

## CHIROPRACTIC RENEWAL NOTICE

**This is the only notice that you will receive. Please review the RENEWAL NOTICE section below carefully**

Your license as a **Chiropractor** expires **August 1, 2010**. The renewal fee of **\$144** and this document must be postmarked on or before **August 1, 2010** to avoid expiration. **If you do NOT renew your license by the expiration date, you may not continue to practice. If you continue to practice you will be subject to an administrative penalty.**

LICENSE #: \_\_\_\_\_

Name:	
Address:	
City:	
State/Zip	

**Fees** Check requested status below:

<input type="radio"/> Active	<b>\$144.00</b>
<input type="radio"/> Inactive	No fee
<input type="radio"/> Active/Military	No fee

### 2-YEAR RENEWAL

Make check payable to:  
DHHS, Licensure Unit (you will NOT receive a receipt)

**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. If not submitted, the license will be issued in the name as printed above.

**INTERNET:** Nebraska Licensing Information is public information and is on the INTERNET at <http://www.nebraska.gov/LISearch/search.cgi>

**RENEWAL NOTICE:** This is the **ONLY** notice you will receive. If you fail to meet the requirements for renewal on or before **AUGUST 1, 2010** or fail to place your license on **inactive** status, it will expire without further notice or hearing. When your credential expires, the right to represent yourself as a credentialed person and to practice the profession in which a credential is required shall terminate. Any credentialed person who fails to renew the credential by the expiration date and desires to resume practice of the profession shall apply to the Department for reinstatement of the credential.

**INACTIVE MEANS:** You cannot practice as a chiropractor after the expiration date of your license, but may represent yourself as having an inactive license. In order to move a license from inactive to active, you must complete a reinstatement application, pay the renewal fee in effect at the time and meet continuing competency requirements. Continuing Education is NOT required to request inactive status.

## CONTINUING COMPETENCY – CHIROPRACTIC

**WAIVER OF CONTINUING COMPETENCY:** If you have not completed the continuing competency requirements and wish to apply for a waiver of the continuing education hours please complete the information below. If you have completed part of the required continuing education hours, please submit documentation of these hours with the documentation required for the waiver you checked below.

\_\_\_ **I AM REQUESTING A WAIVER** of \_\_\_\_\_ continuing education hours. Check applicable reason(s) for waiver below:

ρ	I have served in the regular armed forces of the United States during part of the twenty-four (24) months preceding the licensure renewal date and request both my continuing education requirements and renewal fee be waived. (You <b>MUST</b> provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
ρ	I was first licensed within the twenty-four (24) months immediately preceding the license renewal date. Date of issuance of license:
ρ	I have suffered a serious or disabling illness or physical disability during the credentialing period immediately preceding the renewal date, which prevented completion of the continuing competency requirements. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during that period.)
ρ	I had other circumstances beyond my control that prevented me from obtaining the required continuing competency during this renewal period. (You must submit documentation verifying the circumstances.)

**Documentation (if requested above) must be provided** to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your license renewal cannot occur.

**CONTINUING COMPETENCY REQUIREMENTS:** You must have completed thirty six (36) hours of continuing education between August 2, 2008 and August 1, 2010 for renewal of your license. The thirty-six (36) hours include eight (8) mandatory hours which may not be obtained by completing formal self-study. The eight hours of mandatory continuing education must include:

1. **Four** hours related to technical skills in one or a combination of the following categories:
  - a. Continuing education designed to enhance the practitioner's technical and clinical skill related to x-ray physics, quality control, x-ray production, and interpretation of diagnostic imaging; and
  - b. Continuing education designed to enhance the practitioner's skill in utilizing chiropractic adjustive techniques.

**AND**

2. **Four** hours in one or a combination of the following three categories:
  - a. Continuing education pertaining to HIV/AIDS, infectious diseases and related conditions as they relate to chiropractic;
  - b. Continuing education designed to enhance the practitioner's skill related to ordering laboratory tests and interpreting information from laboratory tests; and/or
  - c. Continuing education related to prevention of fraud, system set-ups, coding, quality control, and standards of practice.
  - d. Continuing education related to the use of unlicensed personnel.

