

DHHS, Licensure Unit  
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# ATHLETIC TRAINING RENEWAL NOTICE

**Important:**  
**Complete both sides of this renewal form. Form must be signed even if you are choosing Inactive status.**

<p>Your <b>Athletic Training credential expires on May 1, 2017</b>. THE RENEWAL FEE OF \$117 AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE <b>May 1, 2017 to avoid expiration of your credential and removal of authorization to practice</b>. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your credential expires.</p> <p>LICENSE # : _____</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p style="text-align: right;"> <input type="checkbox"/> Check box if name change  <input type="checkbox"/> Check box if address change         </p>	<p><b>Fees</b> Check requested status below:</p> <p><input type="checkbox"/> ACTIVE \$117.00</p> <p><input type="checkbox"/> INACTIVE (No fee)</p> <p><input type="checkbox"/> MILITARY WAIVER (No Fee) –see page 2</p> <p style="text-align: center;"><b>Make Payable to:</b>              DHHS/Licensure Unit              You will not receive a receipt</p>
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**INACTIVE** means that you cannot practice as an athletic trainer after the expiration date of your credential, but may represent yourself as having an inactive credential. You do not have to meet continuing competency requirements to request the Inactive Status. In order to change from inactive to active status you **MUST** contact this office for a reinstatement application and meet the requirements which are in effect at the time you are requesting the change.

1	<p>To renew your credential, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. Enter your number below. If you have both a SSN and an A# or I-94 number, you must report both. <b>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 purposes and to the Nebraska Department of Revenue.</b></p> <p>Social Security Number _____</p> <p>Alien Registration Number _____</p> <p>Form I-94 (Arrival-Departure Record) _____</p>																					
2	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between <b>May 2, 2015 and May 1, 2017?</b> If you answer <b>YES</b> to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> <li>A list of any misdemeanor or felony convictions;</li> <li>A copy of the court record, which includes charges and disposition;</li> <li>Explanation 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;</li> <li>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</li> <li>A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul> <p><b>NOTE:</b> If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential 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/credential discipline could result in disciplinary action.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
3a	<p>Have you held a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? List other licenses that you have.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:20%;">Name of State</th> <th style="width:20%;">Credential number</th> <th style="width:20%;">Type of credential</th> <th style="width:20%;">Issue date</th> <th style="width:20%;">Expired date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of State	Credential number	Type of credential	Issue date	Expired date																<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of State	Credential number	Type of credential	Issue date	Expired date																		
3b	<p>Has such credential been denied, refused renewal, or disciplined between <b>May 2, 2015 and May 1, 2017?</b> (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																				

**\*\* Do NOT submit continuing competency certificates to this office unless you are requested\*\***

**CONTINUING COMPETENCY REQUIREMENTS** You must have proof of current certification from the Board of Certification (BOC) or complete 25 hours of continuing education during the preceding 24 month period, May 2, 2015 – May 1, 2017 and hold a current cardiopulmonary (CPR) certificate from a nationally recognized organization that issues such certificates.

**I AM REQUESTING A WAIVER** of \_\_\_\_\_ continuing education hours. Check applicable reason(s) for waiver below:

<input type="checkbox"/>	I was first licensed within the twenty-four months immediately preceding the license renewal date.
<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 biennial licensure renewal date and request both my continuing education requirements and renewal fee be waived. <b>(You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders or a letter from Immediate Superior Officer to claim this exemption)</b>
<input type="checkbox"/>	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 preceding the licensure renewal date. <b>(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.)</b>
<input type="checkbox"/>	I had other circumstances beyond my control that prevented me from obtaining the required continuing competency requirements during this renewal period. (You must submit documentation verifying such circumstances.)

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.**

**PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (All Credential holders complete this section and must sign and date this form.)** For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check **ONLY ONE** of the boxes 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.

**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 of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; **or**
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; **or**
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; **or**
4. A Form I-94 (Arrival-Departure Record).

Your credential will **NOT** be renewed until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

**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 172 NAC 17-006. If you have committed any act(s), you must provide an explanation of all such act(s).
5. I have:
  - completed or will complete 25 hours of acceptable continuing education within this renewal period, May 2, 2015 through May 1, 2017 pursuant to 172 NAC 17 **and** hold a current CPR certificate; **or**
  - a current BOC Certification, **or**
  - applied for a waiver of continuing competency requirements.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_