



## APPLICATION FOR HEARING INSTRUMENT SPECIALIST LICENSURE

Department of Health and Human Services  
 Division of Public Health – Licensure Unit  
 P.O. Box 94986 – Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-2299

- Check below the basis for application:** (Please print or type application)
- Examination
  - License in another jurisdiction. Please list the jurisdiction (state): \_\_\_\_\_
  - Based on a Nebraska Audiology License

### Examination Information is in Section D

**SECTION A – Personal Information** – This section is public information and will be display on the internet at <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.

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

Additional information requested – This information will not be displayed on the internet. Submit the required documentation of age, citizenship, etc. as listed on page 5 of this application.

Date of Birth	Month/Day/Year	Place of Birth:	City/State or Country
Check the Appropriate Box(s)	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
	<input type="checkbox"/> Alien Registration Number (“A#”); or	A#	
	<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	I-94#	

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.](#)

**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 B – Fees** – Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box. If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Even</b>	\$165	\$165	\$165	\$165	\$165	\$165	*\$41.25	*\$41.25	*\$41.25	*\$41.25	*\$41.25	*\$41.25
<b>Odd</b>	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165

\*If you will be taking the Practical Examination you must add the \$95 for the examination fee = \$136.25.

**SECTION C – Education – Please request an official copy of your high school diploma, transcript or GED certificate.**

Name of High School							
Location	Street/PO/Route:						
	City:		State:		Zip:		
Diploma	Yes	No	Year of Graduation	GED Certificate	Yes	No	Issued By
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Date Issued							

**SECTION D – Examination information. (ALL applicants must complete this section.)**

	YES	NO
Have you taken the International Licensing Examination (ILE) given by the International Hearing Society (previously International Institute for Hearing Instruments Studies)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes what date did you take the examination. You must request a copy of the score report be sent to Nebraska.	Date:	
Have you taken a Practical Examination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what state did you take the Practical Examination through and the date? If other than Nebraska, you will need to provide documentation from that state showing what the examination covered so our office can determine if it is equivalent to the Nebraska practical examination.	State:	
	Date:	

I need to take the International Licensing Examination (ILE) for Hearing Healthcare Professionals. Please send my information on to IHS once I have met the requirements for NE.	<input type="checkbox"/>	<input type="checkbox"/>
I need to take the Nebraska Practical Examination. Please notify me of the next exam date.	<input type="checkbox"/>	<input type="checkbox"/>

**A. International Licensing Examination (ILE) for Hearing Healthcare Professionals**

The International Hearing Society (IHS) will be administering the computer based examination. You will need to complete the application process to obtain a credential to practice as a Hearing Instrument Specialist in Nebraska in order to be approved to sit for the examination.

**B. Nebraska Practical Examination**

The practical examination is developed and administered by the Nebraska Board of Hearing Instrument Specialists. The Nebraska Board and the Licensure Unit will administer 3 exams a year. These will be listed on the DHHS HIS website. ([http://dhhs.ne.gov/publichealth/Pages/crl\\_rcs\\_haid\\_haid.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_rcs_haid_haid.aspx)).

**SECTION E – Conviction And Licensure Information – 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 an (X) 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
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 disposition (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(s) that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

Are you credentialed in any other state?			Yes	No
If Yes, please list any other states that you have been credentialed in:			<input type="checkbox"/>	<input type="checkbox"/>
Type of Credential	State	Credential Number	Name of examination(s)	
**Request certification of your credential in each state that you hold or have held a credential. Request scores of all examinations are sent to our office directly.				
Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
If yes, state date and type of action; name and address of entity taking such action:				
Type of Action	Date of Action	Entity taking action		
Have you ever been denied the right to take an examination?			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
IF yes, please explain:				

If you answered YES to any of the questions above, you must request the Official Documents from the State Board in which the disciplinary action was taken be sent directly to this office.

**SECTION F – Practice In Nebraska Prior To Obtaining A Credential** – An individual who practices in Nebraska prior to issuance of 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 actively practiced in Nebraska as a Hearing Instrument Specialist prior to licensure?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
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:	
Name of Supervisor	Telephone #:	

**SECTION G – Hearing Instrument Specialist License Based On Nebraska Audiology License.**  
To obtain a Hearing Instrument Specialist License based on holding a Nebraska Audiology License, answer the questions below and include the fee of \$25 instead of the fee of \$165.

