

## APPLICATION FOR REINSTATEMENT TEMPORARY HEARING INSTRUMENT SPECIALIST

Temporary Hearing Instrument Specialist Renewal Fee - \$ 85

Reinstatement Fee - \$ 35

**Total Fee - \$ 120**

**SECTION A - Personal Information:** (All applicants must complete this section). **This section is public information and will be displayed on the INTERNET <https://www.dhhs.ne.gov/lookup>.**

**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:			

**SECTION B - Additional information requested. This will NOT be displayed on the internet.**

4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN); Alien	SSN#
		<input type="checkbox"/> Registration Number ("A#"); or	A#
If you have both a SSN and an A# or I-94 number, you must report both. <b>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.</b>			
5	** Phone #:		** Fax # (optional)
** E-Mail Address: (Required)			

**SECTION C – 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 regarding the time period *since* your license was last renewed. Answer each of the following questions by placing a check mark in the appropriate column (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?					

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;
- 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		
2	Are you or have you been credentialed in any state or jurisdiction? <b>(Current, inactive or Expired credentials must be listed)</b>			If yes, what state(s)/jurisdiction(s) are you credentialed in?	What type of credential do you hold?
3	Has any credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?			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(s)/jurisdiction(s)
- Official Documents from the State Board in which the disciplinary action was taken

**SECTION D – 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.

Have you practiced or trained <b>as a temporary Hearing Instrument Specialist</b> in Nebraska since your credential expired?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was the actual number of days you practiced in Nebraska and what are the business name, location, and telephone number of the practice?			# of days:
Name of Business:		City/State	
Name of Supervisor:		Telephone	

**SECTION E – Supervisor Information – Supervisor must complete this section.**

Name of Licensed Hearing Instrument Specialist			
Nebraska License Number			
Name of Business			
Business Address	Street/PO/Route:		
	City:	State:	Zip:
Business Telephone (Optional)			
Signature of Supervisor			

**SECTION F – ATTESTATION**

**Attestation:** To comply 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; or  
 I am a qualified alien under the Federal Immigration and Nationality Act.

Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. 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.

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 not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

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

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.

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.