

Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, NE 68509
 Telephone: (402) 471-2117
 DHHS.Licensure2117@nebraska.gov

Renewal Notice Body Art License(s)

(2-YEAR RENEWAL)

YOUR LICENSE EXPIRES 3/31/2017. To renew your license, you must submit this notice and fee to the Licensure Unit **POSTMARKED ON OR BEFORE 3/31/2017 TO AVOID EXPIRATION.**

License #: _____

Name:	
Address:	
City:	
State/Zip:	

ACTIVE \$118
 INACTIVE No Fee
 (See definition below)

MILITARY WAIVER \$0
 (No Fee)

Make fee payable to:
LICENSURE UNIT

**If you hold more than 1
 license you can submit 1
 check/money order for all
 licenses.**

ADDRESS & NAME CHANGES:

Check this box if your address has changed. 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 on our records.

License: Check renewal status for each license that you hold (There is a separate fee for each license type):

Body Piercer	Brander	Permanent Color Tech	Tattoo Artist
<input type="checkbox"/> ACTIVE \$118	<input type="checkbox"/> ACTIVE \$118	<input type="checkbox"/> ACTIVE \$118	<input type="checkbox"/> ACTIVE \$118
<input type="checkbox"/> INACTIVE No Fee (See definition below)	<input type="checkbox"/> INACTIVE No Fee (See definition below)	<input type="checkbox"/> INACTIVE No Fee (See definition below)	<input type="checkbox"/> INACTIVE No Fee (See definition below)
<input type="checkbox"/> MILITARY WAIVER \$0 (No Fee)	<input type="checkbox"/> MILITARY WAIVER \$0 (No Fee)	<input type="checkbox"/> MILITARY WAIVER \$0 (No Fee)	<input type="checkbox"/> MILITARY WAIVER \$0 (No Fee)

INACTIVE: If you do not wish to renew your license, you may select Inactive Status which is a non-practicing license. You do not have to take continuing competency hours to be on Inactive Status. To change from inactive to active status, you must request a reinstatement application from this office and meet the reinstatement requirements which are in effect at the time the status change is requested (reinstatement fee is \$153).

IF YOU FAIL TO COMPLETE ANY SECTION (INCLUDING THE BACK SIDE) OF THIS RENEWAL FORM, IT WILL BE RETURNED TO YOU AND IT MUST BE RESUBMITTED AND POSTMARKED BY THE EXPIRATION DATE. If you do not renew on or before 3/31/2017, or fail to place your license on Inactive Status, it will expire without further notice or hearing, and you **will not** be able to practice. Licenses not renewed by 3/31/2017 must be reinstated by requesting a reinstatement application from our office (reinstatement fee is \$153).

ADMINISTRATIVE PENALTY: This is the ONLY notice you will receive. **AN INDIVIDUAL WHO PRACTICES BODY ART AFTER THE EXPIRATION OF HIS/HER LICENSE 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 license.


ALL LICENSEES MUST COMPLETE THE FOLLOWING:

1	To renew your license, 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.											
	Social Security Number:											
	Alien Registration Number:											
	Form I-94 (Arrival-Departure Record):											
2	Were you convicted of a misdemeanor or felony in any state/jurisdiction between 4/1/2015 and 3/31/2017 ? If you answer YES to this question, you must submit the following documents to the Licensure Unit:		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	<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; List below any misdemeanor or felony convictions											
	<table border="1"> <thead> <tr> <th>Type of Crime</th> <th>Date of Action</th> <th>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							
Type of Crime	Date of Action	Name of Court/Entity Taking action										
3	A. Have you held or do you hold a license that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "No" to A, answer "No" to B)		<input type="checkbox"/> Yes <input type="checkbox"/> No									
	B. If yes, has such license been denied, refused renewal, or disciplined? (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									

CONTINUING COMPETENCY:

Licensees are required TO COMPLETE at least 2 hours of Bloodborne Pathogens (disease) training which includes sanitation, infection control & sterilization and requires an examination as a condition of training completion.

The examination must include questions relating to: <ol style="list-style-type: none"> Sanitation. Safety (including emergency procedures). Infection control including cross contamination and barrier control. Sterilization including use of an autoclave. 	The training may be obtained through any of the following: <ol style="list-style-type: none"> Nationally accredited organization. Local government sponsored. Hospital or College sponsored. OSHA (Occupation and Safety Hazards Act) sponsored. Red Cross.
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 **You must list below at least 2 hours of Bloodborne Pathogens (disease) training earned between April 1, 2015 through March 31, 2017 or request a waiver (if applicable).**

Training Name	Training Was Provided By	Training Location (City, State)	Training Date	Hours

WAIVER: If you have not completed the required at least 2 hours of Bloodborne Pathogens (disease) training but qualify for a waiver, check the appropriate box below and submit the required documentation.

CE Waiver Request:

<input type="checkbox"/>	Military: After 3/31/2015 I have served full-time duty in the active military service of the United States, 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. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements. You must submit verifying documentation.
<input type="checkbox"/>	First Licensed: I was first licensed after 3/31/2015. If you met this waiver, you are not required to meet the continuing education requirement, but you must pay the fee.
<input type="checkbox"/>	Illness/Disability: I have suffered a serious or disabling illness or physical disability which prevented completion of the continuing education requirements during the 24 months preceding the license renewal date. (Submit a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education programs during this period.)

ATTESTATION and SIGNATURE

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check only **ONE** of the boxes below): **I attest that:**

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005. (i.e.: DACA, pending asylum, pending refugee, etc.)

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

NOTE: If you have any criminal charges or license disciplinary actions pending that result in misdemeanor or felony 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/credential discipline could result in disciplinary action.

If you wish to print a wallet card or check your renewal status, you can go to the License Look up at <http://www.nebraska.gov/LISSearch/search.cgi> click on the box labeled 'individual search' and then enter your license # and profession. From this screen you will be able to generate a wallet card!