



07/2016

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 FOR A TEMPORARY HEARING INSTRUMENT SPECIALIST

Temporary Hearing Instrument Specialist Application Fee - \$ 85

Reinstatement Fee - \$ 35

Total Fee - \$ 120

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#
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.			
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 expired. 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	Are you or have you been credentialed in any state or jurisdiction? (Current, inactive or Expired credentials must be listed)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what state(s)/jurisdiction(s) are you credentialed in?	What type of credential do you hold?
3	Has any 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

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.

Have you practiced as a temporary Hearing Instrument Specialist in Nebraska since your credential has been reinstated?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was the actual number of days you practiced in Nebraska and what are the business name, location and telephone number of the practice?		# of days:	
Name of Business:		City/State	
Name of Supervisor:		Telephone	

SECTION E - YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION:

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

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 a Hearing Instrument Specialist ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	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
3	Have you practiced your profession: <ul style="list-style-type: none"> • Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct? 	<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
4	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
5	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
6	Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	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
9	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you violated: <ul style="list-style-type: none"> • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you committed any acts of unprofessional conduct relating to the practice of practiced as a Hearing Instrument Specialist ? (Refer to the Practice Act and Regulations for Hearing Instrument Specialist)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F – Supervisor Information – Supervisor must complete this section.

Name of Licensed Hearing Instrument Specialist			
Nebraska License Number			
Name of Business			
Business Address	Street/PO/Route:		
	City:	State:	Zip:
Business Telephone (Optional)			
Signature of Supervisor			

SECTION G– ATTESTATION

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.

Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- 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.

- I have read the application or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character; and
- 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).

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:

- Assess an administrative penalty, in which case a separate notice of opportunity for hearing will be sent to the applicant;
- Deny the application to reinstate the credential;
- Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
- Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

- Deny the application for reinstatement of the credential;
- Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
- 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.