



## Temporary 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 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. An incomplete application will be returned to you.
- Licensure Fee.** Make check or money order payment to DHHS-Licensure Unit. The fee for temporary licensure is **\$140**

**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.

- **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 national 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.
- **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.
- **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 <u>SOME</u> examples of convictions; this is <b>NOT</b> a complete list	
<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 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 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.

**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)

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

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

Department of Health and Human Services  
 Division of Public Health - Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-2299

(Please print or type application)

**Check below the type of license that you are requesting:**

- Temporary Audiology
- Temporary Speech-Language Pathology

**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: \$140.**

The temporary license expires upon completion of the clinical fellowship.

**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:** (All applicants for registration must complete this section.) **This section is public information and will be displayed on the INTERNET.** <https://www.nebraska.gov/LISearch/search.cgi>

**NOTE:** All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office.

1	Legal Name:	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other names you are known as (AKA)	
2	Present Address	Street/Box/Route:		
		City:	State:	Zip:

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

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

5	Phone #:	Fax # (optional)	E-Mail Address:
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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 B – Education:** All applicants must complete this section and provide an **official** transcript. Official means issued and sealed by the issuing institution

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

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

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

**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.

Name of Program	
Name of College	
Location	
Graduation Date	

**SECTION C - Examination.**

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

**SECTION D - Clinical Fellowship (CF)**

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

If no, please indicate beginning and projected ending date and name of your supervisor.	Beginning date:
	Projected ending date:

Supervisor's Name:	
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**SECTION E – Conviction and Licensure Information** (all applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Answer each of the following questions by placing a checkmark in the appropriate box (yes or no) and completing the information requested. All 'yes' responses **must** be explained in detail and you must submit the requested documentation.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you ever been convicted in any jurisdiction of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

**The following questions relate to a credential that you hold or have held in health services, health related services or environmental services in Nebraska or another jurisdiction.**

		Yes	No			
1	Do you <b>hold or have you ever</b> 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, what State(s) are you credentialed in?	What type of credential do you hold?	
2	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential Action	Date of Action	Name of Entity taking Action

If you answered YES to any of the questions above, you must request the following documentation be sent directly to this office:

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

**SECTION F – Practice Prior to Credential:** An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you practiced <b>Audiology or Speech-Language Pathology</b> in Nebraska before submitting the application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice?	# of days: _____
		Name of business: _____
		City: _____

**SECTION G – Attestation**

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below*):

**I attest that:**

- I am a citizen of the United States.
- 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

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

**Signature and Application Attestation: I attest that:**

1. I have read the renewal application or have had the renewal application read to me; and
2. All statements on this renewal 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>