



**APPLICATION FOR REINSTATEMENT TO PRACTICE A
LEAD-BASED PAINT OCCUPATION
(Revoked, Expired, Placed on Inactive Status, Lapsed, or Voluntary
Surrender without Disciplinary Action)**

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

I hereby apply for the reinstatement of my license to practice a lead-based paint occupation in the State of Nebraska, and submit the required fee as listed below:

Check below the type of license that you are reinstating:

- Worker \$137.00
 Supervisor \$237.00
 Inspector \$237.00
 Project Designer \$237.00
 Risk Assessor* \$237.00
 Visual Lead Hazard Advisor \$137.00
 Elevated Blood Lead Level Investigator \$35.00

*Includes licensure as an Inspector

This Application Can Be Completed Electronically, but Must Be Printed To Be Signed By the Applicant and the MD or DO

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

| | | | | |
|---|---|-------------------|-------------------------------------|-----------|
| 1 | Legal Name | First: | Middle/MI: | Last: |
| | Maiden Name | Name: | Other names you are known as (AKA): | |
| 2 | Present Address | Street/Box/Route: | | |
| | | City: | State or County: | Zip Code: |
| 3 | Nebraska Lead-Based Paint License Number You Are Reinstating: | | | |

Additional Information Requested – This information is not displayed on the internet

| | | | |
|--|--|--|---|
| 4 | Date of Birth – Month/Day/Year: | Place of Birth – City/State or County: | |
| 5 | Check the appropriate box, and provide a number <input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number (A#) | SSN: | |
| | | A#: | |
| If you have both a SSN and an A# 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 and to the Nebraska Department of Revenue. | | | |
| 6 | Phone Number: | E-Mail Address (Optional): | Present Employer: |
| 7 | Employer's Phone Number: | Fax Number (Optional): | Employer's Address – City/State/Zip Code: |
| 8 | Please indicate where you would like your renewal sent: Home <input type="checkbox"/> Employer <input type="checkbox"/> | | |

SECTION B – Submission Requirements

| | |
|--|---|
| 1 | All applicants must have taken Department/EPA-approved training in the appropriate occupation and passed with at least a 70%, or have successfully completed an approved review training course since initial training. Once licensed, an individual must successfully complete approved review courses, as required by 178 NAC 23-005.03B to remain current in training requirements throughout the term of their license. |
| STOP! An individual who fails to complete a review course for a period of one year or longer from the expiration date of any previous course must retake the initial training course AND submit an Initial Application! | |
| 2 | This application is based on: Nebraska-Approved Training <input type="checkbox"/> EPA-Approved Training <input type="checkbox"/> |
| 3 | All applicants applying for a Supervisor, Project Designer, Inspector, Risk Assessor, or Elevated Blood Lead Level Investigator must have taken a State-administered lead Third Party Examination in the appropriate occupation, and passed with at least a 70%. |

| | |
|---|--|
| 4 | All applicants must attach ORIGINAL refresher certificates of lead-based paint training. The certificates must indicate the name and address of the training course provider. If the address is not listed, the applicant may write in the address of the training course provider. Note: Training certificates will be returned. |
| 5 | Name and address of training provider: |
| 6 | All applicants applying for a <u>Supervisor</u> or <u>Worker</u> license must obtain a physical examination and a physician's statement that the licensee is physically capable of working while wearing a respirator within the preceding 12 months. Once licensed, an individual must have an annual physical examination and a physician's statement, as required by 178 NAC 23-005.02D and 004.02D, Item 3, to remain current in medical requirements throughout the term of his/her license. Attach the ORIGINAL completed Physician's Certification, with an original signature of the physician (MD or DO). No copies of the signature will be accepted, and Form 4 is included below. |

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

| | | Yes | No | | What type of credential do you hold? | |
|---|---|--------------------------|--------------------------|--|--------------------------------------|-------------------------------|
| 1 | Are you credentialed in any state? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what State(s) are you credentialed in? | | |
| 2 | Has your credential ever been denied, refused renewal, limited, suspended, revoked, or had other disciplinary measures taken against it? | <input type="checkbox"/> | <input type="checkbox"/> | Type of credential action: | Date of action: | Name of entity taking action: |
| 3 | Have you ever been denied the right to take an examination? | <input type="checkbox"/> | <input type="checkbox"/> | Please explain: | | |
| 4 | Have you had any disciplinary action(s) taken against your credential in the State of Nebraska? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 5 | Have you practiced your profession after the expiration of your credential, training, or physical? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 6 | Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |

If you answered yes to questions 2-6, you must send the following documents directly to this office:

- Certification of your credential in another state
- Official documents from the State in which the disciplinary action was taken

SECTION C – Practice Prior to Reinstatement: An individual who practices prior to the reinstatement 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 in the lead-based paint occupation that you are CURRENTLY reinstating in Nebraska since your license expired, was placed on inactive status, or was voluntarily surrendered? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 2 | If you answered yes, what is the actual number of days you practiced in Nebraska? | Number of days practiced without a license? | | | | |
| 3 | Business name, location, and telephone number of the practice? | Name of Business: | | City, State: | Phone Number: | |

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; **OR**
- I am a nonimmigrant lawfully present in the United States; **OR**
- 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 certificate 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.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will NOT be renewed until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

Signature and Application Attestation: I attest that:

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

Print Name: _____

Signature: _____ Date: _____

***NOTE: The applicant must submit the following:**

1. **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. **Citizenship, lawfully admitted/present information:** You must submit a copy of at least one of the following documents:

Any of the following documents to provide proof of United States Citizenship:

- 1) A U.S. Passport (unexpired or expired);
- 2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- 3) An American Indian Card (I-872);
- 4) A Certificate of Naturalization (N-550 or N-570);
- 5) A Certificate of Citizenship (N-560 or N-561);
- 6) Certification of Report of Birth (DS-1350);
- 7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- 8) Certification of Birth Abroad (FS-545 or DS-1350);
- 9) A United States Citizen Identification Card (I-197 or I-179);
- 10) A Northern Mariana Card (I-873);

If you are NOT a U.S. Citizen, you must submit a copy of one of the following:

If you are a Qualified Alien under the Federal Immigration and Nationality Act:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa.

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

- 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;
- A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – LEAD-BASED PAINT PROGRAM**

**LEAD-BASED PAINT OCCUPATION
MEDICAL EXAMINATION**

Information to Examining Physician: Please complete this form in order to comply with Neb. Rev. Stat. Section 71-6326 pertaining to the State certification of an individual for a lead-based paint occupation. The statute provides that individuals may not be certified unless they have “been examined by a physician within the preceding year and declared by the physician to be physically capable of working while wearing a respirator”.

PHYSICIAN'S CERTIFICATION

Name of Individual Examined: _____

Social Security Number: _____

Home Address of Individual: _____

Date of Examination: _____

Based upon the results of my examination of the above named individual, I hereby declare that he or she (check and complete as necessary):

- Is physically capable of working while wearing a respirator
- Is not physically capable of working while wearing a respirator

Name of Examining Physician: _____

Physician's License Number: _____

Jurisdiction Issuing License: _____

Signature of Examining Physician: _____

(Signature must be from MD or DO only; no copies will be accepted.)

Business Address: _____

Business Phone: _____

APPLICATION PACKAGE CHECKLIST

(No Reciprocity)

- Completed Application:
 1. All questions are answered
 2. Application is signed

- Application Fee:
 1. Correct fee for discipline is attached

- Include one of the following as proof of citizenship:
 1. U.S. Birth certificate (copy), or
 2. Passport provided (copy)

- Attestation section boxes checked

- Alien/Non-Immigrant Documentation:
 1. Proof of lawful entry into the U.S. (See the ***NOTE** page on application)

- Include one of the following as verification applicant is 19 or older:
 1. Driver's license (copy), or
 2. Birth certificate (copy)

- Physical conducted by a physician within last 12 months (Supervisor and Worker only):
 1. Original document
 2. MD or DO signature
 3. Applicant is physically capable results are checked
 4. Date of exam

- Verification of Review Training:
 1. Original refresher training certificate(s) for discipline for which you are reinstating continuing from last refresher course the State of Nebraska has on file. **(Original Documents Only – Copies Are Not Accepted)**
 2. Check there is no lapse in training dates for all refreshers submitted; Review training must be completed within 12 months from expiration of last training. **(Original Documents Only – Copies Are Not Accepted)**

Any document written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.