



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  
AUDIOLOGY OR SPEECH-LANGUAGE PATHOLOGY  
(Revoked, Expired, Placed on Inactive Status, Lapsed, or Voluntary  
Surrender without Disciplinary Action)**

***I hereby apply for reinstatement of my license to practice Audiology or Speech-Language Pathology in the State of Nebraska and submit the required fee of \$175.***

**Check below the type of license that you are reinstating**

- Audiology  
 Speech-Language Pathology

(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.			

**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**Please answer each of the following questions with regard to the time period since your license was Revoked, Expired, Placed on Inactive Status, Lapsed or Voluntary Surrender without Disciplinary Action.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 been convicted in any jurisdiction of any 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(s) 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 Surrender 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 audiology or speech-language pathology?	<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 audiology or speech-language pathology : <ul style="list-style-type: none"> <li>• Fraudulently?</li> <li>• Beyond its authorized scope?</li> <li>• With gross incompetence or gross negligence?</li> <li>• In a pattern of incompetent or negligent conduct?</li> </ul>	<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 audiology or speech-language pathology 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"> <li>• The Uniform Credentialing Act?</li> <li>• Mandatory Reporting Regulations?</li> <li>• The Uniform Controlled Substances Act?</li> </ul>	<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 of audiology or speech-language pathology? (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 <b>audiology/speech-language pathology</b> 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.	<p># of days: _____</p> <p>Name of business: _____</p> <p>City/State/Zipcode _____</p> <p>Phone number of business: _____</p>



**SECTION D CONTINUING COMPETENCY – AUDIOLOGY/SPEECH-LANGUAGE PATHOLOGY**

**CONTINUING COMPETENCY REQUIREMENTS:** You must have completed twenty (20) hours of continuing education in the preceding twenty-four (24) months for reinstatement of your license. In order for a continuing education activity to be accepted for reinstatement of a license, the continuing education activity must relate to the practice of Audiology or Speech-Language Pathology.

**WAIVER OF CONTINUING COMPETENCY:** If you have not completed the continuing competency requirements and wish to apply for a waiver of the continuing competency requirements please complete the information below. If you have completed part of the required continuing education hours, please submit documentation of these hours with the documentation required for the waiver you checked below.

<input type="checkbox"/>	<b>Military:</b> I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.
<input type="checkbox"/>	<b>Initial License:</b> I was first licensed within the twenty-four months immediately preceding the licensure renewal date.
<input type="checkbox"/>	<b>Illness/Disability:</b> I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee 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 (if requested above) must be provided** to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your license reinstatement cannot occur.

All **20 hours** may be from **Content Area I** with no more than **5 hours** from **Content Area II**. The Board does **not** pre-approve continuing education programs. It is the licensee's responsibility to attend or participate in continuing education activities which meet the guidelines pursuant to NAC 23-009.01B and NAC 23-009.01C. The Board retains final authority for acceptance of any educational activity submitted by the licensee to meet the continuing competency requirement.

**CONTENT AREA I:**

- ✓ Anatomic and physiologic bases for the normal development and use of speech, language, hearing, and balance;
- ✓ Physical bases and processes of the production and perception of speech, language, and hearing;
- ✓ Linguistic and psycho-linguistic variables related to normal development and use of speech, language, and hearing;
- ✓ Technological, biomedical, engineering, and instrumentation information which would enable expansion of knowledge in the basic communication processes;
- ✓ Various types of disorders of communication, their manifestations, classification, and cause;
- ✓ Evaluation skills, including procedures, techniques, and instrumentation for assessment;
- ✓ Principles in habilitation and rehabilitation of communication disorders; and
- ✓ Principles in evaluation and rehabilitation of balance and vestibular disorders.

**CONTENT AREA II (must relate to the practice of audiology and speech-language pathology)**

- ✓ Regulations and implementation of federal and/or state regulated programs;
- ✓ Service delivery models;
- ✓ Ethical practices;
- ✓ Supervision issues related to the practice of audiology and speech-language pathology;
- ✓ Related disciplines which interface with delivery of audiology and speech-language pathology services; and
- ✓ Reimbursement issues.

**Acceptable continuing education activities are:**

- ✓ Programs at State and National meetings which relate to the theory or clinical application of theory pertaining to the practice of audiology or speech-language pathology e.g., a meeting of the Nebraska Speech-Language-Hearing Association and/or the American Speech-Language-Hearing Association;
- ✓ Formal education courses which relate directly to the theory or clinical application of theory pertaining to the practice of audiology and speech-language pathology;
- ✓ University sponsored courses relating to the theory or clinical application of theory pertaining to the practice of audiology and speech-language pathology;
- ✓ Home study with testing mechanism. Licensee may complete a maximum of ten hours of continuing education requirements by home study each 24 month renewal period. The home study program must have a testing mechanism.
- ✓ Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relate to audiology or speech-language pathology. Five contact hours will be awarded for each publication.
- ✓ Licensees may earn up to a maximum of ten contact hours of continuing education each 24 month renewal period for authorship, editorship, co-authorship, co-editorship, or all of these, of a juried publication relating to audiology or speech-language pathology. A licensee's documentation must include a copy of the final publication or verification of publication e.g., title, page and table of contents;
- ✓ Nationally recognized specialty certification examinations: A licensee may earn a maximum of ten hours; and
- ✓ One hour credit will be awarded for each hour of scientific presentation by a licensee acting as an essayist or a lecturer to licensed

**SECTION E– Attestation**

**Lawful Presence in the United States Attestation:** For the purpose of complying with Neb. Rev. Stat. §§ 38-129 and 4-108 through 4-114, I attest as follows:

*Please check the appropriate box(s) below:*

- I am a citizen of the United States
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act
- I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States
- I am a qualified alien under the Federal Immigration and Nationality Act

**NOTE:** 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.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**Application Attestation:** I further 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;
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of all such act(s); and
5. I have completed 20 hours of acceptable continuing education within the preceding 24 months pursuant to 172 NAC 23-009 or have applied for a waiver of continuing competency requirements.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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.

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.