



PHYSICAL THERAPIST RENEWAL NOTICE

DHHS – Licensure Unit, P.O. Box 94986 Lincoln, NE 68509
Telephone: (402) 471-2299

Your **PHYSICAL THERAPIST** credential **expires 11/01/2011**. To renew your credential, you must submit this notice and the renewal fee of \$133.00 to the Licensure Unit postmarked on or before 11/01/2011 to avoid expiration.

LICENSE # : _____

NAME: _____

ADDRESS: _____

box if name changed

box if address changed

Fees Check requested status below:

ACTIVE \$133.00

INACTIVE (No fee)

MILITARY WAIVER (No Fee) – see reverse side of this form

Make Payable to:
DHHS/Health Licensing
You will not receive a receipt

NAME & ADDRESS CHANGES: If your name or address has changed, check the appropriate box(s) above. 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 in our records.

ONLINE RENEWAL: You are encouraged to use the online renewal option for the quickest turnaround time in obtaining a renewed credential. To renew your credential on **online**, go to <https://nebraska.mylicense.com/>

- a. Register to access your renewal record, and follow the renewal directions; and
- b. Use a credit or debit card with the Visa or MasterCard logo to pay the renewal fee

INACTIVE: If you elect not to renew your credential, you may select Inactive status. Inactive means that you cannot practice as a physical therapist after the expiration date of your credential, but may represent yourself as having an inactive credential. You do not have to meet the continuing competency requirements to request Inactive status, but you must answer all questions, and sign and date your renewal. In order to move your credential from inactive to active status, you must complete an application to reinstate, pay the renewal fee in effect at the time you wish the status change and meet continuing competency requirements.

RENEWAL NOTICE: If you fail to meet the requirements for renewal on or before the date of expiration of your credential, or fail to place your credential on Inactive status, your credential 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 must apply to the department for reinstatement of the credential.

ADMINISTRATIVE PENALTY: 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 to avoid expiration. Any individual who practices as a physical therapist 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.

ALIEN OR NON-IMMIGRANT STATUS: If you are a qualified alien lawfully admitted into the United States or a non-immigrant lawfully present in the United States, you must submit evidence. Acceptable documentation:

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

CONTINUING COMPETENCY REQUIREMENTS – PHYSICAL THERAPIST

You must have completed at least twenty (20) hours of acceptable continuing education and have passed the Nebraska Law Tutorial between 11/02/2009 and 11/01/2011 for renewal of your credential.

WAIVER: Continuing competency requirements can be waived if you are in the Military or were first credential within the 24 months immediately preceding the expiration date of your credential. If you wish to apply for a waiver of the continuing competency requirement of twenty (20) hours of continuing education and the passing of the Nebraska Law Tutorial, please submit the documentation required for the waiver you checked below.

_____ **I AM REQUESTING A WAIVER** of _____ continuing education hours and the passing of the Nebraska Law Tutorial. Check applicable reason(s) for waiver below:

<input type="checkbox"/>	I have served in the regular armed forces of the United States during part of the twenty-four (24) months immediately preceding the renewal date and request my continuing competency requirements and renewal fee be waived. (You must provide a copy of your military identification of active service, official documentation of military orders, or a letter from your Commanding Officer to claim this exemption.)
<input type="checkbox"/>	I was first licensed within the twenty-four months immediately preceding the license renewal date of 11/01/2011.
<input type="checkbox"/>	I have suffered a serious or disabling illness or physical disability, which prevented completion of continuing competency during the twenty-four (24) months immediately preceding the licensure renewal date of 11/01/2011. (Submit a statement from a 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 obtain or complete continuing education hours during that period.) (This waiver requires review and approval by the Board of Physical Therapy.)

If you are requesting a waiver above, documentation (if required) 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.**

ACCEPTABLE CONTINUING EDUCATION HOURS:

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 (NE LAW) 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.

Nebraska Law Tutorial: You must have successfully passed the Nebraska Law Tutorial between 11/02/2009 through 11/01/2011. 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 and physical therapist assistant 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% and print your certificate for proof of completion.** The Physical Therapy Statutes, Physical Therapy Regulation and Nebraska Law Tutorial are located online at: <http://www.dhhs.ne.gov/crl/rcs/pt/pt.htm>

Proof of Continuing Competency:

If you are randomly selected for an audit to provide proof of continuing competency, you will be notified by mail at a later date. Retain all documentation of continuing competency activities that you completed for the renewal of your credential. **DO NOT** submit continuing competency documentation to this office unless they are requested.

YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: If you fail to answer any of the following questions, your renewal will not be processed and will be returned to you as incomplete. To renew your credential, you must have a valid social security #; an Alien Registration #; and/or a Form I-94 #. Answer each of the following questions with regard to the time period since your last renewal; or if you were initially licensed after 11/01/2009).

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 # _____ Alien Registration # _____ Form I-94 (Arrival-Departure Record) # _____	☐ Yes ☐ No
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.		
If you answer NO to questions 2, 3 and/or 4, you must provide an explanation.		
2	Are you of good character?	☐ Yes ☐ No
3	Have you met the continuing competency requirements for your profession and passed the Nebraska Law Tutorial or applied for a waiver of those requirements?	☐ Yes ☐ No
4	Do you have the mental and physical capacity to practice physical therapy?	☐ Yes ☐ No
If you answer YES to any of questions 5-18, you must provide an explanation		
5	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?	☐ Yes ☐ No
6	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	☐ Yes ☐ No
7	Have you been convicted in any jurisdiction of any misdemeanor or felony during this renewal period (11/02/2009 thru 11/01/2011) that has not been previously reported? If you answer YES to this question, you must request the following documents be sent directly to this office: <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. 	☐ Yes ☐ No
8	Have you practiced your profession: <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? 	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
9	Have you practiced physical therapy 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
10	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	☐ Yes ☐ No

11	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? If yes, provide the following information for each of each credential where you have been or are currently credentialed. Has any credential(s) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <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"> • 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
18	Have you committed any acts of unprofessional conduct relating to the practice of your profession? (Refer to the practice act and regulations for physical therapy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 and have successfully passed the Nebraska Law Tutorial within the 24 months prior to the expiration date of my license pursuant to 172 NAC 137; or have applied for a waiver of continuing competency.

Print Name: _____

Signature: _____

Date: _____