



APPLICATION FOR TEMPORARY HEARING INSTRUMENT SPECIALIST 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

TEMPORARY LICENSURE FEE \$85.00

Please print or type application

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 4 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. <u>Neb. Rev. Stat. §38-123</u> 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 – 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 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
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 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;
- 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.

Are you credentialed in any other state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?	
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

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 C – Practice in Nebraska Prior to Obtaining a 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.

Have you practiced as a temporary Hearing Instrument Specialist in Nebraska prior to submitting this application?	Yes	No
	<input type="checkbox"/>	<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 D – Education – 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 E – 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 F – 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 NOTES ON NEXT PAGE FOR DOCUMENTATION THAT NEEDS TO BE SUBMITTED

Print Name: _____

Signature: _____ Date: _____

NOTE: The applicant must submit the following documentation:

1. 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); **Birth certificate or passport** meets **both** age and citizenship documentation.
2. 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;
3. 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;
4. Citizenship, lawful permanent residence, and/or immigration status 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:

 - a. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - b. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - c. A document showing an Alien Registration Number ("A#"); or
 - d. A Form I-94 (Arrival-Departure Record).
5. Education: An official high school/college/university transcript;
6. Fee: The required fee;

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.