





**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Occupational and Professional Licensing Division**

**NEW LICENSE APPLICATION**

**SECTION 5A. PROFESSIONAL SCHOOLS ATTENDED**

List all colleges and universities attended prior to and including trade or professional schools. List in reverse chronological order, beginning with the most recent at the top. Attach additional sheets if necessary. If required in the application instructions, you must provide a sealed transcript.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

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**SECTION 5B. WORK EXPERIENCE**

List all work experience since graduation from the education program required for the license for which you are applying. List in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

\* TYPE OF POSITION KEY:

- A. Apprenticeship                      D. Training                      F. Other (attach a typed explanation to this form)
- B. Private Practice/Self-Employed    E. Instructor
- C. Employment

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**SECTION 5C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS**

List all states and jurisdictions in which you have ever held a similar professional license. If required in the application instructions, you must request and provide verification of licensure for all of these licenses, past and/or present.

Jurisdiction	Date License Was First Obtained	License Number

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**SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.**

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through J below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

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A. I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever been licensed in DC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

**SECTION 7. APPLICANT AFFIDAVIT**

*I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.*

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\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
DATE

*Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the affiant, who personally appeared before me.*  
(Month) (Year)

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\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
MY COMMISSION EXPIRES

\_\_\_\_\_  
(SEAL)

**SECTION 8. SPONSOR'S AFFIDAVIT**

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\_\_\_\_\_  
SPONSOR'S SIGNATURE

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPONSOR'S LICENSE PREFIX AND NUMBER

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Board approval date (mm/dd/yyyy): \_\_\_\_\_

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**SECTION 9. SUPPORTING DOCUMENTS REQUIRED**

Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Board. Keep a photocopy of all supporting documents for your records.		<b>PEARSON VUE ONLY</b>
A. All applicants: Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
B. All applicants: If applicant's name has changed since attending College. Copies of legal documents supporting all name changes.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
C. All applicants: Include a legible copy of government-issued photo ID, such as your valid driver license, as proof of identity.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
D. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
E. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
F. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
G. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
H. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
I. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
J. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
K. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
L. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
M. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
N. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
O. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
P. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Q. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
R. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
S. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
T. Not applicable.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
U.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
V.	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>