



N E B R A S K A

Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, NE 68509
 Telephone: (402) 471-4359 or inna.karpyuk@nebraska.gov

Body Art Renewal Notice

THIS IS THE ONLY NOTICE YOU WILL RECEIVE
(2-YEAR RENEWAL)

YOUR LICENSE EXPIRES 3/31/2015. To renew your license, you must submit this notice and fee to the Licensure Unit **POSTMARKED ON OR BEFORE 3/31/2015 TO AVOID EXPIRATION.**

License # _____

NAME (FIRST/MIDDLE/LAST)	
ADDRESS	
CITY/STATE/ZIP	

License

Check Requested Status:

- ACTIVE
- Tattoo Artist \$118
 - Body Piercer \$118
 - Permanent Color Tech \$118
 - Brander \$118

INACTIVE No Fee
 (See definition below)

MILITARY WAIVER
 No Fee

Make fee payable to:
LICENSURE UNIT

(you will NOT receive a receipt)

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out incorrect information and print correction. **FOR NAME CHANGES**, you must submit a copy of marriage certificate, divorce decree, court order, etc., to provide proof of legal name. If not submitted, the license will be issued in the name as printed above.

Access to Licensure Information: Since licensure Information is public, it can be accessed at <http://www.nebraska.gov/LISSearch/search.cgi>

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 3/31/2015, 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 3/31/2015 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.

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 contact this office for an application and meet the reinstatement requirements which are in effect at the time the status change is requested.

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 jurisdiction between April 1, 2013 and March 31, 2015? If you answer YES to this question, you must submit the documents to the Licensure Unit: <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 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; 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	Have you held a license that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "No" to 3a, answer "No" to 3b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	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

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.

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: 1. Sanitation. 2. Safety (including emergency procedures). 3. Infection control including cross contamination and barrier control. 4. Sterilization including use of an autoclave.	The training may be obtained through any of the following: 1. Nationally accredited organization. 2. Local government sponsored. 3. Hospital or College sponsored. 4. OSHA (Occupation and Safety Hazards Act) sponsored. 5. Red Cross.
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 **You must list below at least 2 hours of Bloodborne Pathogens (disease) training earned between April 1, 2013 through March 31, 2015 or request a waiver (if applicable). You must ALSO attach a copy of your certificate of training.**

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.

<input type="checkbox"/>	I received my initial license in Nebraska on or after April 1, 2013.
<input type="checkbox"/>	I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the licensure renewal date. (Official documentation stating dates of service MUST BE ATTACHED)

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: ALL licensees must complete this section and this form must be signed and dated.

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 of lawful presence (relating to Alien or Non-immigrant) 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; and
3. I am of good character

 _____
Signature _____
Date

Please Print Your Name: _____

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

Phone: _____ Fax: _____ E-mail Address _____