NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Medical Nutrition Therapy Reinstatement Information

If your license was revoked or suspended for disciplinary reasons, contact the Licensure Unit for the appropriate application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. **Have already completed at least 30 hours** of continuing education within the previous 24 months before submitting this application.
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 September 1st 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 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

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MEDICAL NUTRITION THERAPY
REINSTATEMENT APPLICATION

This section for Office Use Only

Expiration Date: _____

Date of License: _____

Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117
DHHS.Licensure2117@nebraska.gov

FEE: The fee due is listed by month and year.

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

~~YEAR~~	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	$149	$149	$149	$149	$149	$149	$149	$149	$149	$149	$149	$149
Odd Numbered Year	$149	$149	$63.50	$63.50	$63.50	$63.50	$63.50	$63.50	$149	$149	$149	$149

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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.			
5	License Number:			

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

6	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.

MILITARY SERVICE:

If you meet the following definition of 'military', you are NOT required to pay the renewal fee or meet the continuing education 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)

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: • 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	☐ Yes ☐ No

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 license discipline, you must report such actions to of Division of Public Health Office of Investigation within 30 days of the conviction or disciplinary action (Neb. Rev. Stat. 38-1,125). Reporting forms are available at: http://dhhs.ne.gov/Pages/investigations.aspx or by calling 402-471-0175

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 EDUCATION
You must have already completed **30** hours of continuing education credit within the previous 24 months before submitting this application for reinstatement**.**

CONTINUING EDUCATION HOURS:

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

Medical Nutrition Therapy Continuing Competency hours/credits are determined as follows:

a. College/University Coursework:
   (1) 1 semester of academic credit equals 15 continuing competency credit hours. One semester credit audited equals 8 hours of continuing competency;
   (2) 1 quarter hour of academic credit equals 10 continuing competency credit hours. One quarter credit audited equals 5 hours of continuing competency; and
   (3) 1 trimester hour of academic credit equals 14 continuing competency credit hours. One trimester credit audited equals 7 hours of continuing competency.

b. Exhibits: 25 exhibits equals 1 continuing competency hour; a limit of 3 continuing competency credit hours per biennium may be obtained through exhibits.

c. Poster Sessions: 6 poster sessions equals 1 continuing competency hour; a limit of 5 continuing competency credit hours per biennium may be obtained through poster sessions.

d. Homestudy Programs: A licensee may accumulate up to 15 hours of continuing competency per biennial renewal period.

e. Video/Audio Media and Journal Clubs: A licensee may accumulate up to 15 hours of continuing competency per biennial renewal period.

f. Board Certified/Certification/Certificate Programs: 20 hours (unless noted otherwise) will be granted for completing a certified program, certification program or certificate program as follows:
   (1) Certified Nutrition Support Clinician sponsored by the National Board of Nutrition Support Certification, Inc (NBNSC);
   (2) Certified Diabetes Educator sponsored by the National Certification Board for Diabetes Educators (NCBDE);
   (3) Certified Lifestyle and Weight Management Consultant sponsored by the American Council on Exercise (ACE);
   (4) Board Certification as a Specialist in Pediatric Nutrition sponsored by the Commission on Dietetic Registration (CDR);
   (5) Board Certification as a Specialist in Renal Nutrition sponsored by the Commission on Dietetic Registration (CDR);
   (6) Board Certification as a Specialist in Gerontological Nutrition sponsored by the Commission on Dietetic Registration (CDR);
   (7) Board Certification as a Specialist in Oncology Nutrition sponsored by the Commission on Dietetic Registration (CDR);
   (8) Board Certification as a Specialist in Sports Dietetics sponsored by the Commission;
   (9) International Board of Lactation Consultant Examiners (IBLCE);
   (10) Certificate Programs approved through the American Dietetic Association (ADA):
      (a) Certificate of Training in Childhood and Adolescent Weight Management sponsored by the Commission on Dietetic Registration (CDR) – 29 hours acceptable); and
      (b) Certificate Training in Adult Weight Management sponsored by the Commission on Dietetic Registration (CDR) – 28 hours acceptable; and
   (11) Board Certified/Certification/Certificate Programs approved by the ADA/CDR.

g. Continuing Education Programs (workshops, seminars, conferences, electronic interactive presentations): 60 minutes of participation equals 1 continuing competency hour.

Non-acceptable subject matter include, but are not limited to, the following:

1. Menu planning; 2. Dietetic association business meeting or delegate report; 3. Cooking or baking demonstrations; 4. Food service sanitation; 5. Catering; 6. Garnishing techniques;	7. Publishing an employee training manual; 8. Sales presentation on a company's new product; 9. Marketing self as dietitian; 10. Communication skills; or 11. Language Training.

WAIVER OF CONTINUING 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 previous 24 months before submitting this application for reinstatement.
☐	**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 within the previous 24 months of submitting this application for reinstatement. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of your illness or injury and of the recovery period, and that you were 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 medical nutrition therapy 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 only **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. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

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