

## Audiologist or Speech-Language Pathologist License Instructions

Please read these instructions carefully prior to completing your application for licensure. Failure to do so could result in delay of your application. If you have questions, contact our office by e-mail: [DHHS.RehabOffice@nebraska.gov](mailto:DHHS.RehabOffice@nebraska.gov) or phone: 402-471-2299.

- Submit a Complete Application** with all required documentation.
- Licensure Fee.** Make check or money order payment to DHHS-Licensure Unit. The fee for initial licensure is **\$140**. If your license is issued within **180 days** (between June 1<sup>st</sup> and November 30<sup>th</sup> of even years) of the expiration date the fee for initial licensure is **\$35**. **All Audiologist/Speech-Language Pathologist licenses will expire December 1 of even-numbered years.**

**LICENSE FEE WAIVER:** If you meet one of the following waiver options, your initial license fee **is waived**.

1. **Young Worker:** You are between the ages of 18 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active-duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

- Proof that you are at least 19 years old.** Include with your application a copy of your driver's license, state identification card, birth certificate, or other acceptable government-issued identification.
- Proof of US Citizenship or lawful presence in the United States.**
  - **U.S. Citizens-** a **PHOTOCOPY** of one of the following:
    - Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted);
    - U.S. Passport (unexpired or expired);
    - Certificate of Naturalization; or
    - Other documents that show U.S. Citizenship.
  - **NOT a U.S. Citizen,** a **PHOTOCOPY** of one of the following:
    - Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
    - Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
    - Employment Authorization Card **AND**
      - An 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.
- \* **NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4 – 6 weeks.

- **Military Spouse:** If you have an active Audiology/Speech-Language Pathology license in another state and you are a military spouse, you may be eligible to obtain a temporary license pending completion of the licensure requirements. A temporary license for military spouses is provided for in Neb. Rev. Stat. §38-129.01 and is issued for a period not to exceed 1-year.

To apply for temporary licensure, you need **to be a resident of Nebraska** and submit the following:

- The attached application;
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces;
- A copy of your spouse’s military orders reflecting an active-duty assignment in Nebraska;
- A copy of your Audiology/Speech-Language Pathology license from another state or jurisdiction; and
- A copy of the statutes, rules, and regulations governing the registration from the other state or jurisdiction which indicate standards that are similar to Nebraska’s Audiology/Speech-Language Pathology license requirements.

- **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant’s probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**If you had an alcohol and drug evaluation and/or completed treatment**, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

<b>The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list</b>	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI / Open Container</li> <li>• Controlled Substance</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Fail to Appear in Court</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• False Information or Reporting</li> <li>• Reckless Driving / Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**NOTE:** If you have **any criminal charges or license disciplinary actions pending that result in a conviction after your license is issued** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471- 0175.

- **Fingerprints:** Fingerprints are required to be eligible for an ASLP license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your Audiologist or Speech-Language Pathologist application. Refer to enclosed instructions.

**Additional License Requirements:** There are three ways to apply for an ASLP license. They are Education, Endorsement and Reciprocity.

- Education:** Apply by Education if you do not have ASHA certification and passed the exam less than three (3) years ago.  
**Transcript:** Submit an official transcript from an approved academic program that has been accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology or a nationally recognized equivalent accreditation association approved by the Board.  
**Speech-Language Pathology:** An official transcript showing proof of a master's degree or its equivalent in Speech-Language Pathology from an approved academic program.  
**Audiology: Graduation prior to September 1, 2007-** An official transcript showing proof of a master's degree or its equivalent in Audiology from an approved academic program. **Graduation on or after September 1, 2007-** An official transcript showing proof of a doctoral degree or its equivalent in Audiology from an approved academic program.  
**Information Relating to Military Education, Training, or Service:**  
If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.  
**Completion of Clinical Fellowship:** Submit Attachment A1 if you are applying for licensure based on education. Any applicant who is applying on the basis of education must submit an official transcript, documentation of passing the PRAXIS licensure examination for audiology or speech-language pathology and Documentation of Completion of the Clinical Fellowship  
**Praxis scores:** Official documentation of the scores obtained on the PRAXIS examination. Select Nebraska Department of Education (state code 7646) as a score recipient when registering to take the test.  
**Passed Licensure Examination But is Not Practicing:** An applicant who has met the education, Professional Experience and examination requirements, who passed the examination more than **three (3)** years prior to the time of application for licensure, and is not practicing at the time of application for licensure, must present proof of completing **Thirty (30) hours** of acceptable continuing education, within the **three (3) years** immediately preceding the submission of application for licensure
  
