



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 LICENSURE AS AN AUDIOLOGIST OR SPEECH-LANGUAGE PATHOLOGIST

Check below the type of license(s) that you are requesting:

- Audiology
 Speech-Language Pathology
 Hearing Instrument Specialist license based on
 Audiology license

Check below for the basis of application:

- Certificate of Clinical Competence from ASHA
 Education
 Licensed in another jurisdiction - **currently practicing**
 Licensed in another jurisdiction - **not currently practicing**
 Passed licensure exam - **not currently practicing**

(Please print or type application)

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.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:

Additional information requested: (This information is not displayed on the internet) Submit evidence of age, i.e.; driver's license, U.S. birth certificate, marriage license, school transcript, U.S. State ID card, Military ID, or 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 and State or Country	
4.	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN); or <input type="checkbox"/> Alien Registration Number ("A#");	SSN#	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.				
5.	Phone #: (Optional)	Fax #: (Optional)	E-Mail: (Optional)	

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

SECTION B – License Fees: The fee for initial licensure is **\$140**. If your license is issued within **180** days of the expiration date the fee for initial licensure is **\$35**.

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even	\$140	\$140	\$140	\$140	\$140	\$35	\$35	\$35	\$35	\$35	\$35	\$140
Odd	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140

Make check payable to "Licensure Unit"

All licenses expire December 1 of even-numbered years.

SECTION C – Education: All applicants must complete this section and provide an official transcript from an approved academic program that has been accredited by the Council Academic Accreditation (CAA) in Audiology and Speech-Language Pathology or a nationally recognized equivalent accreditation association approved by the Board. Official means issued and sealed by the issuing institution.

- **Speech-Language Pathology:** An official transcript showing proof of a master’s degree or its equivalent in Speech-Language Pathology from an approved academic program
- **Audiology: Graduation prior to September 1, 2007** - An official transcript showing proof of a master’s degree or its equivalent in Audiology from an approved academic program.
- **Audiology: - Graduation on or after September 1, 2007** - An official transcript showing proof of a doctoral degree or its equivalent in Audiology from an approved academic program.

Name of Program:	
Name of College:	
Location:	
Graduation Date:	

SECTION D Education: Any applicant who is applying on the basis of education must submit an official transcript, official documentation of passing the PRAXIS licensure examination for audiology or speech-language pathology, and Documentation of Completion of the Professional Experience (**Attachment A1**)

SECTION E Verification of Certificate of Clinical Competence from the American Speech-Language-Hearing Association: All applicants who are applying on the basis of endorsement by the American Speech-Language-Hearing Association (ASHA 301-296-5700) or equivalent and in **active practice** must have official documentation of the Certificate of Clinical Competence submitted to the Licensure Unit.

SECTION F Licensed in Another Jurisdiction and Currently Practicing: If you hold a license to practice Audiology and Speech-Language Pathology in another jurisdiction and are in **active practice**, you must have the licensing agency complete the Certification of Applicant's License in Audiology or Speech-Language Pathology. (**Attachment A2**)

SECTION G Passed Licensure Examination But Not Currently Practicing: An applicant who has met the education, professional experience and examination requirements, who passed the examination more than **three** years prior to the time of application for licensure, and **is not** practicing at the time of application for licensure, **must** present proof to the Department that **50** hours of continuing education were completed. Continuing education must be within the three years preceding this application. (**Attachment A3**)

SECTION H Licensed in Another Jurisdiction But Not Currently Practicing: An applicant who is licensed in another jurisdiction and **is not** practicing at the time of application for licensure **must** present proof to the Department that **50** hours of continuing education were completed. Continuing education must be within the three years preceding this application. (**Attachment A3**)

1.	Name of agency issuing license			
	Address	Street/PO/Route:		
		City:	State:	Zip:
2.	Date Issued:			
3.	Name of written examination:			
	Date of written examination:			

4.	Have you requested to have certification of your Audiology or Speech-Language Pathology license sent to Nebraska? (Attachment A2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are you currently practicing Audiology or Speech-Language Pathology?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	If you are in active practice please provide the following:		
	Facility	Address	Dates of practice

SECTION I – HEARING INSTRUMENT SPECIALIST LICENSE BASED ON AUDIOLOGY LICENSE: Any applicant who plans to regularly dispense hearing instruments and obtains an Audiology license must also obtain a Hearing Instrument Specialist license.

