NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

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 or phone: 402-471-2299.

☐ **Submit a Complete Application** with all required documentation. An incomplete application will be returned to you.

☐ **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 1st and November 30th 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: Starting January 1, 2020, if you meet one of the following waiver options, your initial license and temporary 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.

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 (Attachment A1)

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 **Fifty (50) 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.

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.

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 **Fifty (50) 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 **Fifty (50) 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.

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.

☐ **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.

The following provides SOME examples of convictions; this is NOT a complete list	
• MIP/ Tobacco Use by Minor	• Driving under Suspension / Revocation
• DUI / DWI / Open Container	• License Vehicle without Liability Insurance
• Controlled Substance	• False Information or Reporting
• Shoplifting / Theft / Burglary	• Reckless Driving / Leave the Scene of an Accident
• Unauthorized use of a Financial Transaction	• Operator not Carrying License
• Disturbing the Peace	• Unlawful Display of Plates/Renewal tabs
• Assault / Prostitution	• Park Rule Violation / Curfew Violation
• Disorderly Conduct / Disorderly House	• Dog at Large / Fail to Vaccinate Animal
• Fail to Appear in Court	• Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** 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.

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 days; the e-mail will list the information that is required to compete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

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

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

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 AN AUDIOLOGIST OR SPEECH-LANGUAGE PATHOLOGIST LICENSE

Select the Level of licensure for which you are applying
- ☐ Audiology
- ☐ Speech-Language Pathology

Check below for 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 Number 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 1st of even-numbered years

Pay by check or money order to: 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:	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):
☐ Social Security Number:	☐ 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:	Fax Number:
E-Mail Address:	
Have you ever been denied the right to take a license examination in any State? Yes ☐ No ☐ If yes, explain:	

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?	☐ YES	☐ NO

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 or a nationally recognized equivalent accreditation association approved by the Board.

Have you completed a course for the level of licensure for which you are applying?	☐ YES	☐ 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 – 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 answer **YES** to any of the questions below, you must request the following documents be sent directly to this office:

Certification of your credential in another state (Attachment A2).

Official Documents from the State Board in which the disciplinary action was taken.

Are you or have you been licensed in any other Jurisdiction (state)?	☐ YES	☐ NO
Jurisdiction/State:		
Type of Credential:		
Issue Date:	Expiration Date:	
Have you requested to have certification of your Audiology or Speech Language Pathology license sent to Nebraska? (Attachment A2)	☐ YES	☐ NO

Are you or have you been licensed in any other Jurisdiction (state)?	☐ YES	☐ NO
Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	☐ YES	☐ NO
Has your license ever been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility?	☐ YES	☐ 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?	☐ YES	☐ 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?	☐ YES	☐ NO

Are you currently practicing as an Audiologist or Speech-Language Pathologist? If **Yes**, provide the following information:	☐ YES	☐ NO
Facility:		
Address:		
Dates of Practice:		
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?	☐ YES	☐ NO

Section E – 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 **ever** been convicted of a misdemeanor or a felony?	☐ YES	☐ NO

IF **YES**, provide the following information:

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

Section F – 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 statues 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 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: ____________________	

<u>Section G – Attestation</u>: 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 **<u>NOT</u>** 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 **<u>NOT</u>** 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 **<u>NOT</u>** 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;
- ☐ 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.

<u>MILITARY:</u> 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

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

SECTION A - Supervisor Information (To be completed by supervisor)

1.	Name:			
2.	Are you licensed in Nebraska?		☐ Yes	☐ No
	2a	If yes, in what profession?	☐ Audiology	☐ 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?		☐ Yes	☐ No
	3a	If yes, in what profession?	☐ Audiology	☐ Speech-Language Pathology
	3b	What is your Certificate number?		

SECTION B – Professional Experience Information: (To be completed by supervisor)

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:	☐ Audiology	☐ Speech-Language Pathology	

	Applicant worked:	☐ Full – Time	☐ 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**

ATTACHMENT A2

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
(Applicant's Name)
an ____ on ______________________, __________.

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
P.O. Box 94986
Lincoln, NE 68509-4986

(SEAL)