Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2299

APPLICATION FOR REINSTATEMENT TO PRACTICE AS A PHYSICAL THERAPIST (Non-disciplinary Revocation, Expired, Inactive, Lapsed or Voluntary Surrender unrelated to Discipline)

(Please print or type application)

I hereby apply for the reinstatement of my license to practice as a physical therapist in the State of Nebraska and submit herewith the statutory fee of **$168.00**.

SECTION A – Personal Information: All applicants must complete this section. Section A 1 thru 2 is public information and will be displayed on the INTERNET at http://www.nebraska.gov/LISSearch/search.cig				
1	Legal Name	Last:	First:	Middle:
	Maiden Name	Name:	License number:	
2	Present Address	Street/Box/Route:		
		City:	State:	Zip:
3	Other Info	Other names you are known as:	Phone # : Optional	
		Email Address: Optional	Fax#: Optional	
Additional Information requested:				
4	Check the Appropriate Box(s):	☐ Social Security Number (SSN);	SSN#:	
		☐ Alien Registration Number ("A#"); or	A#:	
		☐ Form I-94 (Arrival-Departure Record) number	I-94#:	
	If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.			

SECTION B – Conviction and Licensure Information (all applicants must complete this section) 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.

Please answer each of the following questions with regard to the time period since your license was last **renewed**. 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.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking Action
1	Have you ever been convicted in any jurisdiction of a misdemeanor or felony?	☐	☐			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A copy of the Court Record, which includes charges and proof of completion:
- Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have 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;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

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

#	Question	Yes	No	State(s)/Jurisdiction(s)	Type of credential
2	Are you credentialed in any state or jurisdiction?	☐	☐	If yes, what States(s)/Jurisdiction(s) are you credential in?	What type of credential do you hold?

#	Question	Yes	No	Type of Credential	Date of Action	Name of Entity taking action
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had disciplinary measures taken against it?	☐	☐			

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

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

Section C – Practice Prior to Reinstatement: An individual who practices prior to 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 as a **Physical Therapist** in Nebraska since your license was placed on expired, inactive, non-disciplinary revocation, lapsed or following voluntary surrender unrelated to discipline?	☐ Yes ☐ No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location (address) and telephone number of the practice.	Number of days: _____
		Name of Business:
		Location/Address of Business
		Phone Number of Business:
3	Did you supervise a physical therapist assistant while your license was expired?	☐ Yes ☐ No

Section D - CONTINUING COMPETENCY REQUIREMENTS – PHYSICAL THERAPIST

1 To reinstate your physical therapist license you must successfully complete the Nebraska Law Tutorial. The Nebraska Law Tutorial is a free, online open book tutorial developed by the Physical Therapy Board for the purpose of assuring that all physical therapist understand the Physical Therapy Practice Act and the Regulations Relating to the Practice of Physical Therapy – 172 NAC 137. You must receive a score of $100%. The Physical Therapy Statutes and Physical Therapy Regulation are located online at:

http://www.dhhs.ne.gov/crl/statutes/Physical%20Therapy.pdf

http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-137.pdf

The NE Law Tutorial is located online at: http://www.dhhs.ne.gov/crl/rcs/pt/pt.htm

Have you completed the **NE Law Tutorial** with a score of 100%? ☐ Yes ☐ No

2 Physical Therapists are required to have completed at least twenty (20) hours of continuing education programs within the preceding twenty four months of this application.

In order for a learning experience to be accepted for renewal of a license or certificate, the learning experience must relate to physical therapy and it may focus on research, treatment, documentation, management, or education. Acceptable continuing education activities are:

1. Programs at State and National meetings which relate to the theory or clinical application of theory pertaining to the practice of physical therapy e.g., a meeting of the Nebraska Physical Therapy Association and/or the American Physical Therapy Association;
2. Formal education courses/presentations which relate directly to the theory or clinical application of theory pertaining to the practice of physical therapy. The instructor has specialized experience or training to meet the objectives of the course. The courses or presentations are formally organized and planned instructional experiences that have a date, location, course title, number of contact hours, signed certificate of attendance and are open to all licensees;
3. University sponsored courses relating to the theory or clinical application of theory pertaining to the practice of physical therapy;
4. Home study relating to the theory or clinical application of theory pertaining to the practice of physical therapy. Licensees may complete a maximum of ten hours of continuing education by home study each 24 month renewal period. The home study program must have a testing mechanism.
5. Management courses which relate to the theory or clinical application of theory pertaining to the practice of physical therapy. Licensees may complete a maximum of four hours of continuing education utilizing management courses each 24 month renewal period.
6. Videotapes or satellite programs must relate to the theory or clinical application of theory pertaining to the practice of physical therapy. Licensees may complete a maximum of ten hours of continuing education utilizing videotape presentations or satellite programs each 24 month renewal period. The programs must meet the following criteria: 1) There is a sponsoring group or agency; 2) There is a facilitator or program official present each time the videotapes or satellite programs are presented to monitor attendance of licensees;
7. Completion and publication of a scientific review of a research paper for a professionally recognized database as approved by the Board for example, APTA Hooked on Evidence, Physiotherapy Evidence Database (PEDro). A Licensee or certificate holder will be awarded a maximum of five hours each 24 month period. One contact hour will be awarded for each article published. Documentation must include a certificate of completion or a copy of the published review;

8. Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relates to physical therapy and is intended for an audience of health care professionals: A Licensees or certificate holders will be awarded a maximum of ten hours each 24 month period. These include:
   a. Primary author of an article in a non-refereed journal. Earn 5 hours per article: Documentation required – a copy of the article;
   b. Primary or secondary author of an article in a refereed journal. Earn 10 hours per article: Documentation required – a copy of the article;
   c. Primary, secondary or contributing author of a published textbook. Earn 10 hours per book: Documentation required – A copy of the title page;
   d. Primary or secondary author of a poster presentation. 5 hours per presentation: Documentation required – Letter of acknowledgement;
   e. Primary author of a home study course. Earn 5 hours per course: Documentation -Letter of approval;
9. Completion of the Jurisprudence Examination: Five hours of continuing education will be awarded for passing the Jurisprudence examination with a scaled score that is greater than or equal to 600; or
10. Completion of a residency and/or fellowship program approved by the American Physical Therapy Association: A Licensee or certificate holder will be awarded one hour for each month of participation. Documentation required – Letter verifying participation from the agency providing the program. The dates of participation must be included in the letter.
11. One hour credit will be awarded for each hour of scientific presentation by a licensee or certificate holder acting as an essayist or lecturer to licensed physical therapists and physical therapist assistants if the program relates to the theory or clinical application of theory pertaining to physical therapy: A licensee or certificate holder may receive continuing education credit for only the initial presentation during a renewal period, with a maximum of four hours of continuing education for presentations in a 24 month renewal period.

One hour of credit will be awarded for each hour of attendance. Credit will not be awarded for breaks, lunch, or dinner.

3	Waiver of Continuing Education: If you **have not** completed the continuing education requirement and wish to apply for a waiver of the twenty (20) hours of continuing education, please submit the documentation required for the waiver you checked below.	
	I AM REQUESTING A WAVIER continuing education hours. Check applicable reason(s) for waiver below:	☐ Yes ☐ No Number of hours: _____
	I have served full-time duty in the active military service of the United States, or a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration during part of the 24 months immediately preceding this licensure reinstatement application and request both my continuing education requirements and renewal fee be waived. (**You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption.**)	☐ Yes ☐ No
	I was first licensed within the twenty-four months immediately preceding the date of my application for reinstatement.	☐ Yes ☐ No
	I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately proceeding this reinstatement application. **(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 the certificate holder was unable to attend continuing education programs during that period.)**	☐ Yes ☐ No

SECTION E – YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Please answer each of the following questions with regard to the time period since your license was last **renewed**. If you answer YES to any of the following questions, you must provide an explanation.

1	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?		☐ Yes ☐ No
2	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?		☐ Yes ☐ No
3	Have you practiced your profession:	• Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
4	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?		☐ Yes ☐ No
5	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?		☐ Yes ☐ No
6	Have you been denied the right to take a Credentialing Examination?		☐ Yes ☐ No
7	Have you used untruthful, deceptive, or misleading advertising?		☐ Yes ☐ No

8	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?		☐ Yes ☐ No
9	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?		☐ Yes ☐ No
10	Have you invaded a field of practice for which you are not credentialed?		☐ Yes ☐ No
11	Have you violated:	• The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
12	Have you committed any acts of unprofessional conduct relating to the practice of physical therapy? (Refer to the practice act and regulations for physical therapy)		☐ Yes ☐ No

SECTION F – Attestation

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

Please check the appropriate box below:

☐ I am a citizen of the United States; or

☐ I am a qualified alien under the federal Immigration and Nationality Act. I have provided my immigration status and alien number and agree to provide a copy of my United States Citizenship and Immigration Services (USCIS) document upon request. I hereby attest that my response to 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.

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

Please check the appropriate box below:

☐ I am a citizen of the United States; or

☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act.; or

☐ I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act

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 38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of all such act(s);
5. I have completed 20 hours of acceptable continuing education within the preceding 24 months pursuant to 172 NAC 137 or have applied for a waiver of continuing education; and
6. I have successfully passed The Nebraska Law Tutorial with a score of 100%.

Print Name: _____

Signature: _____ Date: _____

NOTE:
If an applicant has practiced while his/her credential was revoked, expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Assess an administrative penalty, in which case a separate notice of opportunity for hearing will be sent to the applicant;
2. Deny the application to reinstate the credential;
3. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
4. Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

The Department will act within 150 days on all completed applications. The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.