

Certified Social Worker Renewal Notice

Your **Certified Social Work credential EXPIRES September 1, 2012**. THE RENEWAL FEE OF **\$125.00** AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE **September 1, 2012** to avoid expiration of your credential and removal of authorization to represent yourself as a social worker. An administrative penalty of \$10 per day up to \$1,000 will be assessed for representation as a social worker after your credential expires.

2-Year Renewal

Name: (First, Middle, Last)	
Address:	
City, State, Zip:	
Social Work Certificate Number:	

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

YOU MUST CHECK A BOX BELOW:

ACTIVE \$125
 INACTIVE (no fee required)
 MILITARY WAIVER (no fee required)

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

Make check payable to: DHHS – Licensure Unit **(you will not receive a receipt)**

You must respond to the following questions:

1	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. <small>Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHSs may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</small>	
	Social Security Number	
	Alien Registration Number	
	Form I-94 Number (Arrival-Departure Record)	
2	Were you convicted of a misdemeanor or felony in any jurisdiction between September 1, 2010 and September 1, 2012 . 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 credential 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 credential been denied, refused renewal, or disciplined between September 1, 2010 and September 1, 2012? (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 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. www.dhhs.ne.gov/Pages/req_investi.aspx

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

CONTINUING EDUCATION (CE): You **MUST** have completed 32 hours of acceptable continuing education, or have met one of the waivers, between September 1, 2010 and September 1, 2012 in order for your credential to be renewed to ACTIVE status (not required if you request inactive status).

<input type="checkbox"/>	I have met or will meet the continuing competency requirements on or before SEPTEMBER 1, 2012 .
--------------------------	--

Waiver Request:

<input type="checkbox"/>	Military: I have served full-time duty in the active military service of the United States, or 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 during part of the 24 months immediately preceding the biennial credential renewal date. (You MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
<input type="checkbox"/>	First Credentialed: I was first credentialed within the twenty-four (24) months immediately preceding the credential renewal date. Date Issued: _____
<input type="checkbox"/>	Illness/Disability: I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the certification renewal date. (Attach a statement from treating physician(s) stating that the certificate holder was 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.)
<input type="checkbox"/>	Non-Practice: I hold a Nebraska certificate but am not engaged in social work.
<input type="checkbox"/>	Legal Resident of Another State...: I am a legal resident of another state, territory, or the District of Columbia and have not practiced social work in the State of Nebraska since my credential was issued or last renewed.

Continuing Education criteria is listed below:

Academic Credit

- 1 semester hour of academic credit = 15 continuing education credit hours.
- 1 semester hour credit audited = 8 hours of continuing education.
- 1 quarter hour of academic credit = 10 continuing education credit hours.
- 1 quarter hour credit audited = 5 hours of continuing education.
- 1 trimester hour of academic credit = 14 continuing education credit hours.
- 1 trimester hour credit audited = 7 hours of continuing education.

Home Study Programs may accumulate up to 20 hours of continuing education per renewal period.

Publications written by the licensee and published in a refereed professional journal or book may accumulate up to 20 hours of continuing education per renewal period.

Teaching a college/university course are calculated the same as academic credit; a licensee or certificate holder may accumulate up to 30 of the 32 hours per renewal period.

Dissertations may accumulate up to 32 hours of continuing education per renewal period.

Educational/Training Videos may accumulate up to 10 hours of continuing education within a renewal period utilizing educational/training videos.

Workshop/Seminar/Lecture, etc 1 continuing education hour or credit = 60 minutes of participation, for each fraction of an hour, record in 15 minute increments (i.e.: 1.25, 1.5, 1.75). Workshop presenters may receive credit for the initial presentation only.

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (All Credential holders must complete this section and **sign/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; and
3. I am of good character

Print Name: _____ Signature: _____ Date: _____

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