Department of Health & Human Services
DHHS
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

Revised: 8/3/16

APPLICATION FOR REINSTATEMENT TO PRACTICE AS AN AUDIOLOGY OR SPEECH-LANGUAGE PATHOLOGY ASSISTANT 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 Assistant ☐ Speech-Language Pathology Assistant

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:			
4.	Phone # (optional)		Fax # (optional)	
5.	E-mail address: (optional)			

Additional information requested:

6.	Check the Appropriate Box(s):	☐ Social Security Number (SSN);	SSN#
		☐ Alien Registration Number ("A#"); or	A#
	If you have both a SSN and an A#, you must report both. **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.**		

Reinstatement Application Fee: The Audiology/Speech-Language Pathology Assistant reinstatement fee is **$95**.

Please make your check payable to the **Licensure Unit.** **All licenses expire one year from date of issuance.**

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 by placing a check mark in the appropriate box and submitting the information requested.

#	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?	☐	☐			

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.
-

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			
1.	Are you or have you been credentialed in any state or jurisdiction? **(Current, inactive or Expired credentials must be listed)**	☐	☐	If yes, what State(s) are you credentialed in?	What type of credential do you hold?	
2.	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 – YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Please answer each of the following questions with regard to the time period since your license was last renewed. If you answer yes to any of the following questions, you must provide an explanation.

1.	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice as an audiology or speech-language pathology assistant?	☐ Yes ☐ No
2.	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	☐ Yes ☐ No
3.	Have you practiced as an audiology or speech-language pathology assistant : • Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
4.	Have you practiced as an audiology or speech-language pathology assistant while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	☐ Yes ☐ No
5.	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	☐ Yes ☐ No
6.	Have you been denied the right to take a Credentialing Examination?	☐ Yes ☐ No
7.	Have you used untruthful, deceptive, or misleading advertising?	☐ Yes ☐ No
8.	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	☐ Yes ☐ No
9.	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	☐ Yes ☐ No
10.	Have you invaded a field of practice for which you are not credentialed?	☐ Yes ☐ No
11.	Have you violated: • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

12.	Have you committed any acts of unprofessional conduct relating to the practice as an audiology or speech-language pathology assistant? (Refer to the practice act for your profession)	☐ Yes ☐ No

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 as an Audiology or Speech-Language Pathology Assistant in Nebraska 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 of the practice.	# of days: _____
		Name of business:
		City:
		Phone number of business:

Department of Health & Human Services
DHHS
NEBRASKA
State of Nebraska
DHHS – Division OF Public Health
P.O. Box 94986 – Lincoln, NE 68509-4986
Telephone: (402) 471-2299

CONTINUING COMPETENCY – INSERVICE TRAINING

I, _____ do hereby attest that I provided
(Licensed Audiologist or Speech-Language Pathologist)

_____ with at least ten (10)
(Audiolgy or Speech-Language Pathology Assistant)

hours inservice training from _____ to _____ in areas related to the
(Date) (Date)

services provided by the Audiology or Speech-Language Pathology Assistant.

SUBJECT OF INSERVICE TRAINING	PROGRAM TITLE	PROGRAM LOCATION	PROGRAM DATES (Month/Day/Year)	HOURS EARNED

*Attach additional information if space above is inadequate

TOTAL HOURS EARNED:	

_____ **I AM REQUESTING A WAIVER** of _____ continuing education hours.
Check applicable reason(s) for waiver 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 12 months immediately preceding the licensure renewal date. (**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.**)
☐	**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 twelve (12) months immediately preceding the license renewal date. (1. Attach a statement explaining the circumstances beyond the licensee's control that prevented completion of all or part of the continuing education requirements. 2. Attach a statement from treating physician(s) stating that the licensee or 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.)
☐	**Initial License:** I was first licensed within the twelve months immediately preceding the licensure renewal date.

Documentation must be provided to support your request for waiver of continuing competency. If the specified documentation is not submitted, review and processing of your reinstatement cannot occur.

SECTION D – 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: _____

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.