

**APPLICATION FOR REINSTATEMENT TO PRACTICE AUDIOLOGY  
OR SPEECH-LANGUAGE PATHOLOGY  
Revoked, Expired, Placed on Inactive Status, Lapsed, or  
Voluntary Surrender**

(Please print or type application)

**Check below the type of license that you are reinstating**

**Audiology**

**Speech-Language Pathology**

**Reinstatement Application Fee:** The Audiology/Speech-Language Pathology reinstatement fee is **\$175**.

**Prorated Fee:** If your license is reinstated within the 180 days preceding the expiration date of December 1<sup>st</sup> of even-numbered years, the reinstatement application fee is prorated and is **\$70.00**.

Please make your check payable to the **Licensure Unit**.

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even	\$175	\$175	\$175	\$175	\$175	\$70	\$70	\$70	\$70	\$70	\$70	\$175
Odd	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175

**All licenses expire December 1<sup>st</sup> of even-numbered years.**

<b>SECTION A - Personal Information:</b> (All applicants must complete this section.) <b>This section is public information and will be displayed on the INTERNET <a href="https://www.dhhs.ne.gov/lookup">https://www.dhhs.ne.gov/lookup</a></b>			
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:
3	License number:		
4	Phone #:		Fax# (optional)
5	E-Mail Address:		
<b>Additional information requested (this will NOT be displayed on the internet):</b>			
6	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#
		<input type="checkbox"/> Alien Registration Number ("A#"); or	A#
If you have both a SSN and an A#, you must report both. <b>Neb. Rev. Stat. § 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</b>			

**SECTION B – 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.

**Please answer each of the following questions with regard to the time period since your license was last renewed.** Answer each of the following questions and submit the information requested. All 'yes' responses MUST be explained in detail.

#	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 any misdemeanor or felony since your license was last renewed?					

If you answered YES to the question above, you must submit the following documents with your application:

- Copy of the court record(s), which includes charges and disposition;
- Written explanation of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);
- All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.

		Yes	No		
2.	Are you or have you been credentialed in any state or jurisdiction? <b>(Current, inactive or expired credentials must be listed)</b>			If yes, what State(s) are you credentialed in?	What type of credential do you hold?
3.	Has your credential (ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?			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 C – Practice Prior to Reinstatement:** An individual who practices prior to reinstatement 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. Have you practiced Audiology or Speech-Language Pathology in Nebraska, (*except* when practicing under a credential issued by the Nebraska Department of Education and working in a school setting), since your license was placed on expired, inactive, non-disciplinary revocation, lapsed or following voluntary surrender unrelated to discipline?

Yes \_\_\_\_\_ 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 where you practiced?

Exact # of days you practiced? \_\_\_\_\_

Name of business: \_\_\_\_\_

City/State/Zipcode \_\_\_\_\_

Phone number of business: \_\_\_\_\_

#### **SECTION D - CONTINUING COMPETENCY AUDIOLOGY/SPEECH-LANGUAGE PATHOLOGY**

**CONTINUING COMPETENCY REQUIREMENTS:** You must have completed twenty (20) hours of continuing education in the preceding twenty-four (24) months for reinstatement of your license. In order for a continuing education activity to be accepted for reinstatement of a license, the continuing education activity must relate to the practice of Audiology or Speech-Language Pathology.

**WAIVER OF CONTINUING COMPETENCY:** If you have not completed the continuing competency requirements and wish to apply for a waiver of the continuing competency requirements, please complete the information below. If you have completed part of the required continuing education hours, please submit documentation of these hours with the documentation required for the waiver you checked below.

I have served full-time duty in the active military service of the United States, or a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration during part of the 24 months immediately preceding the biennial licensure renewal (**You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders or Military Identification Card to claim this exemption. If you meet this exemption, you are not required to pay the renewal fee.**)

**Initial License:** I was first licensed within the twenty-four months immediately preceding the date of my application for reinstatement.

