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

Mail Renewal To:
Licensure Unit
PO Box 94986 Lincoln,
NE 68509-4986

Contact Info:
Phone #: 402-471-2299
Email:
dhhs.rehaboffice@nebraska.gov

Renewal Notice Audiology/Speech-Language Pathology

License Expires 12/01/2026

Your renewal application and fee (if applicable) must be POSTMARKED ON OR BEFORE 12/01/2026 to avoid expiration of your license.

Online License Renewal: You may renew your license online at https://nebraska.mylicense.com/. To register on-line you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

Fail to Submit Renewal by Expiration Date: **If you fail to submit a completed renewal** by the expiration date, your license expires. To practice after this date, your license must be reinstated. **If you practice without an active license,** an administrative penalty of $10 per day up to $1,000 will be assessed for each day of practice.

License Information:

License #:			
Name: ☐ If this is a CHANGE in name, check the box	First:	Middle:	Last:
	Name Changes: If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.		
Address: ☐ If this is a NEW address, check the box			
City/State/Zip:	City:	State:	Zip:
Phone/E-mail: (optional)	Phone: _____	E-mail: _____	

To renew your license, you must have a valid Social Security Number or Alien Registration Number.

Social Security Number:	
Alien Registration Number:	

SS#: Neb. Rev. Stat. §38-123 requires disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.

Renewal Status (Select ONLY One):

☐ Yes **Active ($140.00)**: I choose active status for my license. The renewal fee is **($140.00)**
Make check/money order **payable to**: DHHS, Licensure Unit. **We do not accept** electronic payments for paper renewals.

☐ Yes **Active-Military ($0)**: I choose Active-Military status. **We encourage you to check with your employer before choosing active-military.** Since 12/01/2024 I have served for 30 consecutive days on full-time active duty or approved leave. Military service is defined as full-time duty in the active military of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. I understand that I may be required to submit a copy of my military orders to the DHHS Licensure Unit. There is no fee or continuing education requirement for military status.

☐ Yes **Inactive Status ($0)**: I choose inactive status for my license. I cannot practice my profession in Nebraska after 12/01/2024. There is no fee or continuing education requirement for inactive status.

You must complete page 2 of this renewal notice

Renewal Questions:

Continuing Education (Select ONLY One):

☐ Yes I have completed my continuing education requirement, or will complete it by 12/01/2026.

☐ Yes I was first licensed in Nebraska after 12/01/2024, so continuing education is not required.

☐ Yes I chose Active-Military status, so continuing education is not required.

☐ Yes I suffered from a serious or disabling illness or disability after 12/01/2024, which prevented me from completing the continuing education requirement. You must submit documentation to support this waiver request.

☐ Yes I was not able to complete my continuing education requirement due to circumstances beyond my control. You must submit documentation to support this waiver request.

Conviction:

☐ Yes ☐ No I was convicted of a misdemeanor or felony after 12/01/2024.

Conviction: If you had a misdemeanor or felony conviction during the past 2 years and haven't reported it yet, we need:

1. A list of all convictions;
2. A copy of the court record for each conviction;
3. An explanation of each conviction, including what happened (what, when, where, why), and a summary of what action you have taken to address the behavior that caused each conviction;
4. All addiction/mental health evaluations and proof of treatment, if the conviction involved drugs or alcohol and if treatment was received/required; and
5. A letter from your probation office addressing conditions and current status, if you are currently on probation.

NOTE: ALL misdemeanor convictions and felony convictions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska license.

Other License(s):

☐ Yes ☐ No I was licensed by another state(s) to provide health-related or environmental services after 12/01/2024.

☐ Yes ☐ No This license(s) has been denied, refused renewal, or disciplined after 12/01/2024.

Disciplinary Action: If your license from a different state **(NOT NEBRASKA)** has been revoked, suspended, limited, placed on probation, or disciplined in any way in the last 2 years, and you haven't reported it yet, we need an official copy of the disciplinary action that includes charges and disposition.

NOTE: ALL license disciplinary actions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska license.

Citizenship/Lawful Presence (Select ONLY One):

☐ Yes I **am a citizen** of the United States.

☐ Yes 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.

☐ Yes 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

Not a Citizen: If you are **NOT** a citizen of the United States, submit a copy of your evidence of lawful presence, such as a permanent resident card, Form I-94, asylum document, etc. OR an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

Attestation:

I Attest that:

1. I have read the renewal application or have had the renewal application read to me; and
2. I am of good character and all statements on this renewal application are true and complete.

Signature: _____ Date: _____

We NO LONGER send the paper renewed license card; to PRINT YOUR RENEWED CARD go to: dhhs.ne.gov/lookup

We will process your renewal as quickly as possible, but it may take up to a week if no additional documentation is required. You can check your renewal status at **dhhs.ne.gov/lookup**. When your renewal date changes, that means your license has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your license until we have ALL of the required documentation.