

**LICENSE FEE WAIVER:** Starting January 1, 2020, if you meet one of the following waiver options, your initial license and temporary license fee **may be waived**.

1. **Young Worker:** You are between the ages of 21 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active-duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

### **APPLICATION PROCESS - To apply for a License:**

#### **STEP 1: Get copies of the following documents:**

**NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1.  **US Citizenship/Lawful Presence** (must be at least 21 years old):  
**U.S. Citizens, a PHOTOCOPY of one of the following:**
  - \_\_\_\_\_ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted)
  - \_\_\_\_\_ U.S. Passport (unexpired or expired).
  - \_\_\_\_\_ Certificate of Naturalization.
  - \_\_\_\_\_ Other documents that show U.S. Citizenship.

**A Driver's License is NOT acceptable.**

**NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:**

- \_\_\_\_\_ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- \_\_\_\_\_ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- \_\_\_\_\_ Employment Authorization Card **AND one of the following**
  - \_\_\_\_\_ An approved deferred action status (DACA);
  - \_\_\_\_\_ A pending application for asylum in the United States;
  - \_\_\_\_\_ A pending or approved application for temporary protected status in the United States; or
  - \_\_\_\_\_ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States

**NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

2.  **Education and Transcript:** You must have your school or electronic transcript service submit a high school transcript directly to our office. If sending by e-mail, send to [DHHS.RehabOffice@Nebraska.Gov](mailto:DHHS.RehabOffice@Nebraska.Gov).

**Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

3.  **Other State License Information:** If you hold or have held a health related license in any state you must contact that state and request a verification of your license (**do not send a copy of your license**). The verification must indicate whether there is any discipline on your license.

4.  **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions, or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**If you had an alcohol and drug evaluation and/or completed treatment**, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department. For more recent drug/alcohol convictions, please submit a drug/alcohol evaluation with your application that has been completed within the last 2 years.

**The following provides SOME examples of convictions; this is NOT an all-inclusive list:**

<ul style="list-style-type: none"><li>• MIP</li><li>• DUI / DWI</li><li>• Controlled Substance</li><li>• Open Container</li><li>• Tobacco Use by Minor</li><li>• Shoplifting / Theft / Burglary</li><li>• Unauthorized use of a Financial Transaction</li><li>• Disturbing the Peace</li><li>• Assault</li><li>• Disorderly Conduct / Disorderly House</li><li>• Reckless Driving</li></ul>	<ul style="list-style-type: none"><li>• Driving under Suspension / Revocation</li><li>• License Vehicle without Liability Insurance</li><li>• Fail to Appear in Court</li><li>• False Information or Reporting</li><li>• Leave the Scene of an Accident</li><li>• Operator not Carrying License</li><li>• Unlawful Display of Plates/Renewal tabs</li><li>• Parks Rule Violation / Curfew Violation</li><li>• Dog at Large / Fail to Vaccinate Animal</li><li>• Littering / Fireworks</li><li>• Bad Check</li><li>• Not Wearing Seat Belt</li></ul>
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**NOTE:** If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone at 402-471-0175.

5.  **Examination**

To be eligible for the ILE, you must have a temporary hearing Instrument Specialist license. Once you pass the ILE, you may apply for your initial Hearing Instrument Specialist license and take the practical exam.

**STEP 2: Complete all pages and questions on the Application.**

<b>Submit your application to the Licensure Unit</b>	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). <b>Pay by check/money order; debit or credit card is not accepted.</b>

**Application Review:** All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 business days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application. If your application is not completed within this 90-day period, it will be closed, and all documents will be destroyed. A new application will then be required to restart the process.
- If your application **is complete**, you will receive a license by regular mail. You may monitor the status of your application at [DHHS.NE.Gov/lookup](http://DHHS.NE.Gov/lookup).

**Records Retention Schedule:** When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**APPLICATION FOR TEMPORARY HEARING INSTRUMENT SPECIALIST LICENSE**

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

Please print or type application.

*As of 08/24/17, an audiology student enrolled in an accredited college or university and engaged in supervised clinical practice, including the dispensing of hearing instruments, is not required to obtain a Hearing Instrument Specialist license. Individuals in training must have a temporary Hearing Instrument Specialist license.*

**LICENSE FEES:**

**A. Fee Waiver:**

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. Check only one box:

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
  - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR
  - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active-duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**B. Fee Required- If you do NOT qualify for one of the above fee waivers:**

Temporary Licensure Fee - \$85.00. Pay by check or money order to Licensure Unit. Your cancelled check is proof of payment. This application will be returned if you do not pay the appropriate fee.

SECTION A – Personal Information –			
Legal Name	First:	Middle/MI:	Last:
List any other names you have ever been known as (AKA), including maiden name and your last name on your birth certificate.			
Present Address	Street/Box/Route:		
	City:	State:	Zip:
Date of Birth	Month/Day/Year	Place of Birth	City/State or Country
Social Security Number (SSN)			
Check the Appropriate Box(s)	Alien Registration Number ("A#):		
	I-94 #		
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.			
**Phone #:		**Fax # (Optional)	
**E-Mail Address (Required)			

Have you ever been denied the right to take a license examination in any State?

Yes  No  If yes, explain:

**SECTION B – Education –** Please request an official copy of your high school transcript or GED be sent directly to our office.

Name of High School							
Location	Street/PO/Route:						
	City:			State:		Zip:	
Diploma	Yes	No	Year of Graduation	GED Certificate	Yes	No	Issued By
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Name of College if applicable							
Date of Graduation:				Major:			

**Information Relating to Military Education, Training, or Service:**

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**SECTION C – 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.**

**CONVICTION INFORMATION:** You must list **ALL** misdemeanor or felony convictions.

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

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**SECTION D – All applicants must complete this section.**

	YES	NO		
Do you <b>hold or have</b> you ever held a credential that was issued by another state(s)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?
If yes, 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

<b>SECTION E – Practice in Nebraska Prior to Obtaining a Credential</b> – 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. A temporary license <i>is required</i> before you may begin training.				
Have you practiced or trained <b>as a temporary Hearing Instrument Specialist</b> in Nebraska prior to submitting this application?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was the actual number of days you practiced or trained in Nebraska? Please provide the business name, location, and telephone number where you practiced or trained.			# of days:	
Name of Business:		City/State		
Name of Supervisor:		Telephone		

<b>SECTION F – Supervisor Information</b> – Supervisor must complete this section.			
Name of Licensed Hearing Instrument Specialist			
Nebraska License Number			
Name of Business			
Business Address	Street/PO/Route:		
	City:	State:	Zip:
Business Telephone (Optional)	Supervisor Signature _____		

<b>SECTION G – Attestation</b>	
<p><u>Attestation:</u> 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:</p> <p><input type="checkbox"/> I am a citizen of the United States.</p> <p><input type="checkbox"/> I am <b>NOT</b> a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.</p> <p><input type="checkbox"/> I am <b>NOT</b> a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.</p> <p><input type="checkbox"/> I am <b>NOT</b> a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.</p> <p>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;</p> <p>Print Name: _____</p> <p>Signature: _____ Date: _____</p>	

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>