To obtain the Hearing Instrument Specialist/Audiology license, answer the questions below and include the Hearing Instrument Specialist/Audiology licensure fee of **\$25** along with your Audiology licensure fee.

Do you intend to maintain a practice in which hearing instruments are regularly dispensed?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
1.	Have you dispensed hearing instruments in Nebraska prior to submitting this application?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
2.	If yes, what are the actual number of days you practiced in Nebraska prior to licensure?		

SECTION J – 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 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.

	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
Have you ever been convicted in any jurisdiction 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		
1.	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?

2.	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

		Yes	No
3.	Has your license ever been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have your privileges ever been restricted or terminated by any licensing authority, association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have any unresolved or pending complaints against you with any licensing agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are you now being treated or have you in the last five years been treated for drug or alcohol dependency or abuse or participated in a rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had a professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to the suit in which the patient released any professional liability claim against you?	<input type="checkbox"/>	<input type="checkbox"/>

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 K – 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 Audiology or Speech-Language Pathology in Nebraska except when practicing under a credential issued by the Department of Education in Nebraska prior to submitting this 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 L -- 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 weeks6. **Education:** An official college/university transcript sent directly from the issuing institution;

7. **Examination:** Official documentation of the scores obtained on the PRAXIS examination. Use code 7646;
8. **Fee:** The required fee.
9. **Jurisprudence Exam:** The jurisprudence examination is not a requirement for licensure in Nebraska. The Board of Audiology and Speech-Language Pathology feels that if you do not participate in this test, you may not have the knowledge of what is needed to practice audiology and/or speech-language pathology in Nebraska. The open book Jurisprudence examination is provided for your benefit to assist you in gaining further knowledge about the practice of audiology and/or speech-language pathology in the state of Nebraska in order to protect your license.

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.



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DOCUMENTATION OF COMPLETION OF THE CLINICAL FELLOWSHIP

SECTION A - Supervisor Information (To be completed by supervisor)			
1.	Name:		
2.	Are you licensed in Nebraska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2a If yes, in what profession?	<input type="checkbox"/> Audiology <input type="checkbox"/> Speech-Language Pathology	
	2b What is your license number?		
	2c If no, in what state are you licensed?		
2d	What is your license number?		
3.	Do you have a Certificate of Clinical Competency from the American Speech - Language - Hearing Association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3a If yes, in what profession?	<input type="checkbox"/> Audiology <input type="checkbox"/> Speech-Language Pathology	
	3b	What is your Certificate number?	
SECTION B - Professional Experience Information: (To be completed by supervisor)			
1.	Name of applicant:		
2.	Dates of Supervision:	From:	To:
3.	Name of Site:		
	Address	Street/PO/Route:	
		City:	State:
	Telephone Number (Optional)		
4.	Area in which applicant completed his/her Clinical Fellowship:		
	<input type="checkbox"/> Audiology		<input type="checkbox"/> Speech-Language Pathology
	Applicant worked:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Number of hours worked per week:			
5.	List date, site, and type of activity evaluated for the eighteen (18) onsite observations required for completion of the Clinical Fellowship. Acceptable types of activities include but are not limited to: assessment, diagnosis, evaluation, screening, habilitation, rehabilitation, and activities related to client management, e.g. client reports, client conferences, family counseling, etc.		
	Date	Site	Activity Observed
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			

i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			
q.			
r.			
6.	<p>List date, site, and type of the other monitoring activities required for completion of the Clinical Fellowship. At least eighteen (18) activities must be listed and may include, but are not limited to: (a) Evaluating the applicant's clinical records, including diagnostic reports, treatment records, correspondence, plans of treatment, and summaries of clinical conferences, (b) monitoring the applicant's participation in case conferences, (c) evaluating the applicant by professional colleagues and employers, (d) evaluating the applicant's work by patients and their parents, and (e) monitoring the applicant's contributions to professional meetings and publications, as well as participation in other professional growth opportunities.</p>		
	Date	Site	Activity Observed
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			

o.			
p			
q.			
r.			

