

**Pharmacy Technician
 APPLICATION FOR REINSTATEMENT OF A REGISTRATION TO PRACTICE
 FROM AN EXPIRED STATUS**

I hereby apply for reinstatement of my registration to practice as a Pharmacy Technician in the State of Nebraska and submit the required fee of **\$25.00 registration renewal fee plus \$35.00 reinstatement fee.**

Name: _____ REGISTRATION #: _____

Address: _____ DOB: _____

City/State/Zip: _____

CHECK THIS BOX IF YOU HAVE HAD A NAME AND/OR ADDRESS CHANGE

NAME & ADDRESS CHANGES: If your name and/or address on your registration is incorrect, print the correct information in the appropriate area above and check the box noting that change. For a name change, you must submit a photocopy of a marriage certificate, court order, etc., to provide proof of legal name change. If not submitted, the credential will be reinstated in the name currently on record. **On-line access to licensure information:** <http://www.nebraska.gov/LISSearch/search.cgi>

SECTION A PERSONAL INFORMATION (All applicants must complete this section) (*This information is not displayed on the internet*)

1	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)
2	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#
		<input type="checkbox"/> Alien Registration Number ("A#"); or	A#
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	I-94 #
NOTE: If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.			

SECTION B CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

Conviction Information:

#	Question	Yes	No	Type of Crime	Date of Action	Name of Court/Entity Taking action
1	Have you ever been convicted of any non-alcohol, drug-related misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered **YES**, you must submit the following documents:

- The court record, which includes charges and disposition;
- Arrest records;
- A letter 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 any treatment obtained; and
- A letter from the probation officer addressing probationary conditions and current status if the applicant is currently on probation.

LICENSURE/REGISTRATION INFORMATION:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

2	Are you credentialed in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what State(s) are you credential in?	What type of credential do you hold?	
	If yes, has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type of Action	Date of Action	Name of Entity taking Action

If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.

SECTION C QUESTIONS:

QUESTIONS

All applicants for reinstatement must answer the following questions by placing a (✓) in the appropriate box (yes or no). The questions pertain to the time period since the license was last active, unless otherwise specified. For any yes answers, explain the circumstances and outcome. The applicant will be notified of any additional documentation which is required by the Board/Department:

SUB-SECTION I	Yes	No
1. Has any credential you hold in the other jurisdiction(s) been denied, refused renewal, or disciplined by another jurisdiction(s) since the credential was last active that has not been previously reported? (If NOT credentialed in another jurisdiction answer "NO".) If "YES", please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and dispositions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever voluntarily surrendered or voluntarily limited in any way a credential issued to you by a licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been asked to and/or permitted to withdraw an application for a credential with any Board or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any state or jurisdiction refused to issue, refused to renew or denied you a credential to practice?	<input type="checkbox"/>	<input type="checkbox"/>
SUB-SECTION II	Yes	No
1. Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have the mental and physical capacity to practice as a pharmacy technician?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you practiced your profession while your ability to do so was impaired by alcohol, controlled substance, drugs, mind-altering substance, physical disability, mental disability, or emotional disability?	<input type="checkbox"/>	<input type="checkbox"/>

SUB-SECTION III	Yes	No
1. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/>	<input type="checkbox"/>
SUB-SECTION IV	Yes	No
1. Have you committed any immoral or dishonorable acts that would evidence unfitness to practice pharmacy as a Pharmacy Technician?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you practiced as a Pharmacy Technician: <ul style="list-style-type: none"> • Fraudulently? • Beyond your authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct? 	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you unlawfully distributed intoxication liquors, controlled substances, or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you violated: <ul style="list-style-type: none"> • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act? 	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you committed any acts of unprofessional conduct relating to pharmacy? (Refer to the Practice Act and Regulations for the Practice of Pharmacy.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D ATTESTATION

An individual who practices prior to issuance of a credential is 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 the credential.

1	Have you practiced as a pharmacy technician in the State of Nebraska since your license was last active?	<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: _____

***** SIGNATURE REQUIRED ON NEXT PAGE*****

Attestation: For the purpose of complying with 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.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

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.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____