



Division of Public Health, Licensure Unit,
P.O. Box 94986 Lincoln, NE 68509
Telephone: (402) 471-2299

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM FOR HEARING INSTRUMENT SPECIALISTS

SECTION A: Program Information

1. Name of Program _____
2. Objectives of Program _____

3. Number of Hours Requested for Approval (exclusive of time for breaks and meals) _____
4. Location of Program _____
(City) (State)
5. Date(s) of Program _____
(Month/Day/Year)
6. Provider of Program _____
7. Is this program open to all licensed Hearing Instrument Specialists? _____ Yes _____ No

Include a copy of a description in detail of program content and program objectives (Course outline and agenda. If this is a booklet please send two copies).

SECTION B: Presenter Information

1. Name: _____
2. Qualifications: List any education, experience and/or training that qualifies the individual to present this continuing education program.

Education: _____

Experience: _____

Training: _____

You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to, curriculum vita, resume, or documentation of previous presentations pertaining to the theory and clinical application of hearing aid instrument specialists.

SECTION C: Method of Program Attendance Verification

Attach a sample copy of the documentation the provider issues to license or certificate holders as proof of attendance of the program. Examples may include signature roster, a certificate of completion, or a letter from the provider verifying attendance at the program. Explain how attendance for duration of program is verified.

SECTION D: Signature

Name of Person Completing the Application (Please Print): _____

Signature: _____

Date: _____

Telephone Number (Optional): _____

Address: _____
(Street/PO Box/Suite #)

(City)

(State)

(Zip Code)

E-mail address: _____

Required items that must be included with this application:

1. A description in detail of program content;
2. Program objectives; (** If the program has a booklet, please send two copies)
3. A description of the qualifications of each presenter;
4. The number of hours for which approval is requested
5. The name, address, and telephone number of the provider and its administrator or operating officer;
6. A sample copy of the documentation the provider issues to the licensee as proof of attendance at the program; and
7. Date, time and place of program.

PLEASE NOTE:

Request for approval must be submitted 45 days prior to the date on which the program is to be given to gain approval before the program is presented.

Applications for approval of a continuing education program made after the program has occurred must be submitted within 60 days after the date of the program, EXCEPT applications submitted for approval 60 days or less before December 31, of each even-numbered year will not be considered for approval for the renewal period (anything submitted after November 1st of the renewal year).