The remainder of the hours must be in other acceptable continuing education. In order for a continuing education activity to be accepted for renewal of a license, the continuing education activity must relate to the practice of chiropractic and meet the criteria for continuing education programs pursuant to 172 NAC 29-008.02.

**YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION:** To renew your license, you must have a valid social security #, an Alien Registration #, or a Form I-94 # and you must answer the questions below. Answer each of the following questions with regard to the time period since your last renewal or initial license. If you answer **NO** to any of questions 1-4 or **YES** to any of questions 5-18, you must provide an explanation.

1	Do you have a valid Social Security Number, Alien Registration Number, and/or I-94 Number? If yes, report below. Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both. Social security numbers are not public information but may be shared by the Department for administrative purposes and only under circumstances to ensure against any unauthorized access to this information. Social Security # _____ Alien Registration # _____ Form I-94 (Arrival-Departure Record) # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are you of good character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you met the continuing competency requirements for your profession or applied for a waiver of those requirements? If no, you may apply for a waiver as indicated in the regulations for your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you have the mental and physical capacity to practice chiropractic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice chiropractic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you been convicted in any jurisdiction of any misdemeanor or felony during this renewal period (August 2, 2008 through August 1, 2010) that has not previously been reported? If you answer <b>YES</b> to this question, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> <li>• A list of any misdemeanor or felony convictions;</li> <li>• A copy of the court record, which includes charges and disposition;</li> <li>• 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;</li> <li>• 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</li> <li>• A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.</li> </ul> <b>NOTE:</b> If you have any criminal charges or license disciplinary actions pending that result in conviction or license 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/licensure discipline could result in disciplinary action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you practiced chiropractic <ul style="list-style-type: none"> <li>• Fraudulently?</li> <li>• Beyond its authorized scope?</li> <li>• With gross incompetence or gross negligence?</li> <li>• In a pattern of incompetent or negligent conduct?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you practiced chiropractic while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you permitted, aided or abetted the practice of any profession by an uncredentialed person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Do you hold a credential that was issued by another jurisdiction to provide health services, health-related services, or environmental services? If yes, provide the following information for each of each credential where you have been or are currently credentialed. State _____ Credential number _____ Type of credential _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

	State _____ Credential number _____ Type of credential _____ Has this credential been denied, refused renewal, or disciplined by another jurisdiction? 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 disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Have you violated: <ul style="list-style-type: none"> <li>• The Uniform Credentialing Act?</li> <li>• Mandatory Reporting Regulations?</li> <li>• The Uniform Controlled Substances Act?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you committed any acts of unprofessional conduct relating to the practice of your profession? (Refer to the practice act for your profession)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION D- Attestation

**Lawful Presence in the United States Attestation:** For the purpose of complying with Neb. Rev. Stat. §§ 38-129 and 4-108 through 4-114, I attest as follows:

*Please check the appropriate box(s) below:*

- I am a citizen of the United States
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act
- I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States
- I am a qualified alien under the Federal Immigration and Nationality Act

**NOTE:** If you are an alien lawfully admitted into the U.S. for permanent resident **OR** non-immigrant whose visa/application for visa for entry is related to such employment in the U.S., you must submit evidence of lawful permanent residence and/or immigration status which may include a copy of:

1. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
3. A document showing an Alien Registration Number ("A#"); with visa status or
4. A Form I-94 (Arrival-Departure Record) with visa status.

**Your documents will need to be verified through the Department of Homeland Security before we can renew your credential. This process may take four to six weeks.**

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**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;
3. I am of good character;
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s); and
5. I have completed 36 hours of acceptable continuing education within the preceeding 24 months pursuant to 172 NAC 29-008.02 or have applied for a waiver of the continuing competency requirements.

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

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

You **may** provide the following information if you wish to be contacted by these means:

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_