**Illness/Disability:** I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period.)

**Extenuating Circumstances:** I was not able to complete my continuing education requirement due to circumstances beyond my control. (You must submit documentation to support this waiver request.)

All **20 hours** may be from **Content Area I** with no more than **5 hours from Content Area II**. The Board does **not** pre-approve continuing education programs. It is the licensee's responsibility to attend or participate in continuing education activities which meet the guidelines pursuant to NAC 23-004.01C. The Board retains final authority for acceptance of any educational activity submitted by the licensee to meet the continuing competency requirement.

#### **CONTENT AREA I:**

- ✓ Anatomic and physiologic bases for the normal development and use of speech, language, hearing, and balance;
- ✓ Physical bases and processes of the production and perception of speech, language, and hearing;
- ✓ Linguistic and psycho-linguistic variables related to normal development and use of speech, language, and hearing;
- ✓ Technological, biomedical, engineering, and instrumentation information which would enable expansion of knowledge in the basic communication processes;
- ✓ Various types of disorders of communication, their manifestations, classification, and cause;
- ✓ Evaluation skills, including procedures, techniques, and instrumentation for assessment;
- ✓ Principles in habilitation and rehabilitation of communication disorders; and
- ✓ Principles in evaluation and rehabilitation of balance and vestibular disorders.

#### **CONTENT AREA II (must relate to the practice of audiology and speech-language pathology)**

- ✓ Regulations and implementation of federal and/or state regulated programs;
- ✓ Service delivery models;
- ✓ Ethical practices;
- ✓ Supervision issues related to the practice of audiology and speech-language pathology;
- ✓ Related disciplines which interface with delivery of audiology and speech-language pathology services; and
- ✓ Reimbursement issues.

#### **Acceptable continuing education activities are:**

- ✓ Programs at State and National meetings which relate to the theory or clinical application of theory pertaining to the practice of audiology or speech-language pathology e.g., a meeting of the Nebraska Speech-Language-Hearing Association and/or the American Speech-Language-Hearing Association;
- ✓ Formal education courses which relate directly to the theory or clinical application of theory pertaining to the practice of audiology and speech-language pathology;
- ✓ University sponsored courses relating to the theory or clinical application of theory pertaining to the practice of audiology and speech-language pathology;
- ✓ Home study with testing mechanism. Licensee may complete a maximum of ten hours of continuing education requirements by home study each 24 month renewal period. The home study program must have a testing mechanism.
- ✓ Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relate to audiology or speech-language pathology. Five contact hours will be awarded for each publication.
- ✓ Licensees may earn up to a maximum of ten contact hours of continuing education each 24 month renewal period for authorship, editorship, co-authorship, co-editorship, or all of these, of a juried publication relating to audiology or speech-language pathology. A licensee's documentation must include a copy of the final publication or verification of publication e.g., title, page and table of contents;
- ✓ Nationally recognized specialty certification examinations: A licensee may earn a maximum of ten hours; and
- ✓ One hour credit will be awarded for each hour of scientific presentation by a licensee acting as an essayist or a lecturer to licensed audiologists and/or speech-language pathologists.

**SECTION E – Attestation**

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

**I attest that:**

I am a citizen of the United States; **OR**

I am a qualified alien under the Federal Immigration and Nationality Act; **OR**

I am a nonimmigrant lawfully present in the United States; **OR**

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**NOTE:** You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will NOT be reinstated until such proof is received by our office and verified through the Department of Homeland Security (may take 4-

**Signature and Application Attestation: I attest that:**

1. I have read the reinstatement application or have had the reinstatement application read to me; and
2. All statements on this reinstatement application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If an applicant has practiced while his/her credential was expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Assess an administrative penalty, in which case a separate notice of opportunity for hearing will be sent to the applicant;
2. Deny the application to reinstate the credential;
3. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
4. Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

The Department will act within 150 days on all completed applications. The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.