- Endorsement:** Apply by Endorsement if you have received your ASHA certification.  
**ASHA Certification:** submit a copy of your ASHA card and/or acceptance letter. Verification of Certificate of Clinical Competence from the American Speech-Language- Hearing Association: All applicants who are applying on the basis of endorsement by the American Speech-Language-Hearing Association (ASHA) or equivalent and in active practice must have official documentation of the Certificate of Clinical Competence submitted to the Licensure Unit. *Applicants with ASHA certification do not need to supply transcripts or clinical fellowship documentation.*  
**Passed Licensure Examination But is Not Practicing:** An applicant who has met the education, Professional Experience and examination requirements, who passed the examination more than **three (3)** years prior to the time of application for licensure, and is not practicing at the time of application for licensure, must present proof of completing **Thirty (30) hours** of acceptable continuing education, within the **three (3) years** immediately preceding the submission of application for licensure.
  
- Reciprocity:** Apply by Reciprocity if you are or have held a license in another jurisdiction.  
Submit Attachment A2 for each state outside of Nebraska that has issued a license to provide health services, health-related services, or environmental services for them to complete and return to our office.  
**Licensed in Another Jurisdiction (state) But is Not Practicing:** An applicant who is licensed in another jurisdiction and is not practicing at the time of application for licensure must present proof of completing **Thirty (30) hours** of acceptable continuing education, within the **three (3) years** immediately preceding the submission of application for licensure.  
**License in another jurisdiction (state) - Currently Practicing:** If you hold a license to practice Audiology and/or Speech-Language Pathology in another jurisdiction and are in active practice, you must have the licensing agency complete the Certification of Applicant's License in Audiology or Speech-Language Pathology (Attachment A2)  
**Transcript:** Submit an official transcript from an approved academic program that has been accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology or a nationally recognized equivalent accreditation association approved by the Board.  
**Speech-Language Pathology:** An official transcript showing proof of a master's degree or its equivalent in Speech-Language Pathology from an approved academic program.  
**Audiology: Graduation prior to September 1, 2007-** An official transcript showing proof of a master's degree or its equivalent in Audiology from an approved academic program. **Graduation on or after September 1, 2007-** An official transcript showing proof of a doctoral degree or its equivalent in Audiology from an approved academic program.  
**Information Relating to Military Education, Training, or Service:**  
If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**Completion of Clinical Fellowship:** Submit Attachment A1 if you are applying for licensure based on education. Any applicant who is applying on the basis of education must submit an official transcript, documentation of passing the PRAXIS licensure examination for audiology or speech-language pathology and Documentation of Completion of the Clinical Fellowship

**Praxis scores:** Official documentation of the scores obtained on the PRAXIS examination. Select Nebraska Department of Education (state code 7646) as a score recipient when registering to take the test.

**Application Review:** All applications are reviewed in date order received.

If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 business days. The e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within 90 days, your application will be closed, and all documents destroyed. A new application with supporting documentation will then be required to restart the licensure process.

