



Audiologist or Speech-Language Pathologist License Instructions

Please read these instructions carefully prior to completing your application for licensure. Failure to do so could result in delay of application. If you have questions contact our office by e-mail: DHHS.RehabOffice@nebraska.gov or phone: 402-471-2299.

- Submit a Complete Application** with all required documentation. An incomplete application will be returned to you.
- Licensure Fee.** Make check or money order payment to DHHS-Licensure Unit. The fee for initial licensure is **\$140**. If your license is issued within **180 days** (between June 1st and November 30th of even years) of the expiration date the fee for initial licensure is **\$35**. **All Audiologist/Speech-Language Pathologist licenses will expire December 1 of even-numbered years.**
- Proof that you are at least 19 years old.** Include with your application a copy of your driver's license, state identification card, birth certificate, or other acceptable government-issued identification.
- Proof of US Citizenship or lawful presence in the United States.**
 - **U.S. Citizens-** a **PHOTOCOPY** of one of the following:
 - Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted);
 - U.S. Passport (unexpired or expired);
 - Certificate of Naturalization; or
 - Other documents that show U.S. Citizenship.
 - **NOT a U.S. Citizen,** a **PHOTOCOPY** of one of the following:
 - Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
 - Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
 - Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence 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.
- Military Spouse:** If you have an active Audiology/Speech-Language Pathology license in another state and you are a military spouse, you may be eligible to obtain a temporary license pending completion of the licensure requirements. A temporary license for military spouses is provided for in Neb. Rev. Stat. §38-129.01 and is issued for a period not to exceed 1-year. To apply for temporary licensure, you need **to be a resident of Nebraska** and submit the following:
 - The attached application;
 - A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces;
 - A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska;
 - A copy of your Audiology/Speech-Language Pathology license from another state or jurisdiction; and
 - A copy of the statutes, rules, and regulations governing the registration from the other state or jurisdiction which indicate standards that are similar to Nebraska's Audiology/Speech-Language Pathology license requirements.

License Requirements: There are three ways to apply for an ASLP license. They are Education, Endorsement and Reciprocity.

- Education:** Apply by Education if you do not have ASHA certification and passed the exam less than three (3) years ago.
Transcript: Submit an official transcript from an approved academic program that has been accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology or a nationally recognized equivalent accreditation association approved by the Board.
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. **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.
Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review. The department, with the recommendation of the appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential
Completion of Clinical Fellowship: Submit Attachment A1 if you are applying for licensure based on education. Any applicant who is applying on the basis of education must submit an official transcript, documentation of passing the PRAXIS licensure examination for audiology or speech-language pathology and Documentation of Completion of the Clinical Fellowship (Attachment A1)
Praxis scores: Official documentation of the scores obtained on the PRAXIS examination. Select Nebraska Department of Education (state code 7646) as a score recipient when registering to take the test.
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 (3)** years prior to the time of application for licensure, and is not practicing at the time of application for licensure, must present proof of completing **Fifty (50) hours** of acceptable continuing education, within the **three (3) years** immediately preceding the submission of application for licensure

- Endorsement:** Apply by Endorsement if you have received your ASHA certification.
ASHA Certification: submit a copy of your ASHA card and/or acceptance letter. 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) or equivalent and in active practice must have official documentation of the Certificate of Clinical Competence submitted to the Licensure Unit.
Transcript: Submit an official transcript from an approved academic program that has been accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology or a nationally recognized equivalent accreditation association approved by the Board.
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. **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.
Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review. The department, with the recommendation of the appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential
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 (3)** years prior to the time of application for licensure, and is not practicing at the time of application for licensure, must present proof of completing **Fifty (50) hours** of acceptable continuing education, within the **three (3) years** immediately preceding the submission of application for licensure.

- Reciprocity:** Apply by Reciprocity if you are or have held a license in another jurisdiction.
Submit Attachment A2 for each state outside of Nebraska that has issued a license to provide health services, health-related services, or environmental services for them to complete and return to our office.
Licensed in Another Jurisdiction (state) But is Not Practicing: An applicant who is licensed in another jurisdiction and is not practicing at the time of application for licensure must present proof of completing **Fifty (50) hours** of acceptable continuing education, within the **three (3) years** immediately preceding the submission of application for licensure.

License in another jurisdiction (state) - Currently Practicing: If you hold a license to practice Audiology and/or 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)

Transcript: Submit an official transcript from an approved academic program that has been accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology or a nationally recognized equivalent accreditation association approved by the Board.

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. **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.

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review. The department, with the recommendation of the appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential

ASHA Certification: submit a copy of your ASHA card and/or acceptance letter. 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) or equivalent and in active practice must have official documentation of the Certificate of Clinical Competence submitted to the Licensure Unit.

- **Conviction Information:** If you have any misdemeanor or felony convictions you must report on the application. You must also submit the following:

Letter of explanation: Explain the event or circumstances surrounding the conviction. Include the approximate date of the incident(s). Describe what actions you have taken or plan to take to prevent similar situations from happening in the future. Explain what you have learned from the experience.

Copies of Official Documentation: Contact the court where the conviction occurred to obtain court records for the case. If on probation, submit a letter from your probation officer.

If the conviction involved a drug and/or alcohol related offense and/or addiction/mental health evaluation was obtained and/or required, submit the evaluation record.

If a court, hospital, or health professional informs you that the records are no longer available, request that they provide a written statement indicating the records are unavailable.

Any other information as requested by the Board/Department.

