Department of Health & Human Services
DHHS
NEBRASKA

Department of Health and Human Services
Division of Public Health - Licensure Unit
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RENEWAL NOTICE

Your Emergency Medical Technician - Intermediate license will expire on 12/31/2016. This document must be postmarked on or before 12/31/2016 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.

License #: _____

Name: _____

Address: _____

_____

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.

☐ Check here if you wish to place your license on inactive** status.

TWO YEAR RENEWAL

**INACTIVE means that you cannot practice as an Emergency Medical Technician - Intermediate after the expiration date of your credential, but may represent yourself as having an inactive license. You do not have to meet the continuing competency requirements to request Inactive Status. In order to change from Inactive to Active Status you MUST submit an application for reinstatement and meet the requirements which are in effect at the time you are requesting the change.

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.

Check the Appropriate Box or Boxes		
	☐ Social Security Number (SSN)	SSN:
	☐ Alien Registration Number (A#)	A#:
	☐ Form I-94 (Arrival-Departure Record) Number	I-94#:

	Yes	No
Were you convicted of a misdemeanor or felony in any jurisdiction between January 1, 2015 and December 31, 2016?	☐	☐

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.

	Yes	No
Are you currently practicing as an Emergency Medical Technician - Intermediate in a hospital or health clinic?	☐	☐
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?	☐	☐
Has such license been denied, refused renewal, or disciplined between January 1, 2015 and December 31, 2016? (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.)	☐	☐

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, 2015 and ending December 31, 2016, 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.

☐	I have met or will meet the continuing competency requirements on or before December 31, 2016.
☐	**WAIVER** - I was first licensed between January 1, 2015 and December 31, 2016.
☐	**WAIVER** - 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 twenty-four (24) months immediately preceding December 31, 2016. **(Attach military identification proving that you are in active service, military orders, or a letter from your Commanding Officer indicating that you are on active duty.)**
☐	**WAIVER** - I suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately preceding December 31, 2016. **(Attach a statement from your 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 that period.)**

Attestation: For the purpose of complying with Neb. Rev. Stat. §38-129, I attest that:

Please check ONLY ONE of the boxes below:

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act.

☐ I am a non-immigrant lawfully present in the United States.

☐ 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 license 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).

Application Attestation: I further 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: _____

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.