NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

DHHS – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Telephone: (402) 471-2118

DENTAL HYGIENIST RENEWAL NOTICE

Your **Dental Hygienist** credential **expires 03/01/2017.** To renew your credential, you must submit this notice and the renewal fee of **$110.00** to the Licensure Unit postmarked on or before **03/01/2017** to avoid expiration. **If you do NOT renew your credential by the expiration date, you may NOT continue to practice. If you continue to practice, you will be subject to an administrative penalty.**

LICENSE # **:** _____

Printed Name: _____

Address: _____

City/State/Zip: _____

☐ Check this box if your address changed during the past 2 years. **(PLEASE PRINT CLEARLY)**

FEES & STATUS:
Check requested status below:

☐ ACTIVE **$110.00**

☐ INACTIVE (No Fee)

☐ MILITARY WAIVER (No Fee) – See info below regarding required documentation

Make Checks Payable to: DHHS Licensure Unit

You will not receive a receipt.

NAME & ADDRESS CHANGES: If your name and/or address on your credential is incorrect, print the correct information in the appropriate area above and check the box noting that change. For a name change, submit a photocopy of a marriage certificate, court order, etc., to provide proof of legal name change. If not submitted, the credential will be issued in the name currently on record.

INACTIVE STATUS: If you do not renew your credential, you may select INACTIVE STATUS. Inactive means you cannot practice but may represent yourself as having an inactive credential. To return to active status, you MUST contact this office for a reinstatement application and meet the reinstatement requirements that are in effect at the time the status change is requested. You do not have to meet continuing competency requirements to request INACTIVE STATUS.

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. Please answer each of the following questions with regards to the time period since your last renewal or since you were first licensed in Nebraska.

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. **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 Alien Registration Number Form I-94 (Arrival-Departure Record)	
2	Were you convicted of a misdemeanor or felony in any jurisdiction between **03/02/2015 through 03/01/2017** If you answer **YES** to this question, you must submit the following 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.	☐ Yes ☐ No
3a	Have you held a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services?	☐ Yes ☐ No
3b	Has such credential been denied, refused renewal, or disciplined between **03/02/2015 through 03/01/2017**? (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.	☐ Yes ☐ No

NOTE: If you have any **criminal charges** or **license disciplinary actions pending** that result in misdemeanor or felony convictions 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/credential discipline could result in disciplinary action.

Do NOT submit continuing education certificates to this office unless they are requested.

CONTINUING COMPETENCY: Thirty (30) hours of acceptable continuing education earned during the preceding 24 month period are required to renew your license. If you are randomly selected for an audit to provide proof of continuing education, you will be notified by mail at a later date.
Retain all documentation of continuing education activities completed for the renewal of your credential for at least 4 years.

☐	I have met or will meet the continuing competency requirements on or before **03/01/2017**.
☐	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 date. (You **MUST** provide official documentation of armed forces service, such as active duty orders, active military ID or a letter from your immediate superior officer.)
☐	I was first credentialed within the 24 months immediately preceding the credential renewal date. Initially Licensed:_____.

Signature Required on Page 2 ➡

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (**All** Credential holders must complete this section and **must 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 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.

_____	_____	_____
Signature (required)	**Printed Name (required)**	**Date (required)**

_____	_____
Telephone Number	**Email Address**

Please allow 10 business days to receive your new wallet card.