**You may monitor the status of your application online at [DHHS.NE.GOV/Lookup](http://DHHS.NE.GOV/Lookup)**

**Records Retention Schedule:** When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**Mail application and supporting documents to:**

DHHS Licensure Unit  
Attention: Audiology/Speech-Language Pathology  
PO Box 94986  
Lincoln, NE 68509-4989

Contact Information: Licensure Unit, Phone: 402-471-2299 / FAX: 402-742-1152 / E-Mail: [DHHS.RehabOffice@nebraska.gov](mailto:DHHS.RehabOffice@nebraska.gov)

**APPLICATION FOR AN  
 AUDIOLOGIST OR  
 SPEECH-LANGUAGE PATHOLOGIST  
 LICENSE**

Department of Health and Human Services  
 Division of Public Health - Licensure Unit  
 P.O. Box 94986 – Lincoln, Nebraska 68509-4986  
 DHHS.RehabOffice@Nebraska.Gov

**Select the type of license for which you are applying:**

- Audiology
- Speech-Language Pathology

**Check the basis of Application:**

- Education
- Endorsement
- Reciprocity

(Please print or type application)

**LICENSE FEES:**

**A. Fee Waiver:**

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. **Check only one box:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
  - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
  - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active-duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:**

Review the following chart to determine the fee required based on the month and year in which your license **will be issued**:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$140	\$140	\$140	\$140	\$140	\$35	\$35	\$35	\$35	\$35	\$35	\$140
Odd Numbered Year	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140

Audiology & Speech-Language Pathology licenses expire December 1<sup>st</sup> of even-numbered years

**Pay by check or money order to: D H H S - Licensure Unit**

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

**Section A – Personal Information:**

This section is public information and will be displayed on the following website <https://www.nebraska.gov/LISSearch/search.cgi>

First:	Middle/MI: (Required)	Last:
Maiden Name:		Other names you are known as (AKA):
Street/Post Office Box/Route:		
City:	State:	Zip:

(This information is not displayed on the internet).

Date of Birth: (Month/Day/Year)	Place of Birth (City/State or Country):
<input type="checkbox"/> Social Security Number:	<input type="checkbox"/> Alien Registration Number:

If you have both a SSN and an A#, 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 Number: (Required)	Fax Number: (Optional)
E-Mail Address: (Required)	

**Section B – Military Spouse:** If you have an active Audiology and/or Speech- Language Pathology license in another jurisdiction (state) and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. You may contact our office for further information.

Are you the spouse of an active-duty member of the United States Armed Forces who has an active-duty assignment in Nebraska?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**Section C – Education:** Provide an official transcript from an approved academic program that has been accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology.

**(Your transcript is NOT required if you are currently certified by ASHA.)**

Have you completed a course for the level of licensure for which you are applying?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of Program:		
Name of College/University:		
Location:	Graduation Date:	

**Information Relating to Military Education, Training, or Service:**

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**Section D – Examination:** Provide official documentation of the scores obtained on the PRAXIS examination.

**Select Nebraska Board of Examiners (state code 7646) as a score recipient.**

Have you successfully passed the Praxis Series Specialty Tests in Speech-Language Pathology or Audiology? <b>(Your scores are NOT required if you are currently certified by ASHA.)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date(s) Taken/Passed:		
Have you requested that your scores be released to Nebraska?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		

**Section E – Professional Experience:**

Have you successfully completed the professional experience (clinical fellowship)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of Supervising Audiologist or Speech-Language Pathologist:		
License Number:	Location:	

Start Date:	End Date:
Provide documentation of meeting the professional experience requirement using attachment A1. <b>(If you are currently certified by ASHA, you do NOT need to provide documentation of your clinical fellowship.)</b>	

**Section F – Certificate of Clinical Competency:**

Have you been issued a Certificate of Clinical Competency (CCC) from the American Speech-Language-Hearing Association (ASHA)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Certificate Number:				
Issue Date:	Expiration Date:			
Provide documentation of your certificate to the Department.				

**Section G – License/Registration/Certification Information:** The following questions relate to a license/registration/certification that you currently hold or have held to provide health related services (such as nursing, massage therapist, paramedic, nurse aide, etc.) in a state **other** than Nebraska. If you hold or have held a credential in more than one state, please use the back of this page or an additional sheet of paper to list all states in which you hold or have held a credential.

