



Department of Health and Human Services
 Division of Public Health
 Licensure Unit
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299

APPLICATION FOR REINSTATEMENT TO PRACTICE CHIROPRACTIC Expired, Placed on Inactive Status, Lapsed, or Voluntary Surrender

(Please print or type application)

I hereby apply for reinstatement of my license to practice Chiropractic in the State of Nebraska and submit the required fee of \$179.

Prorated Fee: If your license is reinstated within 180 days of the expiration date of August 1st of even-numbered years, the fee is prorated and is **\$71.00**.

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even	\$179	\$71	\$71	\$71	\$71	\$71	\$71	\$179	\$179	\$179	\$179	\$179
Odd	\$179	\$179	\$179	\$179	\$179	\$179	\$179	\$179	\$179	\$179	\$179	\$179

All licenses expire August 1st of even-numbered years. Make your check payable to the **Licensure Unit**.

SECTION A - Personal Information: (All applicants for registration must complete this section.) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISearch/search.cgi>**

NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office.

1.	Legal Name:	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other names you are known as (AKA)	
2.	Present Address	Street/Box/Route:		
		City:	State:	Zip:
3.	License number:			
4.	Phone #: (optional)			
	Fax (optional)			
	E-mail (optional)			
Additional information requested:				
5.	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#");	A#	
If you have both a SSN and an A#, you must report both. <u>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.</u>				

SECTION B – Conviction and Licensure Information (all applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Please answer each of the following questions with regard to the time period since your license was last renewed.

Answer each of the following questions submit the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1.	Have you ever been convicted in any jurisdiction of any misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must submit the following documents with your application:

- Copy of the court record(s), which includes charges and disposition;
- Written explanation of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);
- All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.

The following questions relate to a credential that you hold or have held in health services, health related services or environmental services in Nebraska or another jurisdiction.

		Yes	No		
1.	Are you or have you been credentialed in any state or jurisdiction? (Current, inactive or expired credentials must be listed)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?
2.	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential Action	Date of Action
					Name of Entity taking Action

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- **Certification of your credential in another state**
- **Official Documents from the State Board in which the disciplinary action was taken**

YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Please answer each of the following questions with regard to the time period since your license was last renewed. If you answer **YES** to any of the following questions, you must provide an explanation.

1.	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice chiropractic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you practiced chiropractic : <ul style="list-style-type: none"> • Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you practiced chiropractic while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you violated:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act? 	
12.	Have you committed any acts of unprofessional conduct relating to the practice of chiropractic? (Refer to the practice act for chiropractic)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C – Practice Prior to Reinstatement: An individual who practices prior to reinstatement of a credential 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 credential.

1.	Have you practiced Chiropractic in Nebraska since your license was placed on expired, inactive, non-disciplinary revocation, lapsed or following voluntary surrender unrelated to discipline?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If yes, what is the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice.	# of days: _____
		Name of business: _____
		City/State/Zip code _____
		Phone number of business: _____

SECTION D – CONTINUING COMPETENCY – CHIROPRACTIC

You must have completed thirty-six (36) hours of continuing education in the preceding twenty-four (24) months for reinstatement of your license. The thirty-six (36) hours include **eight (8)** mandatory hours. 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:
 - a. 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
 - b. 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:
 - a. Continuing education pertaining to HIV/AIDS, infectious diseases and related conditions as they relate to chiropractic;
 - b. 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;
 - c. 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;
 - d. Continuing education designed to enhance the practitioner's skill related to ordering laboratory tests and interpreting information from laboratory tests;
 - e. Continuing education designed to enhance the practitioner's skill in performing physical, neurological, and orthopedic examination procedures as they relate to chiropractic practice;
 - f. Continuing education related to prevention of fraud, system set-ups, coding, quality control, and standards of practice;
 - g. Continuing education pertaining to the provision of rehabilitative care as it relates to chiropractic practice;
 - h. Continuing education related to practice ethics as recognized by state or national associations; and
 - e. Continuing education related to the use of unlicensed personnel.

The remainder of the hours must be in other acceptable continuing education. In order for a continuing education activity to be accepted for reinstatement of a license, the continuing education activity must relate to the practice of chiropractic. A continuing education activity will be acceptable when:

1. It constitutes a formally organized and planned program of learning which directly contributes to the professional competency of the licensee;
2. The objectives of the continuing education activity relate to the practice of chiropractic;
3. It has a date, location, course title, number of contact hours, and signed certificate of attendance and is open to all licensees;
4. The instructor has specialized experience or training to meet the objectives of the course;
 - a. The presenter of any course on interpreting diagnostic imaging must be:
 - (1) A Diplomate of the American Chiropractic Board of Radiology or its equivalent; or
 - (2) Have five year's experience in teaching diagnostic imaging.
5. It is no more than eight hours in length.

Licensees may complete a maximum of 6 hours of continuing education by self-study each 24 month period. The self-study program must have a testing mechanism scored by the provider of the self-study activity. The **mandatory** continuing education hours pursuant to 172 NAC 29-008.01, item 2 **may not** be obtained by completing formal self-study activities.

WAIVER OF CONTINUING COMPETENCY: If you have not completed the continuing competency requirements and wish to apply for a waiver of the continuing competency requirements please complete the information below. If you have completed part of the required continuing education hours, please submit documentation of these hours with the documentation required for the waiver you checked below.

<input type="checkbox"/>	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 reinstatement application. (You <u>MUST</u> provide official documentation of Armed Forces Service, such as Active Duty Orders or Military Identification Card to claim this exemption. If you meet this exemption, you are not required to pay the renewal fee.)
<input type="checkbox"/>	Initial License: I was first licensed within the twenty-four months immediately preceding the date of my application for reinstatement.
<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 licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period.)

Documentation (if requested above) must be provided to support your request for waiver of continuing education. If the specified documentation is not submitted, review and processing of your license reinstatement cannot occur.

SECTION E – 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; **OR**
- I am a nonimmigrant lawfully present in the United States; **OR**
- 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:

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

Print Name: _____

Signature: _____ Date: _____

If an applicant has practiced while his/her credential was expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Assess an administrative penalty, in which case a separate notice of opportunity for hearing will be sent to the applicant;
2. Deny the application to reinstate the credential;
3. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
4. Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

The Department will act within 150 days on all completed applications. The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act