



RENEWAL NOTICE

This is the ONLY renewal notice you will receive.

Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509
Telephone: (402) 471-4918 or rita.watson@nebraska.gov

Massage Therapy

YOUR Massage Therapy License **EXPIRES 11/1/2011**. To renew your credential, you must submit this notice and Fee (fee is required if requesting Active Status) to the Licensure Unit postmarked on or before **11/1/2011** to avoid expiration.

License #: _____

Check This Box If Your Address Changed During The Past 2 Years.

Name:	
Address:	
City:	
State/Zip:	

Check Requested Status:

ACTIVE \$110.00

INACTIVE No Fee
(See definition below)

MILITARY WAIVER No Fee

Make 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 copy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the credential will be issued in the name as printed above.

Access to Licensure Information: Since licensure Information is public, it can be accessed at <http://www.nebraska.gov/LISSearch/search.cgi>

RENEWAL NOTICE: This is the ONLY notice you will receive. If you fail to complete any section of this renewal form, it will be returned to you and it must be resubmitted and postmarked by the expiration date. If you fail to meet the requirements for renewal on or before the date of expiration, or fail to place your credential 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 will terminate. Any credentialed person who fails to renew the credential by the expiration date and desires to resume practice of the profession must apply to the Department for reinstatement of the credential.

YOUR MUST ANSWER THE QUESTIONS/INFORMATION LISTED ON PAGE 3 & 4 OF THIS RENEWAL. To renew your license, you must have a valid Social Security #, or an Alien Registration #, or a Form I-94 # and you must answer the questions ON PAGE 3 of this renewal form. **Answer each of the questions with regard to the time period since your last renewal (November 1, 2009); or if you were initially licensed after 11-1-2009 answer the questions with regard to that time period.**

ADMINISTRATIVE PENALTY: AN INDIVIDUAL WHO PRACTICES MASSAGE THERAPY AFTER THE EXPIRATION OF HIS/HER 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.

INACTIVE: If you elect not to renew your credential, you may select Inactive Status. Inactive means that you cannot practice but may represent yourself as having an inactive credential. To change from inactive to active status you MUST contact this office for an application and meet the reinstatement requirements which are in effect at the time the status change is requested. You do not have to meet the continuing competency requirements to request Inactive Status.

CONTINUING COMPETENCY (See Page 2 of this renewal) LIST the # of hours you completed between NOVEMBER 1, 2009 and NOVEMBER 1, 2011. You must have completed 24 hours of continuing education for renewal of your license; at least **14 hours must be hands-on continuing education and 3 hours of ethics.** Hours earned prior to this date will not be acceptable; and hours earned in excess of the requirement may not be carried over for the next license renewal. **DO NOT SUBMIT CONTINUING EDUCATION CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED.**

CONTINUING COMPETENCY

WAIVER: If you **have not** completed the continuing education and qualify for a waiver or were first licensed within the 24 months immediately prior to the expiration date (the date your license was issued is on the front page lower RIGHT corner), check the request/reason:

<input type="checkbox"/>	Military: I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service)
<input type="checkbox"/>	Initial License: I was first licensed within the 24 months immediately preceding the licensure renewal date.

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 EDUCATION (CE): To renew your license, you must have completed **24** hours of continuing education between NOVEMBER 1, 2009 and NOVEMBER 1, 2011. Hours earned prior to this date will not be acceptable; and hours earned in excess of the requirement may not be carried over for the next license renewal. **DO NOT SUBMIT CONTINUING EDUCATION CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED. List ONLY the number of CE Hours earned in each category below:**

	Hours
MANDATORY HOURS (total of at least 17 hours):	
HANDS-ON HOURS: A licensee must complete at least 14 hours of hands-on continuing education workshops each renewal period (1 hour of attendance = 1 credit). A licensee may earn all 24 hours through hands-on workshops. The content of the workshop(s) must be HANDS-ON which is the physical, mechanical, or electrical manipulation of soft tissue for the therapeutic purposes of enhancing muscle relaxation, reducing stress, improving circulation, or instilling a greater sense of well-being and may include the use of oil, salt glows, heat lamps, and hydrotherapy; and the program must have included class participation (hands-on practice). a. The content of the workshop(s) must include at least 75% HANDS-ON technique which is the physical, mechanical, or electrical manipulation of soft tissue for the therapeutic purposes of enhancing muscle relaxation, reducing stress, improving circulation, or instilling a greater sense of well-being and may include the use of oil, salt glows, heat lamps, and hydrotherapy; up to 25% may be theory related to hands-on technique; and b. The agenda must reflect a set period of time for class participation (hands-on practice).	
Ethics Hours: Each licensee must obtain at least 3 hours in ethics. Programs relating to ethics may be earned through workshops or homestudy programs	

