Nebraska Body Art Reinstatement Information

If your license was disciplined, please contact the Licensure Unit DHHS.Licensure2117@nebraska.gov for the appropriate application

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To reinstate your license, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #.
3. Be lawfully present in the U.S.
4. Must have already completed at least 2 hours of continuing education within the previous 24 months of submitting this application. Continuing Education must be in Bloodborne Pathogens (disease) training which includes infection control and sterilization; and requires an examination as a condition of training completion.
5. Pay the renewal and reinstatement fees. (see page 1 of the application).
   We do not accept credit/debit card payment.

If you reinstate your license at this time, the expiration date will be March 31st of the odd-numbered year.

If you are NOT a U.S. Citizen, you must submit:

1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card.
2. Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.
3. Employment Authorization Document (EAD) (unexpired) AND at one of the following documents under the Federal REAL ID Act:
   - 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;
   - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States; or
4. Other document that shows current immigration status.

NOTE: Documents are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

Practice After Expiration Date:

If you practiced after the expiration date of your license and prior to reinstatement, you are subject to an Administrative Penalty of $10 per day up to $1,000, or other action as provided in the statutes and regulations governing your profession (such as probation, limitation, censure, etc.).

Additionally, if you committed any other violation of the statutes or regulations governing your practice, the Department may deny the application for reinstatement or reinstate your license to active status and impose limitation(s) or other disciplinary actions on your license.

Questions:

If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-2117 or at the following website: DHHS.licensure2117@nebraska.gov

If your license is reinstated, you will receive an e-mail or mail notice so you can print your wallet card from our website:
TO PRINT YOUR WALLET CARD GO TO: http://www.nebraska.gov/LISSearch/search.cgi

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES
Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117
E-mail: dhhs.licensure2117@nebraska.gov

BODY ART
REINSTATEMENT APPLICATION

This section for Office Use Only

Expiration Date: _____

Date of License: _____

LICENSE TYPE: Identify the license you are requesting reinstatement and the license # assigned to that license.

☐ Body Piercer	License # _____	☐ Permanent Color Technician	License # _____
☐ Tattoo Artist	License # _____	☐ Body Brander	License # _____

FEES: Fees due are listed by month and year. **The below fees apply for each license that you are requesting reinstatement**

YEAR	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	$153	$153	$153	$153	$153	$153	$153	$153	$153	$64.50	$64.50	$64.50
Odd Numbered Year	$64.50	$64.50	$64.50	$153	$153	$153	$153	$153	$153	$153	$153	$153

Make payable by ***check or money order*** to "Licensure Unit". *We do not accept credit/debit card payment*

MILITARY SERVICE: If you meet the following definition of 'military', you are NOT required to pay the renewal fee or meet the continuing competency requirements. **(You must check the box and submit the requested document)**

☐ **Military:** I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial renewal date. (You must attach your military orders)

You must complete ALL sections of this application

SECTION A: PERSONAL INFORMATION

1	Legal Name:	First:	Middle/MI:	Last:

For **name changes**, you must submit a copy of marriage certificate, divorce decree, court order, etc. If not submitted, the license will be issued in the name as printed above.

2	Mailing Address:	Street/PO/Route:		
	☐ Check this box if NEW address	City:	State or Country:	Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):	
4	Phone #:*		E-Mail Address*:	
	NOTE: your phone number and e-mail are optional, but providing this information will speed up communication with you.			

To reinstate your license, you must have a valid Social Security Number

5	Social Security Number (SSN):		
	If you also have an A# or I-94#, check the correct box and provide your number:	Alien Registration Number ("A#"):	
		I-94 #:	

Neb. Rev. Stat. §§38-123 and 38-130 requires that you provide 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.

SECTION B: CONVICTION AND LICENSE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), could result in disciplinary action against your license.

Conviction Information:

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 and felony convictions

1 Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since you received your initial license if such was within the past 24 months). If you answer **YES** to this question, you must submit the following documents to the Licensure Unit: ☐ Yes ☐ No

- A copy of the entire/complete court record, which includes charges and disposition;
- 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 convictions;
- If you have a drug and/or alcohol offense, to assist in the 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 DHHS; and
- If you are currently on probation, a letter from the probation officer addressing the terms and current status of your probation.

List below misdemeanor or felony convictions

Name of Conviction	Date of Conviction	Name of Court

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential discipline, you must report such actions to of Office of Investigation http://dhhs.ne.gov/pages/Investigations.aspx within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/credential discipline could result in disciplinary action.

Licensure Information:

The following questions relate to a license/certificate/registration that you currently **hold or have held** to provide health related services in a state/jurisdiction **other** than Nebraska.

		Yes	No			
2	Do you hold or have you held a license in any state? If you answer 'yes' to this question, you must respond to question 2a	☐	☐	If yes, what State(s) are you licensed in?	What type of license do you hold?	
2a	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? If you answered YES to this question, you must submit Official Documents from the State Board in which the disciplinary action was taken.	☐	☐	Type of License Action	Date of Action	Name of State taking Action
3	Have you ever been denied the right to take a licensing examination in any state?	☐	☐	Please Explain:		

SECTION C: CONTINUING COMPETENCY

You must have already competed at least 2 hours of Bloodborne Pathogens (disease) training within the previous 24 months of submitting this application, which includes sanitation, infection control & sterilization and requires an examination as a condition of training completion.

CONTINUING COMPETENCY HOURS:

☐ Yes ☐ No	Have you met the continuing competency requirements for your profession? If no, you may qualify for a waiver under the 'waiver' section below.

WAIVER OF COMPETENCY EDUCATION: If you **have not** completed the continuing education and you qualify for a waiver, check the appropriate reason below:

☐	**Initial License:** I was first licensed within the 24 months immediately preceding the reinstatement date.
☐	**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 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.

SECTION D: PRACTICE AFTER EXPIRATION OR INACTIVE STATUS

If you practice after the expiration date and prior to reinstatement of your license, you are 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 your profession.

1	Have you practiced body art in Nebraska since your license expired or was placed on inactive status?	☐ Yes ☐ 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:	Telephone #:

SECTION E: ATTESTATION

For the purpose of meeting Neb. Rev. Stat. §4-108 through §4-114 and §38-129,

I attest that:

*(check **ONE** of the boxes below)*

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act.

☐ I am a nonimmigrant lawfully present in the United States.

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

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

TO PRINT YOUR REINSTATED WALLET CARD GO TO: http://www.nebraska.gov/LISSearch/search.cgi