NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2299

Revised: 09/2020
Attachment A

Please print or type application

APPLICATION FOR REINSTATEMENT TO PRACTICE AS A REGISTERED ENVIRONMENTAL HEALTH SPECIALIST

(Revoked, Expired, Placed on Inactive Status, Lapsed, or Voluntary Surrender without Disciplinary Action)

Reinstatement application fee

All licenses expire December 31, of every even year. Prorated fee: If your license is reinstated within 180 days of the expiration date of December 31 of even-numbered years, the fee is prorated and is $64. Make your check payable to Licensure Unit.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	$151	$151	$151	$151	$151	$151	$64	$64	$64	$64	$64	$64
Odd	$151	$151	$151	$151	$151	$151	$151	$151	$151	$151	$151	$151

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	State Certification Number:			

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

4	Check the Appropriate Box(s):	☐ Social Security Number (SSN); ☐ Alien Registration Number ("A#"); or ☐ Form I-94 (Arrival-Departure Record) number	SSN# A# I-94#
	If you have both a SSN and an A# or I-94 number, you must report both. **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.**		

5	** Phone #: (optional)		** Fax # (optional)	
** E-Mail Address: (optional)				

** If you provide us with this information, we can expedite your credential request if there is a problem with your application.

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 regard to the time period since your certificate was last renewed. 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 in any jurisdiction(s)?	☐	☐			

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? **(Current, inactive or Expired credentials must be listed)**	☐	☐	If yes, what 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 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.

1	Have you practiced as a Registered Environmental Specialist in Nebraska since your certificate was expired, on inactive status or following voluntary surrender?	☐ 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:

SECTION E - CONTINUING COMPETENCY – REGISTERED ENVIRONMENTAL HEALTH SPECIALISTS

CONTINUING COMPETENCY REQUIREMENTS: You must have completed 24 hours of approved continuing education within the preceding 24 months for Reinstatement of your certificate. The Nebraska Board of Registration for Environmental Health Specialists will only accept continuing education credits which meet the criteria for continuing education programs as outlined in Section 005 of Title 172 Chapter 168 – Regulations Governing the Practice of Environmental Health Specialists

CONTINUING COMPETENCY WAIVER: If you **have not** completed the continuing competency requirement and wish to apply for a waiver of the continuing competency requirement of twenty (24) hours of continuing education, please submit the documentation required for the waiver you check below.

☐ **I AM REQUESTING A WAIVER** of _____ continuing education hours. Check applicable reason(s) for waiver below:	
☐	I have served in the regular armed forces of the United States during part of the twenty-four (24) months preceding the licensure renewal date and request both my continuing education requirements and renewal fee be waived. (You **MUST** provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
☐	I was first registered within the twenty-four (24) months immediately preceding the registration renewal date. Date of issuance of registration: _____
☐	I have suffered a serious or disabling illness or physical disability during the credentialing period immediately preceding the renewal date, which prevented completion of the continuing competency requirements. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during that period.)
☐	I was not able to complete my continuing education requirement due to circumstances beyond my control. (You must submit documentation to support this waiver request.)

SECTION F - YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Please answer each of the following questions with regard to the time period since your certificate was renewed.

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 a Registered Environmental Health Specialist?	☐ Yes ☐ No
2	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	☐ Yes ☐ No
3	Have you practiced as a Registered Environmental Health Specialist: • Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
4	Have you practiced Environmental Health while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	☐ Yes ☐ No
5	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	☐ Yes ☐ No
6	Have you been denied the right to take a Credentialing Examination?	☐ Yes ☐ No
7	Have you used untruthful, deceptive, or misleading advertising?	☐ Yes ☐ No
8	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	☐ Yes ☐ No
9	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	☐ Yes ☐ No
10	Have you invaded a field of practice for which you are not credentialed?	☐ Yes ☐ No
11	Have you violated: • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
12	Have you committed any acts of unprofessional conduct relating to the practice of a Registered Environmental Health Specialist? (Refer to the Practice Act and Regulations for Registered Environmental Health Specialist)	☐ Yes ☐ No

SECTION G – ATTESTATION

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §§38-129 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 State who is eligible for a credential under the Uniform Credentialing Act
- ☐ I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act

Alien or Non-immigrant Status: If you are **NOT** a citizen of the United States, you must submit evidence of lawful presence which may include a copy of:

(1) A Green Card, otherwise known as An Alien Registration Receipt Card (Form I-551), both front and back of 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#). An Employment Card/Document is not acceptable; or
(4) A Form I-94 (Arrival-Departure Record);

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; 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).
5. I have completed 24 hours of acceptable continuing education within the preceding 24 months pursuant to 172 NAC 168-005 or requested a continued competency waiver.

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.