



NEBRASKA
 Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299

**APPLICATION FOR TEMPORARY LICENSURE AS AN
 AUDIOLOGIST OR SPEECH-LANGUAGE PATHOLOGIST**

Check below the type of license that you are requesting:

- Audiology
- Speech-Language Pathology
- Hearing Aid license based on Temporary Audiology license

(Please print or type application)

SECTION A - Personal Information: (All applicants for registration must complete this section.) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi>**

NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office.

1	Legal Name:	First:	Middle/MI:	Last:		
	Maiden Name	Name:	Other names you are known as (AKA)			
2	Present Address	Street/Box/Route:				
		City:	State:	Zip:		
Additional information requested: (This information is not displayed on the internet) (Submit evidence of age, i.e.; driver's license, U.S. birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation. A birth certificate will satisfy the requirement for proof of age and proof of U.S. citizenship.						
3	Date of Birth:	Month/Day/Year	Place of Birth:	City/State or Country		
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#		
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#		
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number		I-94#		
If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.						
5	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)	

Temporary License Fee: \$140

Make check payable to "Licensure Unit" License expires upon expiration of the Professional Experience or Clinical Fellowship

SECTION B – Education: (All applicants must complete this section and provide official transcript from chiropractic college.)

Speech-Language Pathology: An official transcript (official means issued and sealed by the issuing institution) showing proof of a master's degree or it's equivalent in Speech-Language Pathology from an academic program accredited by the Education Standards Board of the [American Speech-Language-Hearing Association](#);

Audiology: Graduation prior to September 1, 2007 - An official transcript (official means issued and sealed by the issuing institution) showing proof of a master's degree or its equivalent in Audiology from a program accredited by the Education Standards Board of the [American Speech-Language-Hearing Association](#);

Audiology - Graduation on or after September 1, 2007 - An official transcript (official means issued and sealed by the issuing institution) showing proof of a doctoral degree or its equivalent in Audiology from a program accredited by the Education Standards Board of the [American Speech-Language-Hearing Association](#).

Name of Program	
Name of College	
Location	
Graduation Date	

SECTION C - Examination.

Have you passed the PRAXIS Examination for Audiology or Speech Language Pathology? Date test was taken _____ Yes No

If yes, please provide official documentation. If no please complete Attachment A 1.

SECTION D - Clinical Fellowship (CF)

Have you completed your Clinical Fellowship? Yes No

If Yes, please indicate the completion date and have your supervisor complete and submit the "Documentation of Completion of the Clinical Fellowship" form to the Licensure Unit (Attachment A1) Completion Date:

If no, please indicate beginning and projected ending date and name of your supervisor. Beginning date:
Projected ending date:

Supervisor's Name: _____

SECTION E– Hearing Instrument Specialist License Based on Audiology License: Any applicant who plans to regularly dispense hearing instruments and obtains an Audiology license must also obtain a Hearing Instrument Specialist license.

To obtain the Hearing Instrument Specialist license, answer the questions below and include the Hearing Instrument Specialist licensure fee of \$25 along with your Audiology licensure fee.

Do you intend to maintain a practice in which hearing instruments are regularly dispensed?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
1	Have you dispensing hearing instruments in Nebraska prior to the application for a license?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
2	If yes, what are the actual number of days you practiced in Nebraska prior to licensure?		

SECTION F – Conviction and Licensure Information (all applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Answer each of the following questions by placing a checkmark in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you ever been convicted in any jurisdiction of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A copy of the Court Record, which includes charges and proof of completion;
- Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

The following questions relate to a credential that you hold or have held in health services, health related services or environmental services in Nebraska or another jurisdiction.

		Yes	No		
1	Are you credentialed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?
2	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential Action	Date of Action
					Name of Entity taking Action

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Certification of your credential in another state
- Official Documents from the State Board in which the disciplinary action was taken

SECTION G – Practice Prior to Credential: An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	I have not practiced Audiology or Speech-Language Pathology in Nebraska before submitting the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice?	# of days: _____
		Name of business: _____
		City: _____

SECTION H – Attestation

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §§38-129 and 4-108 through 4-114, I attest as follows:

Please check the appropriate box(s) below:

- I am a citizen of the United States
- I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act
- I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States
- I am a qualified alien under the Federal Immigration and Nationality Act

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the

United States.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

See Note Below for information and documentation that must be submitted.

Print Name: _____

Signature: _____

Date: _____

NOTE: The applicant must submit the following documentation:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Evidence of Residency: You must submit proof of living within the boundaries of Nebraska, i.e. home address, care registration, voter registration
3. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
4. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and proof ;
5. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - (a) A copy of the court record, which includes charges and disposition;
 - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a copy of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number ("A#") with visa status; or
 - (14) A Form I-94 (Arrival-Departure Record) with visa status;
6. Education: An official college/university transcript;
7. Exam: Official documentation of passing the audiology or speech-language pathology licensure examination. Please use code 7646 when ordering score transcripts; and
8. Fee: The required fee.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.