Are you or have you been licensed in any other Jurisdiction (state) to provide health-related services?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Jurisdiction/State:				
Type of Credential:				
Issue Date:	Expiration Date:			
Have you requested to have certification of your license sent to Nebraska?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If the state you hold or have held a credential in has a method for online lookup, and that method of online lookup contains all the information outlined in Attachment A2, the office will look up your credential using that online verification system. If the online verification system does not meet the requirements listed within Attachment A2 you **must** request a certification be sent directly to this office from the other credentialing agency.

Additionally, if you answer **YES** to any of the questions below, you must request the following information be sent directly to this office:

- Certification of your credential in another state to include any disciplinary action.
- All Official Documents from the State Board in which the disciplinary action was taken.

\*NOTE: The requested information can be sent electronically to our office email or mailed to our physical mailing address, but the information **MUST** come from the licensing agency directly.

Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Has your license ever been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have your privileges ever been restricted or terminated by any licensing authority, association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have any unresolved or pending complaints against you with any licensing agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have you ever had a professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to the suite in which the patient released any professional liability claim against you?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
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**Section H – Current Practice** If you are not currently practicing as an Audiologist or Speech-Language Pathologist and you passed the licensure examination more than three years ago OR you are licensed in another state and not currently practicing, you will need to provide documentation of obtaining Thirty (30) hours of continuing education withing the three years immediately preceding the application for licensure.

Are you currently practicing as an Audiologist or Speech-Language Pathologist in any jurisdiction (state)? If <b>Yes</b> , provide the following information:	YES	NO
Facility:		
Address:		
Dates of Practice:		

**Section I – Conviction Information:** Please note that failure to disclose any conviction or disciplinary action, regardless of when it occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Have you <b>ever</b> been convicted of a misdemeanor or a felony?	YES	NO
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IF **YES**, provide the following information.

Name of Conviction:	
Date of Action:	
Name of Court/Entity Taking Action:	

**Section J – Practice Prior to Licensure:** 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 as provided in 172 NAC 23-009.02, or such other action as provided in the statutes and regulations governing the credential.

Have you practiced Audiology or Speech Language Pathology in Nebraska (except when practicing under a credential issued by the Nebraska Department of Education within a school setting) prior to submitting this application?	YES	NO
If yes, what are the actual number of days you practiced in Nebraska? Provide the business name, location and telephone number of the practice.	# of days: _____ Name of Business: _____ Location: _____ Telephone number: _____	

**Section K – Attestation:** For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129; check **ONE** of the boxes below:

Subsection 1 –

I attest that:

- I am a citizen of the United States.
- I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202 (c) (2) (B) (i) through (ix) of the Federal REAL ID Act of 2005.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your credential will NOT be active until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks)

Subsection 2 –

I further attest that:

- I have read the application, or have had the application read to me; and,
- I am of good character and all statements on this application are true and complete;

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

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

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.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at

<https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

**DOCUMENTATION OF COMPLETION  
 OF THE CLINICAL FELLOWSHIP**

ATTACHMENT A1

Department of Health and Human Services  
 Division of Public Health - Licensure Unit  
 P.O. Box 94986 – Lincoln, Nebraska 68509-4986  
 Telephone #: 402.471.2299

<b>SECTION A - Supervisor Information (To be completed by supervisor)</b>				
1.	Name:			
2.	Are you licensed in Nebraska?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2a	If yes, in what profession?	<input type="checkbox"/> Audiology	<input type="checkbox"/> Speech-Language Pathology
	2b	What is your license number?		
	2c	If no, in what state are you licensed?		
3.	Do you have a Certificate of Clinical Competency from the American Speech - Language - Hearing Association?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3a	If yes, in what profession?	<input type="checkbox"/> Audiology	<input type="checkbox"/> Speech-Language Pathology
	3b	What is your Certificate number?		
<b>SECTION B – Professional Experience Information: (To be completed by supervisor)</b>				
1.	Name of applicant:			
2.	Dates of Supervision:	From:	To:	
3.	Name of Site:			
	Address	Street/PO/Route:		
		City:	State:	Zip:
	Telephone Number (Optional)			

