



Department of Health and Human Services
 Division of Public Health - Licensure Unit
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CHIROPRACTIC RENEWAL NOTICE

Your **Chiropractic** credential **EXPIRES August 1, 2016**. THE RENEWAL FEE OF \$144 and THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE **August 1, 2016 to avoid expiration of your credential and removal of authorization to practice**. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your credential expires.

NAME & ADDRESS CHANGES:

If your name or address has changed, check the appropriate box(s) below. For name change, 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 of record. Check box if name changed Check box if address changed

LICENSE # _____

NAME: _____

ADDRESS: _____

YOU MUST CHECK A BOX BELOW:

- ACTIVE \$144.00
 INACTIVE (No fee)
 MILITARY WAIVER (No Fee)

2-YEAR RENEWAL

Make check Payable to:
 DHHS - Licensure Unit
 You will not receive a receipt

INACTIVE STATUS: If you elect not to renew your credential, you may select Inactive Status. Inactive means that you cannot practice after the expiration date of your license, but may represent yourself as having an inactive license. You do not have to meet the continuing competency requirements to request inactive status. You must sign and date this renewal form. To change from inactive to active status, you must complete a reinstatement application, pay the renewal fee, and meet the requirements in effect at the time of application.

1	<p>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. 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 and to the Nebraska Department of Revenue.</p> <p>Social Security Number _____ Alien Registration Number _____ Form I-94 (Arrival-Departure Record) _____</p>	
2	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between August 2, 2014 and August 1, 2016? If you answer YES to this question, you must submit the documents to the Licensure Unit:</p> <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; <p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	<p>Have you held a credential that was issued between August 2, 2014 and August 1, 2016 by another jurisdiction(s) to provide health services, health-related services, or environmental services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	<p>Has such credential been denied, refused renewal, or disciplined between August 2, 2014 and August 1, 2016? 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I AM REQUESTING A WAIVER of _____ continuing education hours. Check applicable reason(s) for waiver below:

<input type="checkbox"/>	<p>Initial License: I was first licensed within the twenty-four (24) months immediately preceding the license renewal date. (ONLY CREDENTIAL NUMBERS 1809 OR HIGHER QUALIFY FOR THIS WAIVER)</p>
<input type="checkbox"/>	<p>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 licensure renewal dated (08/02/2014 to 08/01/2016). (You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders or Military Identification Card to claim this</p>

Illness/Disability: I have suffered a serious or disabling illness or physical disability during the credentialing period immediately preceding the renewal date, which prevented completion of the continuing competency requirements. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during that period.)

CONTINUING COMPETENCY REQUIREMENTS: You must have completed thirty six (36) hours of continuing education between **August 2, 2014** and **August 1, 2016** for renewal of your license. The thirty-six (36) hours must include eight (8) mandatory hours which may **not** be obtained by completing formal self-study. The eight hours of mandatory continuing education must include:

1. **Four** hours related to technical skills in one or a combination of the following categories:
 - Continuing education designed to enhance the practitioner's technical and clinical skill related to x-ray physics, quality control, x-ray production, and interpretation of diagnostic imaging; and/or
 - Continuing education designed to enhance the practitioner's skill in utilizing chiropractic adjustive techniques.
- AND**
2. **Four** hours related to practice issues in one or a combination of the following categories:
 - Continuing education pertaining to HIV/AIDS, infectious diseases and related conditions as they relate to chiropractic;
 - Continuing education designed to enhance the practitioner's awareness of gender sensitivity and sexual harassment issues. These programs are commonly referred to as boundary training;
 - Continuing education related to the chiropractic scope of practice in the State of Nebraska. The programs must include adopted practice guidelines and practice law specific to Nebraska only;
 - Continuing education designed to enhance the practitioner's skill related to ordering laboratory tests and interpreting information from laboratory tests.
 - Continuing education designed to enhance the practitioner's skill in performing physical, neurological, and orthopedic examination procedures as they relate to chiropractic practice;
 - Continuing education related to prevention of fraud, system set-ups, coding, quality control, and standards of practice;
 - Continuing education pertaining to the provision of rehabilitative care as it relates to chiropractic practice;
 - Continuing education related to practice ethics as recognized by state or national associations; and
 - Continuing education related to the use of unlicensed personnel.

Licensees may complete a maximum of 6 hours of continuing education by self-study each 24 month renewal period. The self-study program must have a testing mechanism scored by the provider of the self-study activity

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

ATTESTATION: All credential holders must complete this section and sign and 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 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;
3. I am of good character;
4. I have met or will meet the continuing competency requirements on or before August 1, 2016.

Print Name: _____

Signature: _____ Date: _____

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

Phone (optional): _____ E-mail (optional): _____