

Reinstatement Information – Body Art:

If your license was disciplined, please contact the Licensure Unit for the appropriate application.

This application relates to a License which has:

- Been Revoked for non-payment;
- Expired;
- Been placed on Inactive status; or
- Lapsed

To reinstate your license, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #, or an Alien Registration #.
3. Be lawfully present in the U.S.
4. Have completed at least 2 hours of continuing education within 24 months of this application. Continuing Education must be in Bloodborne Pathogens (disease) training which includes infection control and sterilization; and requires an examination as a condition of training completion.
5. Pay the renewal and reinstatement fees. (see page 1 of the application).

If you reinstate your license at this time, the expiration date will be March 31st of the odd numbered year; at least 30 days prior to the expiration date, you will be sent a renewal notice notification of the need to submit a completed renewal application, the renewal fee payment and evidence of 2 hours of Bloodborne Pathogens (disease) training which includes sanitation, infection control & sterilization and requires an examination on or before the expiration date.

Notice:

If you practiced after the expiration date of your license and prior to reinstatement, you are subject to an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing body art (such as probation, limitation, censure, etc).

Additionally, if you committed any other violation of the statutes or regulations governing the practice, the Department may deny the application for reinstatement of the license or reinstate the license to active status and impose limitation(s) or other disciplinary actions on the license.

Questions:

If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-2117 or dhhslicensure2117@nebraska.gov



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117 dhhslicensure2117@nebraska.gov

Body Art
APPLICATION FOR REINSTATEMENT OF A
LICENSE TO PRACTICE
(Revoked, Expired, Placed on Inactive Status, or Lapsed)

FEES: These fees apply to each license that you are requesting reinstatement

- Body Brander Body Piercer
- Tattoo Artist Permanent Color Technician

~~YEAR~~	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$64.50	\$64.50	\$64.50
Odd Numbered Year	\$64.50	\$64.50	\$64.50	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153

You must submit the fee for the month above. Make payable by check or money order to "Licensure Unit."

Applicants must complete ALL sections of this application

SECTION A PERSONAL INFORMATION All applicants must complete this section

NOTE: All mailings will be sent to the address you indicate below if you change your address, you MUST advise this office.

Cosmetology Lic #:		Date of Birth:	
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Legal Name:	First:	Middle/MI:	Last:
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Maiden Name:	Name:	Other Names you are known as (AKA):
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Mailing Address:	Street/PO/Route:		
<input type="checkbox"/>			
Check this box if NEW address	City:	State or Country:	Zip:

To reinstate your license, you must have a valid Social Security Number, Alien Registration Number, and/or I 94 Number.

1	Enter your Social Security Number and Alien Registration Number. If you have both a SSN and A#, you must report both.	SSN#
		A#

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 as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.

SECTION B CONVICTION AND LICENSURE INFORMATION

Failure to disclose convictions or disciplinary action, could result in disciplinary action. 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.

2	<p>Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since your initial license if such was within the past 24 months). If you answer YES to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> • A copy of the court record, which includes charges and disposition; • 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; • 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 you are currently on probation; <p>List below any misdemeanor or felony convictions</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Type of Crime</th> <th style="width: 20%;">Date of Action</th> <th style="width: 45%;">Name of Court/Entity Taking action</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Type of Crime	Date of Action	Name of Court/Entity Taking action							<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Crime	Date of Action	Name of Court/Entity Taking action									

NOTE: 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 the Department’s Investigative Office within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125) <http://www.dhhs.ne.gov/reg/investi.htm> or you may request a reporting form by telephone at **402-471-0175**.

Licensure Information:

The following questions relate to a license/certificate/registration that you currently **hold or have held** to provide health related services in a state/jurisdiction **other** than Nebraska.

		Yes	No		
2	Do you hold or have you held a license in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?
	If you answer 'yes' to this question, you <u>must</u> respond to question 2a				
2a	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action
	If you answered YES to this question, you must submit Official Documents from the State Board in which the disciplinary action was taken.				Name of Entity taking Action
3	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:	