4.	Area in which applicant completed his/her Clinical Fellowship:	<input type="checkbox"/> Audiology	<input type="checkbox"/> Speech-Language Pathology
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	Applicant worked:	<input type="checkbox"/> Full – Time	<input type="checkbox"/> Part – Time	Hours per week:
5.	List date, site, and type of activity evaluated for the eighteen (18) onsite observations required for completion of the Clinical Fellowship. Acceptable types of activities include but are not limited to: assessment, diagnosis, evaluation, screening, habilitation, rehabilitation, and activities related to client management, e.g. client reports, client conferences, family counseling, etc.			
	Date	Site	Activity Observed	
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
m.				
n.				

o.			
p.			
q.			
r.			
6.	List date, site, and type of the other monitoring activities required for completion of the Clinical Fellowship. At least eighteen (18) activities must be listed and may include, but are not limited to: (a) Evaluating the applicant's clinical records, including diagnostic reports, treatment records, correspondence, plans of treatment, and summaries of clinical conferences, (b) monitoring the applicant's participation in case conferences, (c) evaluating the applicant by professional colleagues and employers, (d) evaluating the applicant's work by patients and their parents, and (e) monitoring the applicant's contributions to professional meetings and publications, as well as participation in other professional growth opportunities.		
	Date	Site	Activity Observed
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			

j.			
k.			
l.			
m.			
n.			
o.			
p.			
q.			
r.			

**Section C – Certification of Supervisor**

I hereby certify that the preceding information is correct to the best of my knowledge.

\_\_\_\_\_

**Signature of Supervisor**

\_\_\_\_\_

**Date**

**CERTIFICATION OF APPLICANT'S LICENSE IN AUDIOLOGY AND/OR  
SPEECH-LANGUAGE PATHOLOGY**

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

Our records indicate that \_\_\_\_\_ was licensed as  
an \_\_\_\_\_ on \_\_\_\_\_,  
(Applicant's Name)

The license was issued on the basis of written examination \_\_\_\_\_  
(Name of Examination)

The applicant's score was \_\_\_\_\_.

Requirements for licensure in issuing State at the time this license was issued were:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And are currently:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- Based on the records of this department, the applicant's license:
- Is in good standing, and as far as our records are concerned, the applicant is entitled to endorsement.
  - Has been disciplined.

Please explain any disciplinary action: \_\_\_\_\_  
\_\_\_\_\_

Name :	Title:	
Licensing Agency:		
Phone Number (optional):		
Address:		
City:	State:	Zip Code:

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

Mail to: Nebraska Department of Health and Human Services  
Division of Public Health – Licensure Unit (SEAL)  
P.O. Box 94986  
Lincoln, NE 68509-4986

## INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

### **Criminal background checks are NOT expedited for any reason.**

**Fingerprints are required to be eligible for an Audiologist/Speech-Language Pathologist license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your application for a license.**

Please read and follow these instructions carefully to avoid delays in processing.

*Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for the license you are currently applying for in Nebraska.*

There are 2 ways to capture your fingerprints:

- **Live Scan:** Live Scan is the preferred method. Live Scan is available at all Nebraska State Patrol locations listed in these instructions. Digital fingerprints are captured via Live Scan and submitted electronically to the Nebraska State Patrol for processing. You do not need to submit additional paper fingerprints if you complete Live Scan with a Nebraska State Patrol office. The Nebraska State Patrol does not accept Live Scan prints electronically from other states at this time. If you are out of state and have Live Scan prints captured, you will need to request that your digital fingerprints be printed out onto paper cards for submission to the Nebraska State Patrol.
- **Ink and Paper Fingerprints:** Applicants outside of Nebraska or at an office other than the State Patrol offices listed here have traditional ink and paper fingerprinting.

