

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit - PO Box 94986 Lincoln, NE 68509-4986 402-471-2117 Fax: (402) 742-1106 Email: DHHS.Licensure2117@nebraska.gov

RENEWAL APPLICATION Esthetician

EXPIRES 9.30.2024

Your renewal application and fee must be **POSTMARKED ON OR BEFORE 9.30.2024** to avoid expiration of your license.

Online License Renewal: You may renew your license online at <u>https://nebraska.mylicense.com/</u>. To register on-line you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

<u>Fail to Submit Renewal by Expiration Date:</u> If you fail to submit a completed renewal by the expiration date, your license expires. To practice after this date, your license must be reinstated. If you practice without an active license, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.

License Information:

License #:	Lice	ense #:		Instructor #:		
Name:	First	:	Middle:		Last:	
If this is a CHANGE						
in name, check the box						
		ne Changes: If your name has chang		photocopy of your	marriage certificate, court order,	
	etc.,	c., so we can change your name on our records.				
Address:						
If this is a NEW						
address, check the box						
City/State/Zip:						
			n			
Phone/E-mail:						
	Phor	ne:	E-mail:			
To renew your license, you must have a valid Social Security Number or Alien Registration Number.						
Social Security Number	:					
Alien Registration Number:						
SS#: Neb. Rev. Stat. §38-123 requires 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 Status (Select ONLY One):

Yes	Active: I choose active status for my license. The renewal fee is (\$118) Make check/money order payable to : DHHS, Licensure Unit. We do not except electronic payments for paper renewals.
Yes	If you hold an Instructor License Active: I choose active status for my license. The renewal fee is (\$50)
Yes Yes	Inactive Status (\$0): I choose inactive status for my license. I cannot practice my profession in Nebraska after 9.30.2024. There is no fee or continuing education requirement for inactive status. If you hold an Instructors license: I choose inactive status for my instructor license.
Yes	Active-Military (\$0): I choose Active-Military status. We encourage you to check with your employer before choosing active-military. I served for 30 consecutive days on full-time active duty or approved leave after 9.30.2022. Military service is defined as full-time duty in the active military of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. I understand that I may be required to submit a copy of my military orders to the DHHS Licensure Unit. There is no fee or continuing education required.

You must complete page 2 of this renewal notice

Renewal Questions:

Co	ontinu	ing Education (Answer YES to only ONE of the questions below):
	Yes	I have completed my continuing education requirement, or will complete it by 9.30.2024. Instructor: If you hold an instructor license you must have or will complete at least 4 hours of teaching classes by 9.30.2024.
	Yes	I was first licensed in Nebraska after 9.30.2022, so continuing education is not required.
	Yes	I chose Active-Military status, so continuing education is not required.
	Yes	I was not able to complete my continuing education requirement due to circumstances beyond my control. You must submit a letter documenting the reasons you are requesting this waiver. See FAQ's at: http://dhhs.ne.gov/licensure/Pages/Cosmetology-and-Esthetics.aspx
С	onvicti	ion:
	Yes	I was convicted of a misdemeanor or felony after 9.30.2022
No		 If you have a conviction, you must submit the following: A copy of the court record for each conviction (if they occurred in a State other than Nebraska); Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions; If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.
		<u>NOTE</u>: If you had an alcohol and drug evaluation and/or completed treatment , to assist the Board and Department in review of any drug and/or alcohol conviction(s), the treatment provider must submit all evaluations/discharge summaries directly to the Department.
01	ther Li	cense(s):
	Yes No	I was licensed by another state(s) to provide health-related or environmental services after 9.30.2022
	Yes	If you are licensed in another state, has it been denied, refused renewal, or disciplined after 9.30.2022
No		Disciplinary Action: If your license from a different state (NOT NEBRASKA) has been revoked, suspended, limited, placed on probation, or disciplined in any way in the last 2 years, and you haven't reported it yet, we need an official copy of the disciplinary action that includes charges and disposition.
		NOTE : ALL license disciplinary actions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska license.
Ci	itizens	hip/Lawful Presence (Answer yes to only ONE of the questions below):
	Yes	I am a citizen of the United States.
	Yes	I am not 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.
	Yes	I am not 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
res	sident ca	ten: If you are NOT a citizen of the United States, submit a copy of your evidence of lawful presence, such as a permanent ard, Form I-94, asylum document, etc. OR an unexpired Employment Authorization Document (EAD) and documentation listed Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

Attestation:

I Attest that:

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

Signature:

Date:

We NO LONGER send the paper renewed license card; to PRINT YOUR RENEWED CARD go to: dhhs.ne.gov/lookup

We will process your renewal as quickly as possible, but it may take up to a week if no additional documentation is required. You can check your renewal status at **dhhs.ne.gov/lookup**. When your renewal date changes, that means your license has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your license until we have ALL of the required documentation.