

**APPLICATION FOR LICENSURE AS A  
 RADON MEASUREMENT SPECIALIST**

Division of Public Health – Licensure Unit  
 PO Box 94986 - Lincoln NE 68509-4986  
 402-471-2299

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

**A. Fee Waiver:**

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

- 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.
    - 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, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
- 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.  
 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 <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

**B. Fee Required if YOU DO NOT qualify for one of the fee waivers:**

**Prorated Fee –** The fee for initial licensure is \$92. If your license is issued within 180 days of the expiration date, the fee for initial licensure is **\$25**.

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Odd-numbered year	\$25	\$25	\$25	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92
Even-numbered year	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$25	\$25	\$25

**All Licenses Expire On March 31st Of Each Odd-Numbered Year**

**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.

- Proof that you are at least 19 years old.** Include with your application a copy of your driver's license, state identification card, birth certificate, or other acceptable government-issued identification.
- Proof of US Citizenship or lawful presence in the United States.**
  - **U.S. Citizens-** 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; or
    - Other documents that show U.S. Citizenship.
  - **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.

☐ **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), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

<b>The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list</b>	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI / Open Container</li> <li>• Controlled Substance</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Fail to Appear in Court</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• False Information or Reporting</li> <li>• Reckless Driving / Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**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: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

**This Application Can Be Completed Electronically, but Must Be Signed By the Applicant**

**Section A – Personal Information** – This section is public information and will be displayed on the internet at <http://www.nebraska.gov/LISSearch/search.cgi>. **Note: All mailings from this office will be sent to the address you indicate below. If you change your address, you must notify this office.**

Legal Name	First:	Middle/MI:	Last:
Maiden Name	Name:	Other names you are known as (aka), if any:	
Current Mailing Address	Street/Box/Route:		
	City:	State:	Zip:
Place of Business	Name and Address of Licensed Radon Business you will work for:		
Employers Phone Number			

**Additional Information – This section is not public information and will not be displayed on the internet**

Date of Birth (Month/Day/Year):		Place of Birth – City/State or Country	
Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN)	SSN	
	<input type="checkbox"/> Alien Registration Number (A#)	A#	
If you have both a SSN and an A#, you must report both. <u>Neb. Rev. Stat. §38-123</u> 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.			

Telephone #:		Fax #:		E-Mail Address:	
Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:					

**Section B – Initial Training and Course Information:**

All applicants must provide a **certificate of successful completion of the training course** issued by the training provider.

All applicants must provide the **official documentation of the test scores** obtained on the NRPP (National Radon Proficiency Program) / NRSS (National Radon Safety Board) examination.

Name of Course:	
Number of Course Hours:	
Training Provider:	
Location:	
Date Completed:	

**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 C – Conviction And Licensure Information** – 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 check mark 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.

	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking Action
Have you ever been convicted in any jurisdiction of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered **YES** to the question above, you must submit the following documents with your application:

- Copy of the court record(s), which includes charges and disposition;
- Written explanation of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);
- All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from your probation officer addressing probationary conditions and status, if you are currently on probation.

**The following questions relate to a credential(s) that you hold or have held in health services, health related services or environmental services in Nebraska or another jurisdiction.**

	Yes	No
Do you hold or have you held a credential in another state? If yes, what State?	<input type="checkbox"/>	<input type="checkbox"/>
Has your license ever been: Denied; Refused Renewal; Limited; Suspended; Revoked; or had other disciplinary measures taken against it? If yes you must request the following documents be sent directly to this office:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Certification of your credential in another state; and</li> <li>• Official Documents from the State Board in which the disciplinary action was taken</li> </ul>		

**Section D – Practice Prior To License** – An individual who practices prior to issuance of a license 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 this license.

	Yes	No
Have you practiced <b>Radon Measurement</b> in Nebraska prior to submitting this application?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice.	# of days:	
Business Name:	Address:	Phone #

**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 **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. **OR**
- 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 renewal application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

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

**We do not print and mail a license card. To print a copy of your license visit the following website:**  
<https://dhhs.ne.gov/lookup>