

Massage Therapy Reinstatement Information

**If your license was revoked or suspended for disciplinary reasons,
contact the Licensure Unit for the appropriate application**

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 16 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 November 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) 471-2299 or DHHS.rehaboffice@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: <https://www.nebraska.gov/LISSearch/search.cgi>

**MASSAGE THERAPY
 REINSTATEMENT APPLICATION**

This section for Office Use Only

Expiration Date: _____

Date of License: _____

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	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145
Odd Numbered Year	\$145	\$145	\$145	\$145	\$62.50	\$62.50	\$62.50	\$62.50	\$62.50	\$62.50	\$145	\$145

You must complete ALL sections of this application

SECTION A: PERSONAL INFORMATION

1	Legal Name:												
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:											
	<input type="checkbox"/> Check this box if this is a 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:							
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#, provide your number:												
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.													
7	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:									

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)

<input type="checkbox"/>	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)
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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).	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p style="color: red;">If you answer YES to this question, you must submit the following documents to the Licensure Unit:</p> <ul style="list-style-type: none"> A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska; An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and A letter from your probation officer addressing the terms and current status of the probation, if you are currently on probation. <p>DRUG OR ALCOHOL RELATED CONVICTIONS. If you have drug or alcohol related conviction(s), to aid in the application review, you may submit evaluation and discharge summaries where drug or alcohol treatment was obtained or required. Evaluations and discharge summaries may be submitted by the provider directly to the department.</p> <p>List below misdemeanor or felony convictions</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Conviction</th> <th style="width: 30%;">Date of Conviction</th> <th style="width: 30%;">Name of Court</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name of Conviction	Date of Conviction	Name of Court									
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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 the Office of Investigation <https://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, or registration that you currently **hold or have held** to provide health related services in a state or jurisdiction **other** than Nebraska.

	Yes	No											
2	<input type="checkbox"/>	<input type="checkbox"/>	Do you hold or have you held a license in any state?	If yes, what State(s) are you licensed in? What type of license do you hold?									
If you answer 'yes' to this question, you <u>must</u> respond to question 2a													
2a	<input type="checkbox"/>	<input type="checkbox"/>	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Type of Licensure Action</th> <th style="width: 20%;">Date of Action</th> <th style="width: 40%;">Name of Entity taking Action</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of Licensure Action	Date of Action	Name of Entity taking Action						
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If you answered YES to 2a, you must submit Official Documents from the State Board in which the disciplinary action was taken.

SECTION C: CONTINUING EDUCATION

You must have already completed **16** hours of continuing education credit within the previous 24 months before submitting this application for reinstatement. 50% may be gained through on-line or electronic media.

CONTINUING EDUCATION HOURS:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you met the continuing education requirements for your profession? If no, you may qualify for a waiver under the 'waiver' section below.
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MANDATORY HANDS-ON HOURS. A licensee must complete at least 8 hours of hands-on massage therapy continuing education through workshops each renewal period. One hour of attendance equals 1 hour of continuing education. A licensee may earn all 16 hours through hands-on workshops. These hours must meet the following requirements:

- (A) The content of the workshop must include at least 75% hands-on massage technique; up to 25% may be theory related to hands-on technique; and
- (B) The workshop must include a set period of time for class participation which is hands-on practice.

MANDATORY ETHICS HOURS. Each licensee must obtain at least 3 hours of continuing education relating to massage therapy ethics. Ethics hours may be taken through home study or other electronic media.

PRACTICAL EXAMINATION. 3 hours will be granted for a licensee who successfully completes a practical examination administered by a Nebraska licensed Massage Therapy School and these hours count towards the mandatory hands-on hours.

NON-HANDS ON HOURS. Up to 8 hours of non-hands on activities can be applied to the 16-hour requirement.

- (A) LICENSURE EXAMINATION. 5 hours will be granted for licensees who successfully pass an approved licensure examination.
- (B) PUBLICATION. 3 hours will be granted for authoring an article published in a professional health-related journal; a newsletter article or letter to the editor does not meet this requirement.
- (C) JURISPRUDENCE EXAMINATION. 3 hours will be granted for licensees who receive a score of at least 75% on the jurisprudence examination.
- (D) INSTRUCTOR AT A MASSAGE THERAPY SCHOOL. Instructors at a Nebraska massage therapy school will be granted 1 hour for each hour of teaching, up to 5 hours.
- (E) MESSAGE SCHOOL TRAINING, COLLEGE OR UNIVERSITY COURSEWORK. Hours can be resident or distance learning. One hour of training equals 1 hour of continuing education; 1 semester college credit hour equals 15 hours of continuing education; or 1 quarter college credit equals 10 hours of continuing education. Licensees can use up to 5 hours.
- (F) HOME STUDY PROGRAMS OR OTHER ELECTRONIC MEDIA. Licensees can use up to 8 hours of home study programs to meet continuing education.
- (G) PRESENTER CREDIT. A presenter at a continuing education course may receive the same credit hours as an attendee for only the initial presentation during a renewal period.

ACCEPTABLE TOPIC AREAS. Topic areas that are acceptable for continuing education activities are as follows:

- (A) HANDS-ON. The following are the acceptable topic areas:
 - (i) Hydrotherapy.
 - (ii) Massage.
- (B) NON HANDS-ON. The following are the acceptable topic areas:
 - (i) Anatomy.
 - (ii) Health service management.
 - (iii) Hygiene.
 - (iv) Pathology.
 - (v) Physiology.

WAIVER OF CONTINUING EDUCATION:

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

<input type="checkbox"/>	Initial License: I was first licensed within the previous 24 months before submitting this application for reinstatement.
<input type="checkbox"/>	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.)
<input type="checkbox"/>	<p>Circumstances Beyond My Control: I was not able to complete my continuing education requirement due to circumstances beyond my control.</p> <p><u>Waivers</u> of continuing education may be considered for circumstances lasting longer than 30 consecutive days that DHHS determines are beyond your control. Such circumstances can include, but are not limited to, a shortage of available continuing competency courses resulting from an officially declared state of emergency.</p> <p>Submit the following information:</p> <ol style="list-style-type: none"> List the reason(s) you were not able to complete the required continuing education. Did this last longer than 30 consecutive days? Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are your requesting be waived?

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 massage therapy in Nebraska since your license expired or was placed on inactive status?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>Neb. Rev. Stat. §4-108 through §4-114 and §38-129</u> , I attest that:	
<i>(check only ONE of the boxes below)</i>	
<input type="checkbox"/> I am a citizen of the United States.	
OR	
<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act.	
<input type="checkbox"/> I am a nonimmigrant lawfully present in the United States.	
<input type="checkbox"/> 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:	
<ol style="list-style-type: none"> I have read the application or have had the application read to me; and All statements on this application are true and complete. 	
Print Name: _____	
Signature: _____	Date: _____