



Department of Health and Human Services
 Division of Public Health - Licensure Unit
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AUDIOLOGY/SPEECH-LANGUAGE PATHOLOGY RENEWAL NOTICE

Please review the **RENEWAL NOTICE** section below carefully

Your **Audiology/Speech-Language Pathology** credential expires **December 1, 2016**. The renewal fee of **\$140** and this document must be postmarked on or before **December 1, 2016 to avoid expiration of your credential and removal of authorization to practice**. An administrative penalty of \$10 per day up to \$1000 will be assessed for practicing after your credential expires.

NAME & ADDRESS CHANGES:

If your name or address has changed, check the appropriate box(s) below. For name change, you must submit a photocopy of marriage certificate, court order, etc. to provide proof of legal name. If not submitted, the license will be issued in the name of record.

NAME CHANGE **CHANGE OF ADDRESS** **LICENSE #** _____

INTERNET: Nebraska Licensing Information is public information and is on the INTERNET at <http://dhhs.ne.gov/lookup>

Name:	
Address:	
City:	
State/Zip:	

Fee: Check requested status below:

- Active **\$140.00**
- Inactive No fee
- Active Military No fee

2-YEAR RENEWAL

Make check payable to: DHHS, Licensure Unit (you will NOT receive a receipt)

INACTIVE STATUS: If you elect not to renew your credential, you may select inactive status. Inactive means that you cannot practice but may represent yourself as having an inactive credential. You do not have to meet the continuing competency requirements to request inactive status. To change from inactive to active status, you must complete the reinstatement application, pay the renewal fee in effect at the time and meet the continuing competency requirements.

1	To renew your credential, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. Enter your number below. If you have both a SSN and an A# or I-94 number, 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. Social Security # _____ Alien Registration # _____ Form I-94 (Arrival-Departure Record) # _____	
2	Were you convicted of a misdemeanor or felony in any jurisdiction between the dates of December 2, 2014 and December 1, 2016 that were not previously been reported? If you answer YES to this question, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> A list of any misdemeanor or felony convictions; A copy of the court record, which includes charges and disposition; Explanation 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; and A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation. <p>NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you must report such actions to this department within 30 days of the conviction/action (Neb. Rev. Stat. § 38-1,125). Failure to disclose any such convictions/credential discipline could result in disciplinary action.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	Have you held a credential that was issued between December 2, 2014 and December 1, 2016 by another jurisdiction to provide health services, health-related services, or environmental services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	Has such credential been denied, refused renewal, or disciplined between the dates of December 2, 2014 and December 1, 2016 ? If yes, please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Military:** 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 24 months immediately preceding the biennial licensure renewal date (**12/02/2014 to 12/01/2016**). (**You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption. If you meet this exemption, you are not required to pay the renewal fee.**)
- Initial License:** I was first licensed within the twenty-four (24) months immediately preceding the license renewal date.

<input type="checkbox"/>	Illness/Disability: 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.)
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CONTINUING COMPETENCY REQUIREMENTS: You must have completed at least **20** hours of continuing education during the time period of **December 2, 2014** through **December 1, 2016**. All **20** hours may be from **Content Area I** with no more than **5** hours from **Content Area II**.

- CONTENT AREA I**
1. Anatomic and physiologic bases for the normal development and use of speech, language, hearing, and balance;
 2. Physical bases and processes of the production and perception of speech, language, and hearing;
 3. Linguistic and psycho-linguistic variables related to normal development and use of speech, language, and hearing;
 4. Technological, biomedical, engineering, and instrumentation information which would enable expansion of knowledge in the basic communication processes;
 5. Various types of disorders of communication, their manifestations, classification, and cause;
 6. Evaluation skills, including procedures, techniques, and instrumentation for assessment;
 7. Principles in habilitation and rehabilitation of communication disorders; and
 8. Principles in evaluation and rehabilitation of balance and vestibular disorders.

- CONTENT AREA II** (must relate to the practice of audiology and speech-language pathology)
1. Regulations and implementation of federal and/or state regulated programs;
 2. Service delivery models;
 3. Ethical practices;
 4. Supervision issues related to the practice of audiology and speech-language pathology;
 5. Related disciplines which interface with delivery of audiology and speech-language pathology services; and
 6. Reimbursement issues.

ATTESTATION: All credential holders must complete this section and sign and date this form

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

Please check only one of the boxes below:

- 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.

Alien or Non-immigrant Status: If you are a qualified alien lawfully admitted into the United States **OR** a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence.

Your credential will NOT be renewed until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

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 met or will meet the continuing competency requirements on or before December 1, 2016.

Print Name: _____

Signature: _____ Date: _____

You may provide the following information if you wish to be contacted by these means:

Phone (optional): _____ E-mail(optional): _____