

**Mail Renewal To:**  
 Licensure Unit  
 PO Box 94986  
 Lincoln, NE 68509-4986

**Contact Info:**  
 Phone #: 402-471- 2118  
 Email: dhhs.medicaloffice@nebraska.gov

**Renewal Notice  
 PERFUSION**

**License Expires 10/01/2019**

**Your renewal application and fee (if applicable) must be POSTMARKED ON OR BEFORE 10/01/2019 to avoid expiration of your license.**

**Failure to Submit Renewal by Expiration Date:** If you fail to submit a completed renewal by the expiration date, your license expires. To practice after this date, your license must be reinstated. If you practice without an active license, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.

**License Information:**

<b>License #:</b>			
<b>Name:</b> <input type="checkbox"/> If this is a CHANGE in name, check the box	First:	Middle:	Last:
	<b>Name Changes:</b> If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.		
<b>Address:</b> <input type="checkbox"/> If this is a NEW address, check the box			
	<b>City/State/Zip:</b>	City:	State:
<b>Phone/E-mail:</b> (optional)	Phone: _____	E-mail: _____	
	<b>To renew your license, you must have a valid Social Security Number or Alien Registration Number.</b>		
<b>Social Security Number:</b>			
<b>Alien Registration Number:</b>			
<b>SS#:</b> Neb. Rev. Stat. §38-123 requires disclosure of 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.			

**Renewal Status (Select ONLY One):**

Yes **Active \$110.00:** I choose active status for my license. The renewal fee is **\$110.00**  
 Make check/money order **payable to:** DHHS, Licensure Unit. **We do not accept** electronic payments for paper renewals.

Yes **Active-Military (\$0):** I choose Active-Military status. **We encourage you to check with your employer before choosing active-military.** Since **10/02/2017**, I have served for 30 consecutive days on full-time active duty or approved leave. Military service is defined as full-time duty in the active military of the United States, 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. I understand that I may be required to submit a copy of my military orders to the DHHS Licensure Unit. There is no fee or continuing education requirement for military status.

Yes **Inactive Status (\$0):** I choose inactive status for my license. I cannot practice my profession in Nebraska after **10/01/2019**. There is no fee or continuing education requirement for inactive status.

**You must complete page 2 of this renewal notice**

**Renewal Questions:**

<b>Continuing Education (Select ONLY One):</b>	
<input type="checkbox"/> Yes	I have completed my continuing education requirement, or will complete it by <b>10/01/2019</b> .
<input type="checkbox"/> Yes	I was first licensed in Nebraska after <b>10/02/2017</b> , so continuing education is not required.
<input type="checkbox"/> Yes	I chose Active-Military status, so continuing education is not required.
<b>Conviction:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Since <b>10/02/2017</b> , I was convicted of a misdemeanor or felony.
	<p><b>Conviction:</b> If you had a misdemeanor or felony conviction during the past 2 years and haven't reported it yet, we need:</p> <ol style="list-style-type: none"> <li>1. A list of all convictions;</li> <li>2. A copy of the court record for each conviction;</li> <li>3. 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> <li>4. 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>5. A letter from your probation office addressing conditions and current status, if you are currently on probation.</li> </ol> <p><b>NOTE:</b> ALL misdemeanor convictions and felony convictions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska license.</p>
<b>Other License(s):</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Since <b>10/02/2017</b> , I have been licensed by another state(s) to provide health-related or environmental services
<input type="checkbox"/> Yes <input type="checkbox"/> No	This license(s) has been denied, refused renewal, or disciplined since <b>10/02/2017</b> .
	<p><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.</p> <p><b>NOTE:</b> ALL 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.</p>
<b>Citizenship/Lawful Presence (Select ONLY One):</b>	
<input type="checkbox"/> Yes	I <b>am a citizen</b> of the United States.
<input type="checkbox"/> Yes	I am <b>not</b> 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.
<input type="checkbox"/> Yes	I am <b>not</b> 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.
<p><b>Not a Citizen:</b> If you are <b>NOT</b> a citizen of the United States, submit 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.</p>	

**Attestation:**

<b>I Attest that:</b>	
<ol style="list-style-type: none"> <li>1. I have read the renewal application or have had the renewal application read to me; and</li> <li>2. I am of good character and all statements on this renewal application are true and complete.</li> </ol>	
Signature: _____	Date: _____
<p><b>We NO LONGER send the paper renewed license card; to PRINT YOUR RENEWED CARD go to:</b>  <b><a href="http://dhhs.ne.gov/lookup">dhhs.ne.gov/lookup</a></b></p>	

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](http://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.