

## OUT OF HOSPITAL EMERGENCY CARE PROVIDER RENEWAL NOTICE

**This is the only notice that you will receive.**

Your license will expire on 12/31/2018. This document must be postmarked on or before 12/31/2018 to avoid the expiration of your license and removal of authorization to practice. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your license expires.

EMR License #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**NAME & ADDRESS CHANGES:** If your name or address is incorrect, cross out incorrect information and print correction. For name changes, 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 as printed above.

Mark requested status below:

- Active
- Inactive
- Active-Military

**MILITARY:** If you chose Active-Military, since 01/01/2017, you must have served for 30 consecutive days on full-time active duty or approved leave. Military service is defined as full-time duty in the active military 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. You may be required to submit a copy of military order to the DHHS Licensure Unit. There is no fee or continuing education requirement for military status.

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

To renew your license, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. If you have 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 (SSN)	SSN: _____
Alien Registration Number (A#)	A#: _____
Form I-94 (Arrival-Departure Record) Number	I-94#: _____

Were you convicted of a misdemeanor or felony in any jurisdiction between January 1, 2017 and December 31, 2018?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you answer **YES** to this question, you must submit the following documentation to the Licensure Unit:

- A list of any misdemeanor or felony convictions;
- A copy of the court record, which includes charges and disposition;
- A letter of explanation from you detailing the events leading to the conviction (what, when, where, and 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;
- A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation; and
- Any other information as requested by the Board/Department after initial review of your renewal application.

Are you currently licensed or certified to provide health services, health-related services, or environmental services in Nebraska or in any other jurisdiction or state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has such license been denied, refused renewal, or disciplined between January 1, 2017 and December 31, 2018? (If YES, provide a list of any disciplinary actions taken against your license and a copy of the disciplinary action(s), including charges and disposition.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**NOTE:** If you have any criminal charges or credential disciplinary actions pending that result in a misdemeanor or felony conviction or license discipline, you must report such action(s) to this Department within thirty (30) days of the conviction/action per Neb. Rev. Stat. §38-1,125. Failure to disclose any such conviction/license discipline could result in disciplinary action.

**CONTINUING COMPETENCY REQUIREMENTS:** You must have documentation showing that you have met the continuing competency requirements during the time period starting January 1, 2017 and ending December 31, 2018, unless you qualify for one of the waivers below. If you have met the continuing competency requirements, **DO NOT** select a waiver. **DO NOT** submit that documentation to this office unless requested.

Select **ONE** of the following:

<input type="checkbox"/>	I have completed my continuing education requirement, or will complete it by December 31, 2018.
<input type="checkbox"/>	I chose Active-Military status, so continuing education is not required.
<input type="checkbox"/>	I was first licensed in Nebraska after 12/31/2016.
<input type="checkbox"/>	I have suffered a serious or disabling illness or physical disability since 12/31/2016, which prevented completion of the continuing competency requirements. <b>(You must submit a statement from a treating physician).</b>

**ATTESTATION: All credential holders must complete this section and sign and date this form**

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below*):

**Please check only one of the boxes below:**

- I am a citizen of the United States; **or**
- I am not a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act; or a nonimmigrant lawfully present in the United States with documentation such as a permanent resident card, I-94 document, etc; **or**
- I am not a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

If you are not a citizen of the United States you must submit evidence of lawful presence.

**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; and
4. I have met or will meet the continuing competency requirements on or before December 31, 2018.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

In an emergency event, your skills and abilities could be in great demand. The State of Nebraska Medical and Health Volunteer registry allows you to register as a healthcare volunteer before disaster strikes. This secure system allows disaster response officials to quickly identify those healthcare professionals necessary to meet the needs of a disaster or emergency situation. Your professional skills can then best be put to use in a coordinated and efficient manner, while granting you additional legal protection under the Nebraska Emergency Management Act (see Neb. Rev. Stat. §81-829.36).

Registration only takes a moment and does not obligate you to respond to any future disasters; instead, registration allows you to be contacted for your availability during a local, state, or national emergency. Saving lives in an effective response to an emergency or disaster often depends on quickly identifying and contacting volunteer healthcare professionals such as yourself who have the specific skills necessary to care for people who are injured or ill. Please take a moment to register at <https://volunteers.ne.gov/ESAR-VHP/faces/jsp/login/jsp>.