



Division of Public Health, Licensure Unit HIS/A
 Renewal
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HEARING INSTRUMENT SPECIALIST and HEARING INSTRUMENT SPECIALIST/A RENEWAL NOTICE

Your license as a HIS or HIS/A expires **December 31, 2016**. The renewal fee of \$165.00 and this document must be postmarked on or before **December 31, 2016** to avoid expiration of your credential and removal of authorization to practice. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your credential expires.

CREDENTIAL # _____

NAME: _____

ADDRESS: _____

box if name changed

box if address changed

Fees & Status

Check requested status below:

ACTIVE - \$165.00

INACTIVE (No fee)

MILITARY WAIVER (No fee)

Make Payable to:

DHHS/Licensure Unit

You will not receive a receipt

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the credential will be issued in the name as printed above.

To renew or place your license on Inactive online, go to <https://nebraska.mylicense.com/> and register to access your renewal record.

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. To change from Inactive to Active Status, you MUST contact this office for an application and meet the reinstatement requirements which are in effect at the time the status change is requested.

1	<p>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.</p> <p>Social Security Number _____</p> <p>Alien Registration Number _____</p> <p>Form I-94 (Arrival-Departure Record) _____</p>	
2	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between January 1, 2015 and December 31, 2016?</p> <p>If you answer YES to this question, you must submit the documents to the Licensure Unit:</p> <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 you are currently on probation; <p>NOTE: If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential 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	<p>Have you held a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	<p>Has such credential been denied, refused renewal, or disciplined between 01/01/2015 AND 12/31/2016? (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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do **NOT** submit continuing competency certificates to this office unless they are requested.

CONTINUING COMPETENCY REQUIREMENTS – HEARING INSTRUMENT SPECIALISTS AND HEARING INSTRUMENT SPECIALISTS/A (HIS AND HIS/A)

You must have completed **twenty four (24)** hours of approved continuing education or have met one of the waivers between the dates of January 1, 2015 and December 31, 2016 in order for your credential to be renewed to ACTIVE status (not required if you request inactive status).

The Nebraska Board of Hearing Instrument Specialists will only accept continuing education credits which meet the criteria for continuing education programs as outlined in Section 008 of Title 172 Chapter 75 – Regulations Governing the Practice of Hearing Instrument Specialists. There is an approved list of Continuing Education available on the website:

<http://dhhs.ne.gov/publichealth/Licensure/Documents/HaidApprovedCE.pdf>

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

<input type="checkbox"/>	I have served in the regular armed forces of the United States during part of the twenty-four (24) months immediately preceding the biennial licensure renewal date and request both my continuing education requirements and renewal fee be waived. (You <u>MUST</u> provide official documentation of Armed Forces Service, such as Active Duty Orders or a letter from Immediate Superior Officer to claim this exemption)
<input type="checkbox"/>	I was first licensed within the twenty-four months immediately preceding the license renewal date.
<input type="checkbox"/>	I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately preceding the licensure renewal date. (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 the certificate holder was unable to attend continuing education programs during that period.)

If you are requesting a waiver above, documentation (if required) must be provided to support your request for waiver of continuing education. **If the specified documentation is not submitted, review and processing of your license renewal cannot occur.**

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.

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- 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 the following:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. 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.

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 have completed questions 1 – 3b on page 1 of this renewal.
4. I have met or will meet the continuing competency requirements **on or before December 31, 2016.**

Print Name: _____

Signature: _____ Date: _____

Birthplace: _____

Phone: _____ E-mail Address(Optional) _____