SECTION C – Certification of Supervisor

I hereby certify that the preceding information is correct to the best of my knowledge.

Signature of supervisor

Date

CERTIFICATION OF APPLICANT'S LICENSE IN AUDIOLOGY OR SPEECH-LANGUAGE PATHOLOGY

(Must be completed by licensing agency)

(Print or type)

Our records indicate that _____ was licensed as an
(Applicant's Name)

_____ on _____, 20_____. The license was issued
Audiologist/Speech-Language Pathologist

on the basis of written examination. _____
(Name of Examination)

The applicant's score was _____

Requirements for licensure in issuing State at the time this license was issued were:

and are currently:

(Copies of regulations/requirements for licensure at the time of issuance of license and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's license:

- (a) is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- (b) has been disciplined.

Please explain any disciplinary action: _____

Name and Title

Date

Licensing Agency

Telephone Number (Optional)

Address

(SEAL) City State Zip Code

Signature (NO STAMP)

Mai I to: Nebraska Department of Health and Human Services
Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

Continuing Competency Requirements for the Following Applicants:

Passed Licensure Examination But Is Not Practicing: An applicant who has met the education, Professional Experience and examination requirements, who passed the examination more than **three** years prior to the time of application for licensure, and is not practicing at the time of application for licensure, **must** present proof to the Department, within the three years immediately preceding the application for licensure, that **50** hours of continuing education were completed. **(Attachment A3)**

Licensed in Another Jurisdiction But Is Not Practicing: An applicant who has is licensed in another jurisdiction and is not practicing at the time of application for licensure **must** present proof to the Department, within the three years immediately preceding the application for licensure, that **50** hours of continuing education were completed. **(Attachment A3)**

ACCEPTABLE CONTINUING EDUCATION ACTIVITIES: In order for a learning experience to be accepted for renewal, reinstatement, or issuance of a credential, the learning experience must relate to the practice of audiology or speech-language pathology and must be open to all credentialed audiologists and speech-language pathologists. The Board does not pre-approve continuing education programs but may accept as continuing education the following:

1. **Academic Coursework:** Courses taken either in person or online for college credit will be accepted for continuing education upon submission of a transcript by the college or university from which the course was taken. Continuing education hours will be awarded as follows:
 - a. One academic semester credit hour equates to 15 contact hours.
 - b. One academic quarter credit hour equates to 10 contact hours.

2. **Conferences/Workshops/Seminars:** Attendance at these types of offerings will be accepted for continuing education upon submission of a certificate of completion which includes:
 - a. The date;
 - b. The location;
 - c. The course title;
 - d. The number of hours awarded;
 - e. A signature by the representative of the offering; and
 - f. A course brochure or course outline.

3. **Presenter/Speaker/Instructor:** Presentations will be accepted for continuing education upon submission of materials which show the content of the presentation, including:
 - a. The title and date of the presentation; and
 - b. An outline or copies of the materials utilized in the presentation; or
 - c. A copy of the presentation brochure that includes the name(s) of the presenter(s).

4. **Independent Study:** Independent study through written, audio or electronic media will be accepted for continuing education when the program has an examination to determine satisfactory completion of the program. Credit will be given for the independent study upon submission of a certificate of completion which includes:
 - a. The date;
 - b. The course title;
 - c. the number of hours awarded
 - d. The course brochure or outline; and
 - e. The exam score.

A maximum of 10 hours of credit may be obtained by independent study each 24 month renewal period.

Documentation of the 50 hours of continuing education must include:

- a. Signed certificate; **and**
- b. Course brochure or course outline; and/or
- c. Other requested documentation pursuant to 172 NAC 23-004.01C, items 1, 2, 4, 6, 7, and 8.

If you presented the continuing education program, documentation must include:

- a. Course outline;
- b. Course brochure; **and**
- c. Statement of instructor's qualifications to teach the course, unless the qualifications are included in the brochure.