Documentation can be faxed directly to our office. Our fax number is (402)742-1152.

The following provides SOME examples of convictions; this is NOT a complete list:

* MIP	* Driving under Suspension/ Revocation
* DUI/DWI	* License Vehicle without Liability Insurance
* Controlled Substance	* Fail to Appear in Cour
* Open Container	* False Information or Reporting
* Tobacco Use by Minor	* Leave the Scene of an Accident
* Shoplifting/ Theft/ Burglary	* Operator not Carrying License
* Unauthorized Use of a Financial Transaction	* Unlawful Display of Plates/ Renewal tabs
* Disturbing the Peace	* Parks Rule Violation/ Curfew Violation
* Assault	* Dog at Large/ Fail to Vaccinate Animal
* Disorderly Conduct/ Disorderly House	* Littering/ Fireworks
* Reckless Driving	* Bad Check
	* Not Wearing Seat Belt

Mail application and supporting documents to:

DHHS Licensure Unit
 Attention: Audiology/Speech-Language Pathology
 PO Box 94986
 Lincoln, NE 68509-4989

**APPLICATION FOR AN
 AUDIOLOGIST OR
 SPEECH-LANGUAGE PATHOLOGIST
 LICENSE**

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 – Lincoln, Nebraska 68509-4986
 Telephone #: 402.471.2299

Select the Level of licensure for which you are applying

- Audiology
- Speech-Language Pathology

Check below for the basis of Application

- Education
- Endorsement
- Reciprocity

(Please print or type application)

Section A – Personal Information:

This section is public information and will be displayed on the following website <https://www.nebraska.gov/LISearch/search.cgi>

First:	Middle/MI:	Last:
Maiden Name:		Other names you are known as (AKA):
Street/Post Office Box/Route:		
City:	State:	Zip:

(This information is not displayed on the internet).

Date of Birth: (Month/Day/Year)	Place of Birth (City/State or Country):
<input type="checkbox"/> Social Security Number:	<input type="checkbox"/> Alien Registration Number:

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.

Phone Number:	Fax Number:
E-Mail Address:	

While providing a phone number, fax number or an e-mail address is optional, it may result in faster processing of an application in cases where documentation is missing or incomplete.

Section B – Military Spouse: If you have an active Audiology and/or Speech- Language Pathology license in another jurisdiction (state) and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. You may contact our office for further information.

Are you the spouse of an active duty member of the United States Armed Forces who has an active duty assignment in Nebraska?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Section C – Education: Provide an official transcript from an approved academic program that has been accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology or a nationally recognized equivalent accreditation association approved by the Board.

Have you completed a course for the level of licensure for which you are applying?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of Program:		
Name of College/University:		
Location:	Graduation Date:	
Did you complete education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state? If yes, include evidence with this Application.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section D – License/Registration/Certification Information: The following questions relate to a license/registration/certification that you currently hold or have held to provide health related services (such as nursing, massage therapist, paramedic, nurse aide, etc.) in a state **other** than Nebraska. If you answer **YES** to any of the questions below, you must request the following documents be sent directly to this office:

Certification of your credential in another state (Attachment A2).

Official Documents from the State Board in which the disciplinary action was taken.

Are you or have you been licensed in any other Jurisdiction (state)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Jurisdiction/State:		
Type of Credential:		
Issue Date:	Expiration Date:	
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
Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your license ever been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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"/> YES	<input type="checkbox"/> NO
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"/> YES	<input type="checkbox"/> NO
Are you currently practicing as an Audiologist or Speech-Language Pathologist? If Yes , provide the following information:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Facility:		
Address:		
Dates of Practice:		
Have you ever had a professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to the suite in which the patient released any professional liability claim against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section E – Conviction Information: Please note that failure to disclose any conviction or disciplinary action, regardless of when it occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Have you ever been convicted of a misdemeanor or a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF **YES**, provide the following information:

Name of Conviction:	
Date of Action:	
Name of Court/Entity Taking Action:	

Section F – Practice Prior to Licensure: 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 as provided in 172 NAC 23-009.02, or such other action as provided in the statutes and regulations governing the credential.

Have you practiced Audiology or Speech Language Pathology in Nebraska except when practicing under a credential issued by the Nebraska Department of Education prior to submitting this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, what are the actual number of days you practiced in Nebraska? Provide the business name, location and telephone number of the practice.	# of days: _____ Name of Business: _____ Location: _____ Telephone number: _____
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Section G – Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129; check **ONE** of the boxes below:

Subsection 1 –

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 credential 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 credential will NOT be active until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks)

Subsection 2 –

I further attest that:

- I have read the application, or have had the application read to me;
- All statements on this application are true and complete;

Print Name: _____

Signature: _____ Date: _____

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.



DOCUMENTATION OF COMPLETION OF THE CLINICAL FELLOWSHIP

Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986 – Lincoln, Nebraska 68509-4986
Telephone #: 402.471.2299

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?	
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	Hours 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.	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.		
	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 AND/OR
SPEECH-LANGUAGE PATHOLOGY**

(Must be completed by licensing agency)
(Print or type)

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

The license was issued 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:

- Is in good standing, and as far as our records are concerned, the applicant is entitled to endorsement.
- Has been disciplined.

Please explain any disciplinary action: _____

Name :	Title:	
Licensing Agency:		
Phone Number (optional):		
Address:		
City:	State:	Zip Code:

Signature (NO STAMP): _____ Date: _____

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

(SEAL)