	Hours
OTHER HOURS may be earned in one or a combination of the following continuing competency activities:	
1 Workshops and Lectures (Continuing Education Programs): 1 credit will be granted for each 50 minutes of participation up to a <i>maximum of 7</i> credit. Acceptable topic areas for continuing competency (these do not apply to the mandatory 14 hours of continuing education earned through hands-on workshops): a. Anatomy - May include, but is not limited, to structure of the human body, study of cells, tissues, bones, muscles, organ systems, histology, embryology, kinesiology, biomechanics, etc.; b. Health Service Management - May include, but is not limited to, professional ethics, Nebraska Massage Therapy statutes and regulations, legalities of massage, business practices, promotion, employment opportunities, oral presentations, telephone techniques, marketing plan, sales techniques, resumes, bookkeeping, financial management, insurance coverage, networking, interview techniques; etc.; c. Hygiene - May include, but is not limited, physiology of digestion, weight control, herbal therapy, nutrition, food combining, supplementation, wellness, hygiene principles and practices, CPR, first aid, equipment and sanitation, infectious and contagious disease control; etc.; d. Pathology - May include, but is not limited to, definition of pathology and disease, pharmacology, pathology of body systems, disease entities including cause and effect, blood pressure, pulse monitoring, injury and soft tissue disfunction, etc.; e. Physiology - May include, but is not limited, to endocrinology, biochemistry, interaction of hormones to the body's balance and metabolism, function of human body, and organ systems, kinesiology, biomechanics, etc.;	
2 Presenter Credit: If the licensee is a presenter, s/he must maintain documentation of his/her presentation of continuing competency activity. A presenter may receive credit for only the initial presentation during a renewal period.	
3 Jurisprudence Examination on State Laws (50 question take home test): 3 credits will be granted for licensees who receive a score of 75% or above.	
Homestudy Programs: Only homestudy programs relating to ethics will be acceptable for renewal. Up to a <i>maximum of 7 credits</i> will be granted.	
4 Instructor at a Massage Therapy School: 1.5 credits will be granted for each hour of teaching up to a <i>maximum of 7 hours</i> .	
5 Practical Examination (must be administered by a Nebraska Licensed Massage Therapy School). 3 credits will be granted.	
6 Massage School Training / College or University Coursework (resident/distance): 1 hour of training = 1 credit, 1 semester college credit hour = 15 credits, 1 quarter college credit = 10 credits, up to a <i>maximum of 7 credits</i> .	
7 National Examination: 7 credits will be granted for licensees who successfully pass the examination.	
9 Publication: 7 credits will be granted for an article published in a professional health related journal; a newsletter article or letter to the editor does not meet this requirement.	

TOTAL HOURS EARNED:

YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: To renew your license, you must have a valid Social Security #, or an Alien Registration #, or a Form I-94 # and you must answer the below stated questions. **Answer each of the following questions with regard to the time period since your last renewal; or if you were initially licensed after (11-1-09) answer the questions with regard to that time period.**

1	Enter your Social Security Number, Alien Registration Number, and/or I-94 Number? If you have both a SSN and an A# or I-94 number, enter both #s.	
	Social Security #	<input type="text"/>
	Alien Registration #	<input type="text"/>
	Form I-94 (Arrival-Departure Record) #	<input type="text"/>
<p>Alien or Non-Immigrant: If you are an Alien or Non-Immigrant, you must submit a copy of one of the following documents with this renewal application:</p> <p>a. A Green Card, otherwise known as an Alien Registration Receipt Card (Form I-551);</p> <p>b. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;</p> <p>c. A document showing an Alien Registration Number ("A#") – an Employment Authorization Card IS NOT acceptable; or</p> <p>d. A Form I-94 (Arrival-Departure Record);</p>		

If you answer NO to questions 2 - 3, you must provide an explanation.

2	Are you of good character?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are you mentally and physically capable of practicing your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer YES to any of questions 4-17, you must provide an explanation.

4	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	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
6	<p>Have you been convicted in any jurisdiction of a misdemeanor or felony?</p> <p>If you answer YES to this question, you must request the following documents be sent directly to this office:</p> <ul style="list-style-type: none"> • A list of any misdemeanor or felony convictions; • A copy of the court record, which includes charges and disposition; • 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; • 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 the probation officer addressing probationary conditions and current status, if the applicant is currently on probation. <p>NOTE: 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<p>Have you practiced your profession:</p> <ul style="list-style-type: none"> • Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct? 	<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
8	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<p>Do you hold a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services in another jurisdiction?</p> <p>If yes, has any credential been denied, refused renewal, or disciplined by another jurisdiction(s)? 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you been denied the opportunity to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	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
14	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	<p>Have you violated:</p> <ul style="list-style-type: none"> • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
17	Have you committed any acts of unprofessional conduct relating to the practice of your profession? (Refer to the practice act and regulations for your profession)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE: The information I have provided in this application to renew my credential is true, complete, and correct.

 _____

Signature **Date**

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

Phone: _____ Fax: _____

E-mail Address _____