



NEBRASKA
 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 REINSTATEMENT TO PRACTICE AS
 COMMUNICATION ASSISTANT
 (Revoked, Expired, Placed on Inactive Status, Lapsed, or Voluntary
 Surrender without Disciplinary Action)**

I hereby apply for reinstatement of my license to practice as a Communication Assistant in the State of Nebraska and submit the required fee of \$61.

Check below the type of license that you are reinstating

- Audiology Communication Assistant
- Speech-Language Pathology Communication Assistant

(Please print or type application)

SECTION A - Personal Information: (All applicants must complete this section.) This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/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:
3	License number:			
4	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)	
Additional information requested:				
5	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#
		Form I-94 (Arrival-Departure Record) number		I-94#
If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.				
6	Check the Appropriate Box(s):	<input type="checkbox"/> I am a citizen of the United States. <input type="checkbox"/> I am an alien lawfully admitted into the United State for permanent residence under the Immigration and Naturalization Act (INA and who is eligible for a credential under the Uniform Credentialing Act. <input type="checkbox"/> I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States.		

If you are an alien lawfully admitted into the U.S. for permanent resident OR non-immigrant whose visa/application for visa for entry is related to such employment in the US, you must submit evidence of lawful permanent residence and/or immigration status which may include a copy of:

1. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
3. A document showing an Alien Registration Number ("A#"); with visa status or
4. A Form I-94 (Arrival-Departure Record) with visa status.

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.

SECTION B – 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.

Please answer each of the following questions with regard to the time period since your license was Revoked, Expired, Placed on Inactive Status, Lapsed or Voluntary Surrendered without Disciplinary Action. Answer each of the following questions by placing a check mark 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 of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A copy of the Court Record, which includes charges and proof of completion;
- Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.

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	Are you credentialed in any state?	<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 documents be sent directly to this office:

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

SECTION C – YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Please answer each of the following questions with regard to the time period since your license was Revoked, Expired, Placed on Inactive Status, Lapsed or Voluntary Surrendered without Disciplinary Action. If you answer yes to any of the following questions, you must provide an explanation.

1	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice as an audiology or speech-language pathology communication assistant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you practiced as an audiology or speech-language pathology communication assistant : <ul style="list-style-type: none"> • Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you practiced as an audiology or speech-language pathology communication assistant while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you violated: <ul style="list-style-type: none"> • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you committed any acts of unprofessional conduct relating to the practice as an audiology or speech-language pathology communication assistant? (Refer to the practice act for your profession)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C – Practice Prior to Reinstatement: An individual who practices prior to reinstatement 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 as an audiology/speech-language pathology communication assistant in Nebraska since your license was expired, on inactive status or following voluntary surrender?	<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: _____
		Phone number of business: _____



CONTINUING COMPETENCY – COMMUNICATION ASSISTANT INSERVICE TRAINING

I, _____ do hereby attest that I provided
 (Licensed Audiologist or Speech-Language Pathologist)
 _____ with at least ten (10)
 (Communication Assistant)
 hours inservice training from _____ to _____ in areas related to the
 (Date) (Date)
 services provided by the communication assistant.

SUBJECT OF INSERVICE TRAINING	PROGRAM TITLE	PROGRAM LOCATION	PROGRAM DATES (Month/Day/Year)	HOURS EARNED

*Attach additional information if space above is inadequate

TOTAL HOURS EARNED:	
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_____ **I AM REQUESTING A WAIVER** of _____ continuing education hours.
 Check applicable reason(s) for waiver below:

ρ	Military: I have served in the regular armed forces of the United States during part of the twelve (12) months preceding the licensure renewal date and request that my continuing education requirements be waived. (You MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
ρ	Illness/Disability: I have suffered a serious or disabling illness or physical disability which prevented completion of the required number of continuing education hours during the twelve (12) months immediately preceding the license renewal date. (1. Attach a statement explaining the circumstances beyond the licensee's control that prevented completion of all or part of the continuing education requirements. 2. Attach a statement from treating physician(s) stating that the licensee or was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period.)

Documentation must be provided to support your request for waiver of continuing competency. If the specified documentation is not submitted, review and processing of your credential renewal cannot occur.

SECTION D– Attestation

I attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have completed 20 hours of acceptable continuing education within the preceeding 24 months pursuant to 172 NAC 23-009 or have applied for a waiver of continuing competency requirements.

Signature

Date

NOTE:

If an applicant has practiced while his/her credential was expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Assess an administrative penalty, in which case a separate notice of opportunity for hearing will be sent to the applicant;
2. Deny the application to reinstate the credential;
3. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
4. Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

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.

The Department will act within 150 days on all completed applications. The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.