### **Completing the Fingerprint Card:**

1. **Fingerprint Cards:** If you are unable to be printed as a Live Scan location, fingerprint cards are available at law enforcement agencies in NEBRASKA. Ink fingerprint submissions must be submitted on FD-258 fingerprint cards. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402-471-2299 and cards can be mailed to you.
2. **DO NOT FOLD THE FINGERPRINT CARDS.**
3. **Information to be completed on the Fingerprint Card:**
  - a. Print your full name, address with zip code, \*Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**  
  
*\*Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*
  - b. In the box labeled "Reason Fingerprinted" PRINT 'ASLP 38-131'. Each license applied for requires an individual background check

### **Photo ID:**

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legally in the U.S.

### **FEE: \$45.25**

There are 3 ways to pay for fingerprint processing:

1. **Credit Card/E-Check: Pay \$45.25 by credit card via the Nebraska State Patrol online appointment calendar system when scheduling your appointment.** Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose "ASLP 38-131". You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

**2. Check or Money Order:** Payment of **\$45.25** must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 4600 Innovation Drive, Lincoln NE 68521**. Indicate the name of the applicant and 'ASLP Licensure' in the memo line of the check.

**3. Cash/Check/Credit Card/Money Order:** Payment of \$45.25 may be made directly at the NSP Troop Area Office during your scheduled Livescan fingerprint appointment.

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

**Fingerprinting Locations:**

Visit the Nebraska State Patrol website to schedule a fingerprinting appointment at any Troop Area office statewide. The interactive online appointment calendar link is located here: <https://statepatrol.nebraska.gov/services/fingerprinting>

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday, Wednesday, Friday – 7:45 a.m. to 4:00 p.m. Tuesday, Thursday – 8:30 a.m. – 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Monday, Thursday, Friday - 9:00 a.m. to 4:00 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1225	Monday – Friday - 8:30 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 4600 Innovation Drive Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday - 8:00 a.m. to 4:00 p.m. (appointment required)

**Where do you send the fingerprint cards?**

You must send all fingerprint cards to the following address:

**Nebraska State Patrol**  
Criminal Identification Division (CID)  
4600 Innovation Drive  
Lincoln NE 68521

**Criminal Background Check Notification:** Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license to practice as a registered nurse or a licensed practical nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health

and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant's federal report can be found at [FBI.gov](https://www.fbi.gov). To challenge an applicant's Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

38-131 (1) An applicant for an initial license to practice as a registered nurse, a licensed practical nurse, a physical therapist, a physical therapy assistant, a psychologist, an advanced emergency medical technician, an emergency medical technician, an audiologist, a speech-language pathologist, a licensed independent mental health practitioner, an occupational therapist, an occupational therapy assistant, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. Except as provided in subsection (4) (3) of this section, such an applicant for an initial license shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check by the Federal Bureau of Investigation to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) The Nebraska State Patrol is authorized to submit the fingerprints of such applicants to the Federal Bureau of Investigation and to issue a report to the department that includes the criminal history record information concerning the applicant. The Nebraska State Patrol shall forward submitted fingerprints to the Federal Bureau of Investigation for a national criminal history record information check. The Nebraska State Patrol shall issue a report to the department that includes the criminal history record information concerning the applicant. (3) (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for veterinarian locum tenens under section 38-3335. (4) (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have such his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. (5) The department and the Nebraska State Patrol may adopt and promulgate rules and regulations concerning costs associated with the fingerprinting and the national criminal history record information check. (6) For purposes of interpretation by the Federal Bureau of Investigation, the term department in this section means the Division of Public Health of the Department of Health and Human Services. Effective Date: June 6, 2023

#### **PRIVACY ACT STATEMENT**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

The FBI Privacy Act Statement can be found at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

#### **Applicant Notification and Record Challenge**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. -The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.