NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES
Division of Public Health
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986

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Email: DHHS.Licensure2117@nebraska.gov

Cosmetology Instructor RENEWAL NOTICE LICENSE EXPIRES 12/31/2016

License Information:

Your renewal application and fee must be POSTMARKED ON OR BEFORE **12-31-2016 to avoid the 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.

Print the following information:

License #:	
Legal Name:	
Address: ☐ Check if this is a NEW Address	
City/State/Zip:	
To renew, your license you must ALSO renew your cosmetology license (separate application) and must have a valid Social Security Number or Alien Registration Number.	
Social Security Number	
Alien Registration Number	

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.

Check your requested renewal status below:

☐ ACTIVE $50.00

☐ INACTIVE (no fee required)

☐ MILITARY WAIVER (no fee required)

Make payable to:

DHHS
Licensure Unit

(You will not receive receipt.)

NAME CHANGES: If you 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 CERTIFICATE RENEWAL: You may renew your license online at https://nebraska.mylicense.com/.
To register on-line 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 Inactive Status, this means that you cannot practice but may represent yourself as having an inactive license. To change from Inactive to Active Status, you MUST complete the reinstatement application (can be downloaded online) and meet the requirements which are in effect at the time reinstatement is requested.

Conviction/Discipline Information: You must answer the following questions

1	☐ Yes ☐ No	Were you convicted of a misdemeanor or felony in any jurisdiction between **12/31/2014 and 12/31/2016.** If you answer **YES** to this question, you must submit the documents to the Licensure Unit: • 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.
2	☐ Yes ☐ No	Have you held a license that was issued by another jurisdiction(s)/state(s) to provide health services, health-related services, or environmental services? (If you answer NO to 2, answer NO to 2a)
2a	☐ Yes ☐ No	Has such license been denied, refused renewal, or disciplined between **12/31/2014 and 12/31/2016**? (If "YES", please provide a list of any disciplinary actions taken against your license and a copy of the disciplinary action(s), including charges and disposition.

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 such actions to this Department 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. www.dhhs.ne.gov/Pages/reg_investi.aspx

CONTINUING EDUCATION (CE): *Do NOT submit CE certificates to this office unless they are requested*

CE Completion:

☐	**Yes, I have met or will meet the continuing education requirements on or before 12-31-2016.** Instructors **MUST** have **completed 8 hours of acceptable continuing education (4 of these must be in teaching methodology),** or have met one of the waivers, between 12-31-2014 and 12-31-2016 in order for your credential to be renewed to ACTIVE status (CE is not required if you request inactive status)

CE Waiver Request:

☐	**Military:** After 12/31/2014 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 verifying documentation.**
☐	**First Licensed:** I first received my license within the past 24 months (first issued after 12/31/2014). If you met this waiver, you are not required to meet the continuing education requirement, **but you must pay the fee**.
☐	**Illness/Disability:** I have suffered a serious or disabling illness or physical disability which prevented completion of the 8 hours of continuing education requirements during the 24 months preceding the license renewal date. (**Submit a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education programs during this period.)**

Continuing Education criteria is listed below:

Mandatory Hours: You must complete at least 4 hours of Board approved continuing education. These hours will have a program number assigned or if completed in another State, must be approved by that State Cosmetology Board; these 4 hours cannot be home study. All 8 hours may be obtained through these mandatory hours.

Optional Hours: You may obtain 4 of the 8 hours in the following topic areas.

- Home study programs (relating to cosmetology or any of the topic areas listed below) – Up to 2 hours **only**
- CPR/First Aid - Up to 2 hours
- Equipment use (used within the profession) - Up to 4 hours
- People skills/special needs (other similar titles) - Up to 2 hours
- Product knowledge (used within the profession) - Up to 4 hours
- Marketing - Up to 4 hours
- Technical School/University/College - Up to 4 hours – only the following types of courses are considered acceptable: (1) Practice Related; (2) Communications; (3) Humanities; (4) Sciences; (5) Business, i.e. Finance, Marketing, Computer, or other similar courses; and (6) Well-Being, i.e. Psychology, Sociology, or other similar courses
- Applicable Licensing Examination - 2 hours
- Barbering School classes - Up to 4 hours (barbering classes cannot be used for both mandatory and optional hours)
- Sanitation/Safety - up to 4 hours

Attestation:

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check only **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.e.: permanent resident (green) card, I-94 document, asylum, etc.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

☐ I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

☐ 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.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

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: _____

Email (Optional): _____