

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 TEMPORARY LICENSURE AS AN
 AUDIOLOGIST OR SPEECH-LANGUAGE PATHOLOGIST**

(Please print or type application)

Check below the type of license that you are requesting:

- Temporary Audiology
- Temporary Speech-Language Pathology

SECTION A - Personal Information: (All applicants for registration 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:

Additional information requested: (This information is not displayed on the internet) (Submit evidence of age, i.e.; driver's license, U.S. birth certificate, marriage license, school transcript, U.S. State ID card, Military ID, or similar documentation. A birth certificate or U.S. passport will satisfy the requirement for proof of age and proof of U.S. citizenship.

3	Date of Birth:	Month/Day/Year	Place of Birth: City and State or Country
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4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#
		<input type="checkbox"/> Alien Registration Number ("A#");	A#
If you have both a SSN and an A#, you must report both. <u>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.</u>			

5	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)
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Temporary License Fee: \$140

The temporary license expires upon completion of the Clinical Fellowship

Make check payable to "Licensure Unit"

SECTION B – Education: All applicants must complete this section and provide an **official** transcript. Official means issued and sealed by the issuing institution

Speech-Language Pathology: An official transcript showing proof of a master's degree or its equivalent in Speech-Language Pathology from an academic program accredited by the Education Standards Board of the American Speech-Language-Hearing Association.

Audiology: Graduation prior to September 1, 2007 - An official transcript showing proof of a master's degree or its equivalent in Audiology from a program accredited by the Education Standards Board of the American Speech-Language-Hearing Association.

Audiology - Graduation on or after September 1, 2007 - An official transcript showing proof of a doctoral degree or its equivalent in Audiology from a program accredited by the Education Standards Board of the American Speech-Language-Hearing Association.

Name of Program	
Name of College	
Location	
Graduation Date	

SECTION C - Examination.

Have you passed the PRAXIS Examination for Audiology or Speech Language Pathology? Date test was taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, what date will you be taking the PRAXIS Examination?

SECTION D - Clinical Fellowship (CF)

Have you completed your Clinical Fellowship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please indicate the completion date and have your supervisor complete and submit the "Documentation of Completion of the Clinical Fellowship" form to the Licensure Unit (Attachment A1 of the permanent application form)	Completion Date:
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If no, please indicate beginning and projected ending date and name of your supervisor.	Beginning date:
	Projected ending date:

Supervisor's Name:	
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SECTION E – 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.

Answer each of the following questions by placing a checkmark 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 in any jurisdiction of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must submit the following documentation with your application:

- Copy of the court record(s), which includes charges and disposition;
- Written explanation of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);
- All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from your 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			
1	Do you <i>hold or have you ever held</i> a credential that was issued by another state(s) to provide health services, health-related services, or environmental services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?	
2	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 documentation be sent directly to this office:

- Certification of your credential in another state(s)
- Official Documents from the State Board in which the disciplinary action was taken

SECTION F – Practice Prior to 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.

1	Have you practiced Audiology or Speech-Language Pathology in Nebraska before submitting the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	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: _____

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:

- 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 attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

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

1. **Age:** Evidence of at least 19 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 environmental 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, Lawful Presence 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 lawful presence in the United States:

 - a. A Green Card, otherwise known as An Alien Registration Receipt Card (Form I-551), both front and back of 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#"). An Employment Authorization Card/Document is not acceptable; or
 - d. A Form I-94 (Arrival-Departure Record);
6. **Education:** An official college/university transcript.
7. **Examination:** Official documentation of passing the audiology or speech-language pathology licensure examination. Please use code **7646** when ordering score transcripts.
8. **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.

The temporary license is valid for the Clinical Fellowship only and expires upon completion of the Clinical Fellowship. You must apply for permanent licensure by education immediately upon completion of the Clinical Fellowship. An administrative penalty of \$10 per day up to \$1000 will be assessed for practicing after the clinical fellowship end and your credential expires.

Temporary Hearing Instrument Specialist Information

Any applicant who plans to regularly dispense hearing instruments and obtains an Audiology license must also obtain a Hearing Instrument Specialist license. Prior to receiving your Audiology license, if you want to apply for a temporary hearing instrument specialist license you must submit the specific application for that credential. Application is available on our website: <http://dhhs.ne.gov/publichealth/Licensure/Documents/HAIIDtempApp.pdf>.