



DHHS DPH, Licensure Unit, Office of Nursing & Nursing Support
 P.O. Box 94986 - Lincoln, NE 68509-4986
 Phone: (402) 471-4376

RENEWAL NOTICE

Licensed Practical Nurse – Certified (LPN-C)

Your **Licensed Practical Nurse Certification expires 10/31/11**. The renewal fee of **\$68.00** and this document must be postmarked on or before 10/31/2011 to avoid expired status. You will have to reinstate your license if you do not renew by 10/31/11. You must have an active LPN license to renew this certification license.

LICENSE # : _____

Printed Name: _____

Address: Please check the box if your address has changed since the last renewal of your license, and you have not notified our office of that change.

TWO YEAR RENEWAL

For the fastest renewal response, please use the online renewal process at

<https://nebraska.mylicense.com/>

(Microsoft Internet Explorer works best for the online renewal process.)

SELECT ONE:

ACTIVE \$68.00

ACTIVE No Fee

MILITARY No Fee

[I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial licensure renewal date. If you meet this exemption, you are not required to pay the renewal fee.]

You must submit a copy of the military orders.

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: All Nebraska Licensing Information is public information, and is on the internet at <http://www.dhhs.ne.gov/lis/lisindex.htm>

ONLINE LICENSE RENEWAL

You may renew your Nebraska Licensed Practical Nursing-Certified (LPN-C) license online at: <https://nebraska.mylicense.com/>. You will need your license number, your social security number and a credit card to renew online.

The web site has been constructed to make the process as simple as possible, and the renewal fee can be paid by using a credit card. While the renewal information can be submitted online, for certain circumstances such as name change, convictions, legal presence, etc., documentation must be submitted by mail. Although the renewal will not be completed until the documentation is received, the process should still be faster than doing the entire renewal through the mail. Please give the online license renewal process a try. A customer satisfaction survey for providing feedback on the online renewal process will be e-mailed to those who renew online and provide an e-mail address. For those who choose not to renew online, the option to submit the renewal through the mail is still available. Questions about online LPN-C license renewal can be sent to the Licensure Unit, dhhs.nursingoffice@nebraska.gov or you can call 402/471-4376.

If you choose to renew by mail make checks payable to: **DHHS LICENSURE UNIT.**

Submit fee and this document in the enclosed envelope along with your LPN renewal.

RENEWAL REQUIREMENT:

PRIMARY STATE OF RESIDENCE: Nebraska is a member of the Nurse Licensure Compact for RN and LPN licensure. The Nurse licensure Compact **DOES NOT** include the LPN-C license. All LPN-C licenses issued in Nebraska are single state licenses and only authorize you to practice in Nebraska.

In order to renew your LPN-C Certification, you must have an active LPN license in Nebraska or in another compact state. If you reside in and hold an active multi-state LPN license in **another** compact state, please **send a copy of your current license along with this renewal notice.**

Compact State In Which You Hold A Multi-State License: _____.

You MUST answer ALL of the following questions:

- Answer each of the questions for the time period since your last renewal (11/1/09 to 10/31/11). If you were initially licensed after 10/31/09, answer the questions for that time period.
- DO NOT use the scroll bar – this will change your answers.
- Please turn off your pop-up blocker before proceeding to receive important messages. Read each question carefully.
- If you fail to answer these questions, your renewal will not be processed and will be returned to you as incomplete.

		YES	NO
1	Have you been convicted of a misdemeanor or felony during this renewal period (11/1/09 to 10/31/11) that has not been reported?		
2	Do you hold a credential that was issued by another jurisdiction(s) to provide health care services, health-related services, or environmental services?		
3	Has any credential you hold in the other jurisdiction(s) been denied, refused renewal, or disciplined by the other jurisdiction(s) during this renewal period (11/01/09 to 10/31/11) that has not been reported?		
4a	I am a citizen of the United States.		
4b	I am an alien lawfully admitted into the United States for permanent residence under the Immigration and Naturalization Act (INA) and who is eligible for a credential under the Uniform Credentialing Act.		
4c	I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States		
5	Are you of good character?		
6	Do you have the mental and physical capacity to practice your profession?		
7	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?		
8	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?		
9	Have you practiced your profession fraudulently?		
10	Have you practiced your profession beyond its authorized scope?		
11	Have you practiced your profession with gross incompetence or gross negligence?		
12	Have you practiced your profession in a pattern of incompetent or negligent conduct?		
13	Have you practiced your profession while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?		
14	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?		
15	Have you been denied the right to take a Credentialing Examination?		
16	Have you used untruthful, deceptive, or misleading advertising?		
17	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?		
18	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?		
19	Have you invaded a field of practice for which you are not credentialed?		
20	Have you violated The Uniform Credentialing Act?		
21	Have you violated Mandatory Reporting Regulations?		
22	Have you violated the Uniform Controlled Substances Act?		
23	Have you committed any acts of unprofessional conduct relating to the practice of your profession? (Refer to the practice act and regulation for your profession.)		

EXPLANATIONS

Expired License: Licenses not renewed will automatically expire 11/01/11. You may not practice as an LPN-C after your license has expired on 10/31/11. **If you continue to practice after your license has expired, you will be assessed an administrative penalty fee of \$10.00 per day up to a maximum of \$1000.**

Question 1 & 3: If a conviction/discipline has NOT been previously reported to our office you MUST request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition;
- Copies of arrest records;
- A letter from you explaining the nature of the conviction;
- 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 your probation officer addressing probationary conditions and your current status, if you are currently on probation.
- If your license in health care in another state has been revoked, suspended, limited, placed on probation, or disciplined in any way, an official copy of the disciplinary action, including charges and disposition. **If your license was disciplined in Nebraska, you do not need to submit documents.**

NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you are required to report such actions to the Licensure Unit within 30 days following the conviction or disciplinary action. (Neb. Rev. Stat. 71-168(4)).

Questions 4b & 4C: PROOF OF LEGAL STATUS

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

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

Questions 5 and 6: If you answer NO to question 5 and/or 6, you must provide an explanation.

Questions 8 through 23: If you answer yes to any of questions 8-23, you must provide an explanation.

If the conviction/discipline has NOT been previously reported to our office you MUST request the following documents be sent directly to this office:

For Convictions:

- Official Court Record, which includes charges and disposition;
- Copies of arrest records;
- A letter from you explaining the nature of the conviction;
- 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 your probation officer addressing probationary conditions and your current status, if you are currently on probation.

For Discipline:

- If your license in health care in another state has been revoked, suspended, limited, placed on probation, or disciplined in any way, an official copy of the disciplinary action, including charges and disposition.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Licensure Unit within 30 days following the conviction or disciplinary action. (Neb. Rev. State. 71-168(4)).

Affidavit of Continued Competency

In order to renew my Nebraska LPN-C Certification, I attest that I have completed one of the following (**please check one**):

- _____ I have successfully completed an approved LPN-C course since November 1, 2009.
- _____ The continued competency activities that I have attested to have completed to renew my **LPN-C** license, include at least 5 contact hours related to intravenous therapy obtained between November 1, 2009 and October 31, 2011.
- _____ I am licensed as an LPN in another compact state and I have completed at least 5 contact hours of continuing education related to intravenous therapy between November 1, 2009 and October 31, 2011.

NOTE: All certificate holders are subject to a random audit of renewal requirements; therefore proof of having met the continued competency requirements should be retained for four years.

YOU MUST COMPLETE THIS CERTIFYING INFORMATION:

I hereby certify that the information on this application is correct to the best of my knowledge.

Signature

Date