



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 REINSTATEMENT TO PRACTICE AS A  
 HEARING INSTRUMENT SPECIALIST  
 (Revoked, Expired, Placed on Inactive Status, Lapsed, or Voluntary  
 Surrender without Disciplinary Action)**

(Please print or type application)

***I hereby apply for reinstatement of my license to practice as a Hearing Instrument Specialist in the State of Nebraska and submit the required fee of \$200.***

**SECTION A - Personal Information:** (All applicants 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:
3	License number:			

**SECTION B - Additional information requested. This will NOT be displayed on the internet.**

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)				

\*\* If you provide us with this information, we can expedite your credential request if there is a problem with your application.

**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.**

Please answer each of the following questions with regard to the time period since your license was renewed.

Answer each of the following questions by placing a check mark 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 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				
2	<input type="checkbox"/>	<input type="checkbox"/>	Are you credentialed in any other state/jurisdiction(s)?	If yes, what state(s)/jurisdiction(s) are you credentialed in?	What type of credential do you hold?	
3	<input type="checkbox"/>	<input type="checkbox"/>	Has any 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(s)/jurisdiction(s)
- Official Documents from the State Board in which the disciplinary action was taken

**SECTION D – 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 <b>as a Hearing Instrument Specialist</b> in Nebraska since your license was expired, on inactive status or following voluntary surrender.	<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 E – CONTINUING COMPETENCY – HEARING INSTRUMENT SPECIALIST**

**CONTINUING COMPETENCY REQUIREMENTS:** You must have completed 24 hours of approved continuing education within the preceding 24 months prior to applying for Reinstatement. The Nebraska Board of Hearing Instrument Specialists will only accept continuing education credits which meet the criteria for continuing education programs as outlined in Section 008 of Title 172 Chapter 75 – Regulations Governing the Practice of Hearing Instrument Specialists. There is an approved list of Continuing Education available on the website at <http://www.dhhs.ne.gov/crl/rcs/haid/approvedce.pdf>.

**CONTINUING COMPETENCY WAIVER:** If you **have not** completed the continuing competency requirement and wish to apply for a waiver of the continuing competency requirement of twenty (24) hours of continuing education, please submit the documentation required for the waiver you check below.

\_\_\_\_\_ **I AM REQUESTING A WAIVER** of \_\_\_\_\_ continuing education hours. Check applicable reason(s) for waiver below:

<input type="checkbox"/>	I have served in the regular armed forces of the United States during part of the twenty-four (24) months preceding the licensure renewal date and request both my continuing education requirements and renewal fee be waived. (You <b>MUST</b> provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
<input type="checkbox"/>	I was first licensed within the twenty-four (24) months immediately preceding the license renewal date. Date of issuance of license: _____
<input type="checkbox"/>	I have suffered a serious or disabling illness or physical disability during the credentialing period immediately preceding the renewal date, which prevented completion of the continuing competency requirements. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during that period.)

**SECTION F - YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION:**

Please answer each of the following questions with regard to the time period since your license was renewed.

If you answer **NO** to questions 1-2, you must provide an explanation.

1	Are you of good character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you have the mental and physical capacity to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer **YES** to any of questions 3-14, you must provide an explanation.

3	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice <b>as a Hearing Instrument Specialist</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you practiced your profession: <ul style="list-style-type: none"> <li>• Fraudulently?</li> <li>• Beyond its authorized scope?</li> <li>• With gross incompetence or gross negligence?</li> <li>• In a pattern of incompetent or negligent conduct?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you practiced as a Hearing Instrument Specialist while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you violated: <ul style="list-style-type: none"> <li>• The Uniform Credentialing Act?</li> <li>• Mandatory Reporting Regulations?</li> <li>• The Uniform Controlled Substances Act?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14	Have you committed any acts of unprofessional conduct relating to the practice of practiced <b>as a Hearing Instrument Specialist</b> ? (Refer to the Practice Act and Regulations for <b>Hearing Instrument Specialist</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION G – 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(es) below:

- I am a citizen of the United States
- I am an alien lawfully admitted into the United States 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

**NOTE:** If you are an alien lawfully admitted into the US for permanent resident OR a non-immigrant whose visa/application for visa for entry is related to such employment in the US, you must submit evidence of lawful permanent residence and/or immigration status which may include a copy of:

- (1) An Alien Registration Receipt Card (Form I-551, otherwise known as a “Green Card”);
- (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (3) A document showing an Alien Registration Number (“A#”) with visa status; or
- (4) A Form I-94 (Arrival-Departure Record) with visa status

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 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).
5. I have completed 24 hours of acceptable continuing education within the preceding 24 months pursuant to 172 NAC 75-008 or requested a continued competency waiver.

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

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

### **NOTE:**

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.