

Division of Public Health - Licensure Unit P.O. Box 94986 - Lincoln, NE 68509

Telephone: (402) 471-2117

Email: dhhs.licensure2117@nebraska.gov

## NAIL TECHNOLOGY RENEWAL NOTICE LICENSE EXPIRES 12/31/2019

	onound in the contraction of the			
	application and fee must be POSTMARKED ON OR  1-2019 to avoid the expiration of your license	Nail Technology License	If you hold an Instructor License	
License #:		Check Requested Status:	Check Requested Status:	
		☐ ACTIVE \$118	☐ ACTIVE \$50	
Name:		INACTIVE No Fee	INACTIVE No	
		(See definition below)	Fee	
Address:				
NEW ADDRE		ACTIVE MILITARY No Fee	ACTIVE MILITARY No Fee	
City/State/Zi	p:	Make fee payable to: LICENSURE UNIT	To renew your instructor license, you MUST also renew your nail technology license	
Name Chang	es: If your name has changed, submit a photocopy of your mar	rriage certificate, court or		
change your n	ame on our records.			
Online License Renewal: You may renew your license online at <a href="https://nebraska.mylicense.com/">https://nebraska.mylicense.com/</a> . 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.  Fail to Submit Renewal by Expiration Date: If you fail to submit a completed renewal by the expiration date, your license expires and you will be required to apply for reinstatement of your license. If you practice after the expiration date, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.  Social Security # or Alien Registration Number: To renew, you must have a valid Social Security Number or Alien Registration Number. Print your # below:  Social Security Number:  Alien Registration Number:  Alien Registration Number:  Number:  Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information,				
DHHS may disclo	se it for child support enforcement purposes as well as to the Nebrask iinistrative purposes.			
Continuing	Education (Select ONLY One):			
Yes I have completed my continuing education requirement, or will complete it by 12/31/2019. You MUST have completed 8 hours of acceptable continuing education, or have met one of the following waivers.				
OR				
☐ Yes First Licensed: I was first licensed in Nebraska after 12/31/2017, so continuing education is not required.				
Yes Active Military: I chose Active-Military status, so continuing education is not required.				
of th (Sub	ss/Disability: I have suffered a serious or disabling illness or pee 8 hours of continuing education requirements during the 24 mit a statement from treating physician(s) stating that you were injured ecovery period, and that you were unable to attend continuing educated.	nonths preceding the lice ed or ill, the duration of the	nse renewal date.	

Conviction:				
☐ Yes ☐ N	Since 1/1/2017, I was convicted of a misdemeanor or felony.			
	<ol> <li>Conviction: If you had a misdemeanor or felony conviction during the past 2 years, we need:         <ol> <li>A list of all convictions;</li> <li>A copy of the court record for each conviction;</li> <li>An explanation of each conviction, including what happened (what, when, where, why), and a summary of what action you have taken to address the behavior that caused each conviction;</li> </ol> </li> <li>All addiction/mental health evaluations and proof of treatment, if the conviction involved drugs or alcohol and if treatment was received/required; and</li> <li>A letter from your probation office addressing conditions and current status, if you are currently on probation.</li> </ol>			
Other License(s):				
☐ Yes ☐ N				
☐ Yes ☐ N	Yes ☐ No This license(s) has been denied, refused renewal, or disciplined <b>since 1/1/2017.</b>			
	<b>Disciplinary Action:</b> If your license from a different state <b>(NOT NEBRASKA)</b> 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.			
Citizenship/Lawful Presence (Select ONLY One):				
☐ Yes I a	m a citizen of the United States.			
Ac	m <b>not</b> a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality c, or a non-immigrant lawfully present in the United States, with documentation such as a permanent ident card, I-94 document, asylum, etc.			
	am <b>not</b> a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and ocumentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc			
<b>Not a Citizen:</b> If you are <b>NOT</b> a citizen of the United States, we need a copy of your evidence of lawful presence, such as a permanent resident card, Form I-94, asylum document, etc. OR an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.				

Attestation:					
I Attest that:					
<ol> <li>I have read the renewal application or have had the renewal application read to me; and</li> <li>I am of good character and all statements on this renewal application are true and complete.</li> </ol>					
Print Name:	_ Signature:	Date:			
Phone/Fax (Optional):	E-mail:				
We NO LONGER send the paper renewed license card. To PRINT YOUR RENEWED CARD go to:  dhhs.ne.gov/lookup					

NOTE: ALL misdemeanor convictions, felony convictions, and 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.

Renewal Processing: 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.