Are you a licensed Audiologist? If yes, please list your Nebraska Audiology license number: _____	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a practice in which Hearing Instruments are regularly dispensed or do you intend to maintain such a practice in Nebraska? (Answer Yes or No) <b>This does not necessarily mean a private practice.</b>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION H - Attestation**

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

**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 not committed any act that would be grounds for denial under Neb. Rev. Stat. 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

**SEE NOTE ON NEXT PAGE FOR DOCUMENTATION THAT NEEDS TO BE SUBMITTED**

\*\*Be sure to read #9 for the steps to be approved for the written examination.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The applicant must submit the following documentation:

1. **Proof of Age:** Evidence of at least 21 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 hearing aid 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. **Citizenship, lawfully admitted/present information:** You must submit a copy of at least one of the following documents:

**Any of the following documents provide proof of United States Citizenship:**

  - a. A U.S. Passport (unexpired or expired);
  - b. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
  - c. An American Indian Card (I-872);
  - d. A Certificate of Naturalization (N-550 or N-570);
  - e. A Certificate of Citizenship (N-560 or N-561);
  - f. Certification of Report of Birth (DS-1350);
  - g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - h. Certification of Birth Abroad (FS-545 or DS-1350);
  - i. A United States Citizen Identification Card (I-197 or I-179);
  - j. A Northern Mariana Card (I-873);

**Any of the following documents provide proof of lawfully admitted/present in the United States:**

  - k. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
  - l. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - m. A document showing an Alien Registration Number ("A#"); or
  - n. A Form I-94 (Arrival-Departure Record).
6. **An Official Transcript** (official means issued and sealed by the issuing institution) showing completion of an education equivalent to a four-year course of study in an accredited high school
7. **Licensed Audiologist:** The Department shall issue a hearing instrument specialist license without examination to a licensed audiologist who maintains a practice pursuant to licensure as an audiologist in which hearing instruments are regularly dispensed or who intends to maintain such a practice upon application to the department, proof of licensure as an audiologist, and payment of a twenty-five dollar fee.
8. **Fee:** The required fee listed on the application;
9. **Examination:** Successfully complete and pass the following examinations: **NEW**
  - A. **International Licensing Examination (ILE) for Hearing Healthcare Professionals**

The International Hearing Society (IHS) will be administering the computer based examination. You will need to complete the application process to obtain a credential to practice as a Hearing Instrument Specialist in Nebraska in order to be approved to sit for the examination.\*
  - B. **Nebraska Practical Examination**

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\*Once you have submitted a complete application, you will be approved to take the examinations. The Licensure Unit will notify IHS that you are approved to take the ILE. IHS will send you an introduction email message with instructions to create an account and schedule your examination using Webassessor. You will pay the fee for the ILE examination directly to IHS. IHS will send you a study guide for the examination. Once the ILE has been completed, IHS will submit a score report to the Licensure Unit. The Licensure Unit will notify you of your examination scores.

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.

## CERTIFICATION OF HEARING INSTRUMENT SPECIALIST LICENSE

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

\_\_\_\_\_ was licensed as a Hearing Instrument Specialist on \_\_\_\_\_, 20 \_\_\_\_  
(Applicant's Name)

### Section A Examination given by the International Hearing Society

#### International Licensing Examination (ILE) for Hearing Healthcare Professionals

Candidate Score: \_\_\_\_\_

IHS recommended Passing % score: 66.25%      Candidate % Score \_\_\_\_\_

OR

#### International Licensing Examination for the Hearing Instrument Dispenser given by the International Institute for Hearing Instruments Studies

Date of examination: \_\_\_\_\_

International Licensing Examination Scores:

	<u>Score</u>	<u>Pass/Fail (P/F)</u>
Scale 1. Presenting Problem and Needs	_____	_____
Scale 2. Test and Analyze Hearing	_____	_____
Scale 3. Prescribe and Analyze Hearing Aid	_____	_____
Scale 4. Fit, Adjust and Service Hearing Aid	_____	_____
Scale 5. Educate and Maintain Professional Relations	_____	_____
Written Overall Score	_____	_____

### Section C      Practical Exam

Practical tests of proficiency in the following techniques as they pertain to the fitting of the hearing instruments:

	<u>Score</u>
Pure Tone audiometry, including air conduction testing and bone Conduction testing	_____
Live Voice or recorded voice speech audiometry	_____
Masking when indicated	_____
Recording and evaluation of audiograms and speech audiometry to determine proper selection and adaptation of a hearing instrument	_____
Taking earmold impressions	_____
Other: _____	_____
The applicant's overall score	_____

Continued on page 2

**Section C** (continued)

Requirements for licensure in \_\_\_\_\_ at the time this license  
(Issuing State)  
was issued were \_\_\_\_\_

and are currently: \_\_\_\_\_

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

**Section D** (must be completed for all applicants)

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensing Agency: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Signature (NO SIGNATURE STAMP): \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Optional)

**(SEAL)**

Please return to:

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
Licensure Unit  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986