

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license and temporary license fee **may be waived**.

- 1. Young Worker:** You are between the ages of 21 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>

APPLICATION PROCESS - To apply for a License:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be and original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. **US Citizenship/Lawful Presence (must be at least 21 years old):**
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.
 - _____ Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) 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 one of the following**
 - _____ 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.

2. **Education and Transcript:** You must have your school or electronic transcript service submit a high school transcript directly to our office. If sending by e-mail, send to dhhs.rehaboffice@nebraska.gov.

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.

3. **Other State License Information:** If you hold or have held a health related license in any state you must contact that state and request a verification of your license (**do not send a copy of your license**).

4. **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** an all exclusive list:

<ul style="list-style-type: none">• MIP• DUI / DWI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear in Court• False Information or Reporting• Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Parks Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks• Bad Check• Not Wearing Seat Belt
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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 at 402-471-0175.

5. **Examination** If you have taken the exams in another state you must request the scores be sent to our office.
- A. International Licensing Examination (ILE) for Hearing Healthcare Professionals
The International Hearing Society (IHS) will be administering the computer based examination. You will need to complete the application process to obtain a credential to practice as a Hearing Instrument Specialist in Nebraska in order to be approved to sit for the examination. The ILE must be passed before you are able to take the Practical.
- B. Nebraska Practical Examination
The practical examination is developed and administered by the Nebraska Board of Hearing Instrument Specialists. The Nebraska Board and the Licensure Unit will administer two - three exams a year. These will be listed on the DHHS HIS website. <https://dhhs.ne.gov/licensure/Pages/Hearing-Instrument-Specialist.aspx>

STEP 2: Complete all pages and questions on the Application

Submit your application to the Licensure Unit	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). Pay by check/money order; debit or credit card is not accepted.

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 complete 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.

APPLICATION FOR HEARING INSTRUMENT SPECIALIST LICENSURE

DHHS, Public Health
Licensure Unit
P.O. Box 94986 – Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2299

Check below the basis for application: (Please print or type application)

- Examination
- I have a license in another state. Please list the state: _____

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee may be 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.

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>

SECTION 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: Determine the month and year in which you are submitting your application. If the incorrect amount is sent in, the whole application will be returned.

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even	\$165	\$165	\$165	\$165	\$165	\$165	*\$41.25	*\$41.25	*\$41.25	*\$41.25	*\$41.25	*\$41.25
Odd	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165

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 – 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.

Legal Name	First:	Middle/MI:	Last:
List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate			
Present Address	Street/Box/Route:		
	City:	State:	Zip:
Date of Birth	Month/Day/Year	Place of Birth:	City/State or Country
Social Security Number (SSN):			

If you are not a U.S. Citizen, list your A# or I-94#:	Alien Registration Number ("A#"):	
	I-94 #	

If you have both a SSN and an A# or I-94 number, you must report both. [Neb. Rev. Stat. § 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.](#)

Phone #:		**Fax # (Optional)	
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E-Mail Address (Must have for examination purposes.)	
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Have you ever been denied the right to take a license examination in any State?
 Yes No If yes, explain:

SECTION C – Education – Please request an official copy of your high school transcript or GED certificate be sent directly to our office. College transcript if applicable.

Name of High School			
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Location	Street/PO/Route:		
	City:	State:	Zip:

Diploma	Yes	No	Year of Graduation	GED Certificate	Yes	No	Issued By
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Name of College if applicable			
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Date of Graduation:	Major:
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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 information. (ALL applicants must complete this section.)

	YES	NO
Have you taken the International Licensing Examination (ILE) given by the International Hearing Society (previously International Institute for Hearing Instruments Studies)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes what date did you take the examination. You must request a copy of the score report be sent to Nebraska.	Date:	
Have you taken a Practical Examination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what state did you take the Practical Examination through and the date? If other than Nebraska, you will need to provide documentation from that state showing what the examination covered so our office can determine if it is equivalent to the Nebraska practical examination.	State: Date:	

I need to take the International Licensing Examination (ILE) for Hearing Healthcare Professionals. Please send my information on to IHS once I have met the requirements for Nebraska Hearing Instrument Specialist credential.	<input type="checkbox"/>	<input type="checkbox"/>
I need to take the Nebraska Practical Examination. Please notify me of the next exam date.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E – Conviction And Licensure Information – 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 an (X) 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
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

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.

Licensure Questions – All applicants must answer.

		Yes	No
Do you hold or have you ever held 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, list all the other states that you have been credentialed in:			
Type of Credential	State	Credential Number	Name of examination(s)
<p>**Request certification of your credential in each state that you hold or have held a credential. Request scores of all examinations are sent to our office directly.</p>			
Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
If yes, state date and type of action; name and address of entity taking such action:			
Type of Action	Date of Action	Entity taking action	

If you answered YES to any of the questions above, you must request the Official Documents from the State Board in which the disciplinary action was taken be sent directly to this office.

SECTION F – Practice In Nebraska Prior To Obtaining A Credential – An individual who practices in Nebraska prior to issuance of 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.

Have you actively practiced in Nebraska as a Hearing Instrument Specialist prior to licensure? (Do <u>NOT</u> count time that you worked with a Temporary Hearing Instrument Specialist license)		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
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:	
Name of Supervisor		Telephone #:	

SECTION G - Attestation

For the purpose of meeting 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.
- 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

I further attest that:

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

Print Name: _____

Signature: _____

Date: _____

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>

CERTIFICATION OF HEARING INSTRUMENT SPECIALIST LICENSE
(Must be completed by licensing agency (Print or Type))

_____ was licensed as a Hearing Instrument Specialist on _____, 20 ____
(Applicant's Name)

Section A Examination given by the International Hearing Society

International Licensing Examination (ILE) for Hearing Healthcare Professionals

Candidate Score: _____

IHS recommended Passing % score: 70%

Candidate % Score: _____

OR

International Licensing Examination for the Hearing Instrument Dispenser
given by the International Institute for Hearing Instruments Studies

Date of examination: _____

International Licensing Examination Scores:

	<u>Score</u>	<u>Pass/Fail (P/F)</u>
Scale 1. Presenting Problem and Needs	_____	_____
Scale 2. Test and Analyze Hearing	_____	_____
Scale 3. Prescribe and Analyze Hearing Aid	_____	_____
Scale 4. Fit, Adjust and Service Hearing Aid	_____	_____
Scale 5. Educate and Maintain Professional Relations	_____	_____
Written Overall Score	_____	_____

Section C Practical Exam

Practical tests of proficiency in the following techniques as they pertain to the fitting of the hearing instruments:

	<u>Score</u>
Pure Tone audiometry, including air conduction testing and bone Conduction testing	_____
Live Voice or recorded voice speech audiometry	_____
Masking when indicated	_____
Recording and evaluation of audiograms and speech audiometry to determine proper selection and adaptation of a hearing instrument	_____
Taking earmold impressions	_____
Other: _____	_____
The applicant's overall score	_____

Continued on page 2

Section C (continued)

Requirements for licensure in _____ at the time this license
was issued were _____
_____ (Issuing State)

and are currently: _____

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

Section D (must be completed for all applicants)

Based on the records of this department, the applicant's license:

- (a) _____ is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- (b) _____ has been disciplined.

Please explain any disciplinary action:

Licensing Agency: _____

Name and Title: _____

Address: _____

City/State/Zip Code: _____

Signature (NO SIGNATURE STAMP): _____

Date: _____ Telephone Number: _____
(Optional)

(SEAL)

Please return to:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH - HIS
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986