- \$210.00 for the application and license fee (Fees are non-refundable). The fee must be in the form of check, money order or certified check, made payable to D.C. TREASURER.
- Undergo a Criminal Background Check (CBC) To schedule an appointment go to <u>https://dchealth.dc.gov/node/120532</u> or call 877-614-4364.

## SPEECH-LANGUAGE PATHOLOGY ASSISTANT BY ENDORSEMENT

Checklist of Supporting Documents required:

- A complete signed application for DC License.
- Two (2) recent passport photos (2" X 2").
- Social Security Number or a Sworn Affidavit if the applicant does not have Social Security Number.
- Photocopy of a government issued <u>photo ID</u> (such as valid driver's license).
- Name change document (marriage certificate, divorce decree or court order), if applicable.
- An official transcript of an Associate's degree from a technical training program in Speech-Language Pathology Assisting or a Bachelor's degree in Speech-Language Pathology.
- $\circ$   $\;$  Letter of verification from each state of licensure.
- \$210.00 for the application and license fee (Fees are non-refundable). The fee must be in the form of check, money order or certified check, made payable to D.C. TREASURER.
- Undergo a Criminal Background Check (CBC) –To schedule an appointment go to <u>https://dchealth.dc.gov/node/120532</u> or call 877-614-4364.