

OPTOMETRY RENEWAL NOTICE

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

Your **OPTOMETRY** credential **EXPIRES 08/01/2020**. The **RENEWAL FEE** of **\$146** AND **THIS DOCUMENT** must be postmarked on or before **08/01/2020** to avoid expiration and removal of authorization to practice. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your credential expires.

LICENSE #: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name change. If not submitted, the credential will be issued in the name as printed above.

FEES & STATUS:

Check requested status below:

- ACTIVE \$146
- INACTIVE (No Fee)
- MILITARY WAIVER (No Fee) Supporting documentation must be submitted along with this form.

Make Checks Payable to: DHHS, Licensure Unit

You will not receive a receipt

INACTIVE STATUS - If you elect not to renew your credential, you may select Inactive Status. Inactive means that you cannot practice but may represent yourself as having an inactive credential. To change from inactive to active status you **MUST** contact this office for an application and meet the reinstatement requirements which are in effect at the time the status change is requested. You do not have to meet continuing competency requirements to request Inactive Status.

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS: Please answer each of the following questions with regard to the time period since your last renewal or initial license (license after August 1, 2020).

| | | |
|----|---|--|
| 1 | To renew your credential, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number? If you have both a SSN and an A# or I-94 number, must report both. Social Security # _____ Alien Registration # with visa status (attach copies of both documents) _____ Form I-94 (Arrival-Departure Record) # with visa status (attach copies of both documents) _____ | |
| 2 | Were you convicted of a misdemeanor or felony in any jurisdiction between 08/02/18 through 08/01/20? If you answer YES to this question, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> • A list of any misdemeanor or felony convictions; • A copy of the court record, which includes charges and disposition; • Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions; • All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and • A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3a | Have you held a credential that was issued between 08/02/18 through 08/01/2020 by another jurisdiction(s) to provide health services, health related services, or environmental services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3b | Has such credential been denied, refused renewal, or disciplined between 08/02/18 through 08/01/2020? (If "YES", please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary actions(s), including charges and dispositions. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony convictions or credential discipline, you must report such actions to this Department 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.

Do NOT submit continuing competency certificates to this office unless they are requested.

CONTINUING COMPETENCY: Forty-four (44) hours of continuing competency are required to renew your credential. These hours must have been earned within the two years immediately preceding the expiration date of your credential (08/02/2018 to 08/01/2020). If you are randomly selected for an audit to provide proof of continuing competency, you will be notified by mail at a later date. Retain all documentation of continuing competency activities that you completed for the renewal of your credential for at least 4 years.

| | |
|--------------------------|--|
| <input type="checkbox"/> | I have met or will meet the continuing competency requirements on or before August 1, 2020 |
| <input type="checkbox"/> | I have served full-time duty in the active military service of the United States, or 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 during part of the 24 months immediately preceding the biennial licensure renewal date. (You MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.) |
| <input type="checkbox"/> | I was FIRST issued a credential within the twenty-six (26) months immediately preceding this credential renewal date. |
| <input type="checkbox"/> | I hold a Nebraska license but have not resided in Nebraska or practiced in Nebraska during any part of the preceding 24 months. |
| <input type="checkbox"/> | I have suffered from a serious or disabling illness or physical disability which prevented completion of the required number of hours of continuing education during the 24 months immediately preceding the license renewal date. (Attach supporting documentation.) |

Signature Required on Reverse Side

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (All Credential holders complete this section and **must sign and date this form.**)

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check ONLY ONE of the boxes below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be renewed until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Signature (required)

Printed Name (required)

Date (required)

***Telephone Number**

***Email Address**

***If you provide us with this information, we may be able to resolve any problem with your renewal more quickly.**

Please allow 10 business days to receive your new wallet card license.