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

Application Information
Nail Technology Instructor by EXAMINATION

License Requirements:

1. Hold a Current Active Nebraska License as a Nail Technician.
2. Be a citizen of the United States or lawfully present in the US.
3. Pass the National Instructor examination – must be taken in the English.
4. Have graduated from an instructor program in a school of cosmetology or nail technology with at least 300 hours of training.

License Fee Waiver: Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee **is waived**:

1. **Young Worker:** You are between the ages of 17 and 25 (under the age of 26).

2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
   - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
   - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
   - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines http://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf. To be eligible for this waiver, you must submit a copy of your most recent tax return.

3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx

To apply for a License:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. ☐ **US Citizenship/Lawful Presence** (must be at **least 17** years old):

   U.S. Citizen, a PHOTOCOPY of one of the following:
   - ☐ Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
   - ☐ U.S. Passport (unexpired or expired).
   - ☐ Certificate of Naturalization.
   - ☐ Other documents that show U.S. Citizenship.

   A Driver's License is NOT acceptable.

   NOT a U.S. Citizen, a PHOTOCOPY of one of the following:
   - ☐ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
   - ☐ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
   - ☐ Employment Authorization Card **AND**
     - ☐ 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; or
     - ☐ A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

   NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. ☐ **Education:** **a PHOTOCOPY of:**
   - ☐ Your Nail Technology Instructor's school diploma.
   - ☐ Attachment 1 completed by your school.

Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

3. ☐ **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska** (such as nursing, cosmetology, massage etc.), you must contact that state and request a verification of your license **(do not send a copy of your license)**.

4. ☐ **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; 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/felony convictions.

If you have convictions, you must submit:
(i) 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;
(ii) 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
(iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

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.

The following provides SOME examples of convictions; this is NOT a complete list	
• MIP/ Tobacco Use by Minor • DUI / DWI / Open Container • Controlled Substance • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Fail to Appear in Court	• Driving under Suspension / Revocation • License Vehicle without Liability Insurance • False Information or Reporting • Reckless Driving / Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action.** Reporting forms can be obtained at the following website: http://dhhs.ne.gov/pages/Investigations.aspx or by phone 402-471-0175.

STEP 2: Complete all Sections of the Application

STEP 3: Ask your Nail or Cosmetology School to complete Attachment 1 of the application

STEP 4: Submit your application to the Licensure Unit

- ☐ Completed Application
- ☐ Citizenship or Lawful Presence Document
- ☐ Education Documents
- ☐ Conviction Records (if you have convictions)
- ☐ License Certifications (if licensed in another state)
- ☐ The License Fee (unless you qualified for a fee waiver). See the license application for a listing of fees for Nail Technology Instructors. **Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.**

STEP 5: Register for the Examination

1. Before you can register for the examination, you must receive the 'approval to test' letter from our office (Licensure Unit). This approval letter will be sent by E-MAIL.

2. When you receive this letter, schedule your test date and site with PSI and pay the examination fee directly to PSI. (Do not send this fee to the Licensure Unit)

3. The day of your examination, you must take the following to the test site:
   - The 'approval to test' letter that you received from our office. You need to print the letter in order to enter the examination site.
   - A photo ID.

Special Accommodations: If you have a disability that requires any accommodations for taking the examination, an "Accommodation Request" must be requested from our office and submitted with your application.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to compete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.

- If your application **is complete**, you will receive **by e-mail** your 'approval to test' letter.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

Contact Information: Licensure Unit, Phone: 402-471-2399 / FAX: 402-742-1106 / E-Mail: dhhs.licensure.2117@nebraska.gov

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Nail Technology Instructor Application
By Examination

Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
Phone: 402-471-2399 / FAX: 402-742-1106 / E-Mail: dhhs.licensure.2117@nebraska.gov

Mail this application to the address listed above. **You must complete all sections of this application**

LICENSE FEES:

A. Fee Waiver: If you meet one of the following fee waivers, your initial license fee **is waived**.
Check only one waiver:

☐ **Young Worker:** I am under 26 years old.

☐ **Low-income Individual:**

☐ I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR

☐ My household adjusted gross income is below 130% of the federal income poverty guideline.

☐ **Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers you must pay the fee listed in the chart below. Review the charts to determine the fee required based on the month and year in which your license **will be issued**

Pay by check or money order to: Licensure Unit
Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50
Odd Numbered Year	$50	$50	$50	$50	$50	$50	$25	$25	$25	$25	$25	$25

NOTE: Licenses expire12-31 of odd-numbered years ($50 is the renewal fee)

SECTION A: INFORMATION

1	You must print your **Legal Name** below			
	First:	Middle:	Last Name:	
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate			
2	Address:	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Social Security Number (SSN):		Nebraska Cosmetology or Esthetic License #	
Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.				
4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	☐ A#: ☐ I-94 #		
5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):		

6	Phone #: (optional)*	Additional Phone #: (optional)*
	E-Mail Address:	
* phone number and e-mail is optional, but providing this information will speed up communication with you		
7	Have you ever been denied the right to take a license examination in any State?	Yes ☐ No ☐ If yes, explain:

SECTION B: CONVICTION AND LICENSE INFORMATION
Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: **You must list ALL** misdemeanor or felony convictions (regardless of when they occurred).

1	Have you **EVER** been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes ☐ No ☐			

The following provides **SOME** examples of convictions; this is **NOT** a complete list	
• MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving	• Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held (such as nursing, nail technology, massage, etc.) in a state **other** than Nebraska.

2	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes ☐ No ☐			
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes ☐ No ☐			

SECTION C: EDUCATION

1. List the name of your School where you completed your instructor training: ***Include photocopy of your diploma***	School Name: Location: (City/State)

Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION D: PRACTICE PRIOR TO LICENSE

An individual who practices prior to being issued a license is subject to assessment of an Administrative Penalty of $10 per day up to $1,000, or other action as provided in the statutes and regulations.

Have you practiced as a nail technology instructor in Nebraska without a Nebraska license?
(this does not apply to practice as a student instructor in school)

☐ **No** ☐ **Yes**

_____

If yes, what are the actual number of days you practiced in Nebraska without a Nebraska license and what is the business name, location and telephone number of the practice:	Number 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 (*check **ONE** of the boxes below):* **I attest that**:

☐ I am a citizen of the United States.

☐ 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.

☐ 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.

☐ I am **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: _____

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx

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Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
Phone: 402-471-2399 / FAX: 402-742-1106 /
E-Mail: dhhs.licensure.2117@nebraska.gov

ATTACHMENT 1
Verification of Nail Technology Instructor Training

THIS FORM MUST BE COMPLETED BY THE NAIL TECHNOLOGY SCHOOL

The records of: _____
(Name of School)

School Address: _____
(City and State)

Indicate that: _____
(Student's Name)

The above named Student has completed the following Nail Technology Instructor Training:			
Total Hours of Training completed:			
Date Enrolled:		Date School Diploma or Certificate Issued:	
Date Training Completed:			
Date of Final Practical Examination:		Practical Score:	
Date of Final Written Examination:		Written Score:	

I state that I am the person completing this form and all information provided is true and complete.

_____
Printed Name of School Representative

_____
Signature of School Representative

_____
Date Signed