

**DEPT. OF HEALTH AND HUMAN SERVICES**

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 REGISTRATION AS AN AUDIOLOGY OR  
 SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

Check below the type of registration that you are requesting: (Please print or type application)

- Audiology Assistant                       Speech-Language Pathology Assistant

**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.dhhs.ne.gov/lookup>

**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, birth certificate, marriage license, school transcript, U.S. State ID card, Military ID, or other similar documentation. A birth certificate or U.S. passport 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#   |                            |
| If you have both a SSN and an A#, you must report both. <a href="#">Neb. Rev. Stat. § 38-123</a> 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. |                               |   |                                       |      |                            |
| 5   | Phone #: (optional)           |   | Fax #: (optional)                     |      | E-Mail Address: (optional) |

**SECTION B – REGISTRATION FEE: \$60** Make payable to the "Licensure Unit"  
**All registrations expire one year from date of issuance**

**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, including, but not limited to payment of a civil penalty.

Answer each of the following questions by placing an **X** 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 of a misdemeanor or felony? | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                |                                    |
|   |  |                          |                          |                                   |                |                                    |
|   |  |                          |                          |                                   |                |                                    |

If you answered YES to the question above, you must submit the following documentation 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.

**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                       |  |                                      |                              |
|---|---|--------------------------|--------------------------|--|--------------------------------------|------------------------------|
| 2 | 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? |                              |
|   |   |                          |                          |  |                                      |                              |
|   |   |                          |                          |  |                                      |                              |
|   |   |                          |                          |  |                                      |                              |
| 3 | 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 |
|   |   |                          |                          |  |                                      |                              |
|   |   |                          |                          |  |                                      |                              |
|   |   |                          |                          |  |                                      |                              |
| 4 | Have you ever been denied the right to take an examination?   | <input type="checkbox"/> | <input type="checkbox"/> | Please Explain:                                |                                      |                              |

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

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

**SECTION D - Education** - All applicants must complete this section and provide an official transcript from an accredited college. Official transcript means issued and sealed by the issuing institute

|  |                  |  |
|--|------------------|--|
| <b>Part 1:</b><br>Associate's Degree   | Name of Program: |  |
|  | College:         |  |
|  | Location:        |  |
|  | Date Completed:  |  |
| <b>Part 2:</b><br>Bachelor's Degree  | Name of Program: |  |
|  | College:         |  |
|  | Location:        |  |
|  | Date Completed:  |  |
| <b>Part 3:</b> Proof of education equivalent to an associate's degree or a bachelor's degree | Name of Program: |  |
|  | College:         |  |
|  | Location:        |  |
|  | Date Completed:  |  |

**SECTION E – Training:** Applicants must have supervisor complete and submit the **Affidavit of Completion of Aural Rehabilitation Training** (Attachment B) if you will be providing aural rehabilitation.

Will you be providing aural rehabilitation?     Yes     No

**SECTION F – Supervision:** An Audiology/Speech-Language Pathology assistant must be supervised by a licensed audiologist or speech-language pathologist.

|  |                          |                          |
|--|--------------------------|--------------------------|
| Has audiologist or speech-language pathologist submitted an <b>Application for Certification of Supervision?</b> | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, name of supervising audiologist or speech-language pathologist:

**If no, an Application for Certification of Supervision must be received by this office prior to issuance of a Speech-Language Pathology Assistant License.**

**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 | Have you practiced as audiology or speech-language pathology assistant 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: _____  |
|   |   | Telephone #: _____                                       |

## SECTION H - 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 renewed until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

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

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

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. **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;
3. **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 disposition;
4. **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. **Documents Accepted for Citizenship/Lawful Presence**

**U.S. Citizen**, a photocopy of one of the following:

1. Birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (**Hospital issued keepsake birth certificates cannot be accepted**);
2. U.S. Passport (unexpired or expired);
3. American Indian Card (I-872); the I-872 card is only issued to members of the Texas Band of Kickapoos;
4. Certificate of Naturalization (N-550 or N-570);
5. Certificate of Citizenship (N-560 or N-561);
6. Certification of Report of Birth (DS-1350);
7. 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. United States Citizen Identification Card (I-197 or I-179); or
10. Northern Mariana Card (I-873).

**Qualified Alien or a Non-Immigrant** under the Federal Immigration and Nationality Act, a photocopy of one of the following:

1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa.

**NOT a U.S. Citizen nor a Qualified Alien** under the Federal Immigration and Nationality Act and are lawfully present in the United States, the applicant may still be eligible for a license if s/he provides a photocopy of their unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

Employment Authorization Card **AND**

1. An approved deferred action status (DACA);
2. A pending application for asylum in the United States;
3. A pending or approved application for temporary protected status in the United States; or
4. A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or 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

6. **Education:** An official college/university transcript sent directly from the education institution to the Department; and
7. **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.