

Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Phone: 402-471-2299 Fax: 402-742-1152
 E-mail: DHHS.Rehaboffice@nebraska.gov

CHIROPRACTIC RENEWAL NOTICE

Your **Chiropractic** credential **EXPIRES August 1, 2018**. THE RENEWAL FEE OF \$144 and THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE August 1, 2018 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.

- Check box if name changed
- Check box if address change

LICENSE #:

NAME (First/Last):	<input style="width: 95%; height: 20px;" type="text"/>
ADDRESS:	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>
	<input style="width: 95%; height: 20px;" type="text"/>

NAME & ADDRESS CHANGES:

If your name or address has changed, check the appropriate box(s) above. 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.

Fees: Check requested status below:

- ACTIVE \$144
- INACTIVE (No Fee)
- MILITARY WAIVER (No Fee)

Make check payable to:

DHHS – Licensure Unit
 (You will not receive a receipt)

You can print your renewed wallet card at the following website:
<https://www.nebraska.gov/LISSearch/search.cgi>.
 Please allow five (5) business days for processing before checking the website.

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.

YOU MUST ANSWER THE FOLLOWING QUESTIONS: If you fail to answer these questions, your renewal will **not** be processed and will be returned to you as incomplete. Answer each of the following questions with regards to the time period since your last renewal or since you were licensed in Nebraska.

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.**

Social Security Number:	<input style="width: 70%; height: 20px;" type="text"/>
Form I-94 (Arrival – Departure Record):	<input style="width: 70%; height: 20px;" type="text"/>
Alien Registration Number:	<input style="width: 70%; height: 20px;" type="text"/>

<p>1. Were you convicted of a misdemeanor or felony in any jurisdiction between August 2, 2016 and August 1, 2018? If you answer YES to this question, you must submit the following 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; • 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. 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2. Have you held a credential that was issued between August 2, 2016 and August 1, 2018 by another jurisdiction(s) to provide health services, health-related services, or environmental services?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>3. Has such credential been denied, refused renewal, or disciplined between August 2, 2016 and August 1, 2018? 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

4. Continuing Education: Have you completed at least thirty-six (36) hours of continuing education, between August 2, 2016 and August 1, 2018? (If no, you must meet one of the three waivers listed on page 2.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<input type="checkbox"/> I AM REQUESTING A WAIVER of _____ continuing education hours. Check applicable reason(s) for waiver below:
<input type="checkbox"/> Initial License: I first received my license within the past twenty-four (24) months (first issued on or after 08/2/2016). If you first received your license less than 24 months ago, you are not required to meet the continuing education requirement, but you must pay the fee. (ONLY CREDENTIAL NUMBERS 1904 OR HIGHER QUALIFY FOR THIS WAIVER)
<input type="checkbox"/> Military: On or after 8/2/2016, 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 thirty (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 provide official documentation of Armed Forces Service, such as Active Duty Orders or Military Identification Card to claim this.)
<input type="checkbox"/> Illness/Disability: On or after 8/2/2016, circumstances beyond my control have prevented me from meeting the continuing education 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, 2016 and August 1, 2018** 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 (8) hours of mandatory continuing education must include:

1. **Four** (4) 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** (4) 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 six (6) hours of continuing education by self-study each twenty-four (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 <u>Neb. Rev. Stat. §§ 38-129</u> , I attest as follows:	
Please check only one of the boxes below:	
<input type="checkbox"/> I am a citizen of the United States;	
OR	
<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)	
YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL	
<input type="checkbox"/> I am a non-immigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)	
YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL	
<input type="checkbox"/> 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. YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL. 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. (i.e.: DACA, pending asylum, pending refugee, etc.)	
Signature and 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;	
Print Name: _____	
Signature: _____	
Date: _____	