

RENEWAL NOTICE

APRN-Certified Nurse Midwife

EXPIRES 10/31/2016

License Information:

Your renewal application and fee (if applicable) must be **POSTMARKED ON OR BEFORE 10-31-2016 to avoid expiration of your license. If you practice after the expiration date**, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.

License #:	
Legal Name:	
Address: <input type="checkbox"/> Check if this is a NEW Address	
City/State/Zip:	
To renew your license, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. Enter all numbers you hold below.	
Social Security Number	
Alien Registration Number	
Form I-94 (Arrival-Departure Record)	

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.

YOU MUST CHECK A BOX BELOW:

- ACTIVE \$68.00
 INACTIVE (no fee required)
 MILITARY WAIVER (no fee required)

Make payable to:

DHHS
 Licensure Unit

(You will not receive receipt)

NAME CHANGES: If your name has changed, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the license will be issued in the name currently listed on your license.

ONLINE LICENSE RENEWAL: You may renew your license online at <https://nebraska.mylicense.com/>. To register online you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

INACTIVE STATUS: If you choose not to renew your license, you may select Inactive Status. Inactive means that you may represent yourself as having an inactive license. 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.

Primary State of Residence:

Nebraska is a member of the Nurse Licensure Compact for RN and LPN licensure. As a condition of licensure in a compact state, you are required to declare your primary state of residence.

You MUST declare your primary state of residence during EACH renewal. This state is referred to as your home state under the Nurse Licensure Compact and means that it is your declared fixed permanent and principal home for legal purposes and is your domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc.

MY CURRENT PRIMARY STATE OF RESIDENCE IS: _____ **(Name of State)**

____ I am employed exclusively in the US Military (Active Duty) or with the US Federal Government and am requesting a single state license regardless of my primary state of residence.

Conviction/Discipline Questions:

1	Were you convicted of a misdemeanor or felony in any state/jurisdiction between 11/01/2014 and 10/31/2016? If you answer YES to this question, you must submit the following 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
2a	Have you held a credential that was issued by another state/jurisdiction(s) to provide health-related services or environmental services? (If you answer NO to 2a, answer NO to 2b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b	Has this license been denied, refused renewal, or disciplined between 11/01/2014 AND 10/31/2016? (If "YES", please provide a list of any disciplinary actions taken against your license and a copy of the disciplinary action(s).)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions:

I currently hold an Active Registered Nurse License in the State of Nebraska or an active multi-state RN license in another compact state.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold current national certification approved for licensure in Nebraska.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continuing Education (CE): Do NOT submit CE Certificates to this office unless they are requested

You **MUST** have **completed education, between 11/01/2014 AND 10/31/2016** in order for your license to be renewed to ACTIVE status (not required if you request inactive status) or be eligible for a waiver. **Please check ONE of the following:**

<input type="checkbox"/>	WAIVER: I received my Nebraska license within the past 24 months (first issued after 11/1/2014). If you first received your license less than 24 months ago, you are not required to meet the continuing education requirement.
<input type="checkbox"/>	I hold a letter of reference from a licensed practitioner or an APRN-CNM stating that I am currently competent to practice as an APRN-CNM and that they base this statement on observance of my having at least 850 hours of practice as an APRN-CNM within the last two years (between 11/01/2014 and 10/31/16).
<input type="checkbox"/>	I hold a letter of reference from a licensed practitioner or an APRN-CNM stating that I am currently competent to practice as an APRN-CNM and that they base this statement on observance of my having at least 2080 hours of practice as an APRN-CNM within the last five years (between 11/01/2011 and 10/31/2016).
<input type="checkbox"/>	MILITARY WAIVER: After 10/31/2014 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 copies of your active service papers.

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check 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 am a nonimmigrant lawfully present in the United States.

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.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will NOT be renewed until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

Signature and Application Attestation: I attest that:

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

Print Name: _____ Signature: _____ Date: _____

Phone/Fax (Optional): _____ E-mail (Optional): _____

NOTE: If you have any criminal charges or license disciplinary actions pending that result in a misdemeanor or felony conviction or license discipline, you must report these to the Investigative Unit within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/license discipline could result in disciplinary action. Report to: www.dhhs.ne.gov/Pages/reg_investi.aspx

Disaster Response Volunteers Needed: In an emergency event, your skills and abilities could be in great demand. The State of Nebraska Medical and Health Volunteer registry allows you to register as a healthcare volunteer before disaster strikes. This secure system allows disaster response officials to quickly identify those healthcare professionals necessary to meet the needs of a disaster or emergency situation. Your professional skills can then best be put to use in a coordinated and efficient manner, while granting you additional legal protection under the Nebraska Emergency Management Act (see Neb. Rev. Statute 81-829.36).

Registration only takes a moment and does not obligate you to respond to any future disasters; instead, registration allows you to be contacted for your availability during a local, state, or national emergency. Saving lives in an effective response to an emergency or disaster often depends on quickly identifying and contacting volunteer healthcare professionals such as yourself who have the specific skills necessary to care for people who are injured or ill. Please take a moment to register at: <https://volunteers.ne.gov/ESAR-VHP/faces/jsp/login.jsp>