

**Dialysis Patient Care Technician (DPCT)  
RENEWAL NOTICE  
REGISTRATION EXPIRES 5/1/2024**

Your renewal application and fee must be POSTMARKED ON OR BEFORE **5-1-2024** to avoid the expiration of your registration. **The Fee is \$95. Pay by check or money order to: DHHS Licensure Unit**  
Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

**All sections MUST be completed.** Incomplete renewal applications will be returned to the address on file and processing will be delayed.

Renewal for:	Registration #:	Please check if you are requesting a Military Waiver.  <input type="checkbox"/> MILITARY WAIVER (no fee required)
_____ First Name	_____ Last Name	
_____ Address		
_____ City	_____ State	
<b>Name Changes:</b> If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.		

**Fail to Submit Renewal by Expiration Date:** If you fail to submit a completed renewal by the expiration date, your registration expires and you will be required to apply for reinstatement of your active registration. **If you practice after the expiration date**, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.

<b>Social Security # or Alien Registration Number:</b> To renew, you must have a valid Social Security Number or Alien Registration Number. Print your # below:	
Social Security Number:	_____
Alien Registration Number:	_____

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 as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.

**Renewal Questions (Please send in proof of worksite training and national exam completion with this application):**

<b>EDUCATION</b>	
Have you completed Dialysis Patient Care Technician training which follows national recommendations and is conducted in the work setting within 6 months of your employment date?	Yes <input type="checkbox"/> No <input type="checkbox"/>  Worksite training verification form included <input type="checkbox"/>  DPCT Employment Date: _____
Have you successfully passed a National Certification Examination within eighteen months after being employed as a dialysis patient care technician?	Yes <input type="checkbox"/> No <input type="checkbox"/>  Certificate included <input type="checkbox"/>  DPCT Employment Date: _____  DPCT National Certification Expiration Date: _____

**CONVICTION AND LICENSURE/REGISTRATION/CERTIFICATION INFORMATION:**

Failure to list any conviction(s) or disciplinary action(s), since your last DPCT renewal registration could result in disciplinary action.

**CONVICTION INFORMATION:** You must list ALL misdemeanor or felony convictions since your DPCT registration became active; you are NOT required to list infractions. 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 and felony convictions. You must submit:

- (a) A copy of the entire/complete court record related to all misdemeanor and felony convictions;
- (b) Your explanation 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 conviction;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

**\*\*\*NOTE: To aid the registry in evaluation of your drug and/or alcohol conviction(s), please submit all evaluation/discharge summaries where drug and/or alcohol treatment was obtained or required. All evaluations/discharge summaries must be submitted by the provider directly to the registry.**

1	Have you been convicted of a misdemeanor or felony since your DPCT registration became active?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides SOME examples of convictions; this is NOT a complete list:

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

If you have any criminal charges or license/registration/certification disciplinary actions pending that result in a conviction or license/registration/certification discipline, you are required to report such action to the Public Health Investigations Unit **within 30 days of the conviction or disciplinary action. Reporting forms can be obtained at:**

<https://dhhs.ne.gov/pages/Investigations.aspx> or by calling **402-471-0175**.

**LICENSE/REGISTRATION/CERTIFICATION INFORMATION:** The following questions relate to a license/registration/certification that you currently hold or have held to provide health related services (such as nursing, massage therapist, paramedic, nurse aide, etc.) in a state other than Nebraska.

1	Have you been denied the right to take a license/registration/certification examination in any State since your DPCT registration became active?	If yes, please explain:		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	Do you hold or have you held a license/registration/certification in any other state(s) since your DPCT registration became active?	If yes, what state(s)?	What type of license/registration/certification?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>If YES,</b> has your license/registration/certification been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it since your DPCT registration became active?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**NOTE:** If you have disciplinary charges pending on your license/registration/certification in another state or if your license/registration/certification has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

Citizenship/Lawful Presence (Select ONLY One):	
<input type="checkbox"/> Yes	I am a citizen of the United States.
<input type="checkbox"/> Yes	I am <b>not</b> 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.
<input type="checkbox"/> Yes	I am <b>not</b> 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
<b>Not a Citizen:</b> If you are <b>NOT</b> a citizen of the United States, we need a copy of your evidence of lawful presence, such as a permanent resident card, Form I-94, asylum document, etc. OR an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.	

**Attestation:**

<p><b>I Attest that:</b></p> <p>1. I have read the renewal application or have had the renewal application read to me; and</p> <p>2. I am of good character and all statements on this renewal application are true and complete.</p> <p>Print Name: _____ Signature: _____ Date: _____</p> <p>Phone/Fax (Optional): _____ E-mail: _____</p> <p style="text-align: center;"><b>We NO LONGER send the paper renewed registration card. To PRINT YOUR RENEWED CARD go to: dhhs.ne.gov/lookup</b></p>
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**Renewal Processing:** We will process your renewal as quickly as possible. You can check your renewal status at [dhhs.ne.gov/lookup](http://dhhs.ne.gov/lookup). When your renewal date changes, that means your registration has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your registration until we have ALL of the required documentation.

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