

Reinstatement Information - Esthetics:

If your license was disciplined, please contact the Licensure Unit for the appropriate application.

This application relates to a License which has:

- Been Revoked for non-payment;
- Expired;
- Been placed on Inactive status; or
- Lapsed

To reinstate your license, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #, or an Alien Registration #, or a Form I-94 #.
3. Be lawfully present in the U.S.
4. Have completed at least 24 hours of continuing education within 24 months of this application.
5. Pay the renewal and reinstatement fees. (see page 1 of the application).

If you reinstate your license at this time, the expiration date will be September 30th of the even numbered year; at least 30 days prior to the expiration date, you will be sent a renewal notice notification of the need to submit a completed renewal application, the renewal fee payment and evidence of 8 hours of continuing competency on or before the expiration date.

Notice:

If you practiced after the expiration date of your license and prior to reinstatement, you are subject to an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing esthetics (such as probation, limitation, censure, etc).

Additionally, if you committed any other violation of the statutes or regulations governing the practice, the Department may deny the application for reinstatement of the license or reinstate the license to active status and impose limitation(s) or other disciplinary actions on the license.

Questions:

If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-2117 or dhhslicensure2117@nebraska.gov

ESTHETICIAN
APPLICATION FOR REINSTATEMENT
(Revoked, Expired, Placed on Inactive Status, or Lapsed)

FEES: Depending upon when your reinstatement is submitted, fees are as follows: (Payable to "Licensure Unit")

~~YEAR~~	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$153	\$153	\$153	\$64.50	\$64.50	\$64.50	\$64.50	\$64.50	\$64.50	\$153	\$153	\$153
Odd Numbered Year	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153

SECTION A PERSONAL INFORMATION All applicants must complete this section
NOTE: All mailings will be sent to the address you indicate below if you change your address, you MUST advise this office.

Esthetician Lic #:		Date of Birth:	
Legal Name:	First:	Middle/MI:	Last:
Maiden Name:	Name:	Other Names you are known as (AKA):	
Mailing Address:	Street/PO/Route:		
<input type="checkbox"/>	City:	State or Country:	Zip:
Check this box if NEW address			

To reinstate your license, you must have a valid Social Security Number, Alien Registration Number, and/or I 94 Number.

Enter your Social Security Number, Alien Registration Number and/or I-94 Number. If you have both a SSN and A# or I-94 number, you must report both.	SSN#
	A#
	I-94 #

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.

SECTION B CONVICTION AND LICENSURE INFORMATION

Failure to disclose convictions or disciplinary action, could result in disciplinary action.
 Answer each of the following questions by placing a check mark in the appropriate box (yes or no) and completing the information requested. All yes responses MUST be explained in detail and you must submit the requested documentation.

2	Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since your initial license if such was within the past 24 months). If you answer YES to this question, you must submit the documents to the Licensure Unit: <ul style="list-style-type: none"> 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; List below any misdemeanor or felony convictions	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;">Type of Crime</th> <th style="width: 20%;">Date of Action</th> <th style="width: 45%;">Name of Court/Entity Taking action</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Type of Crime	Date of Action	Name of Court/Entity Taking action						
Type of Crime	Date of Action	Name of Court/Entity Taking action									

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 the Department's Investigative Office within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125) <http://www.dhhs.ne.gov/req/investi.htm> or you may request a reporting form by telephone at **402-471-0175**.
 Reinstatement Application

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 the Department's Investigative Office within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125) <http://www.dhhs.ne.gov/req/investi.htm> or you may request a reporting form by telephone at **402-471-0175**.

Licensure Information:

The following questions relate to a credential (license/certificate/registration) that you hold or have held in health services, health related services or environmental services in another jurisdiction.

		Yes	No		
2	Do you hold or have you held a license in any state? If you answer 'yes' to this question, you <u>must</u> respond to question 2a	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?
2a	Has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action
					Name of Entity taking Action
3	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:	

If you answered YES to question #2a above, you must submit Official Documents from the State Board in which the disciplinary action was taken.

SECTION C CONTINUING EDUCATION: You must complete 8 hours of continuing education within 24 months of submitting this application for reinstatement.

CONTINUING EDUCATION HOURS: (MUST BE COMPLETED BEFORE APPLICATION FOR REINSTATEMENT IS SUBMITTED)

<input type="checkbox"/> Yes	Have you met the continuing education requirements for your profession? (Copies of your continuing education certificates verifying attendance are NOT required to be submitted at this time)
<input type="checkbox"/> No	

Mandatory Hours: You must have completed 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 homestudy. All 8 hours may be obtained through these mandatory hours.

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

Homestudy programs (relating to esthetics or any of the topic areas listed below) – Up to 2 hours only
CPR/First Aid – Up to 4 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

WAIVER OF CONTINUING EDUCATION: If you **have not** completed the continuing education requirement, and **qualify** for a waiver of the continuing education requirement, check the appropriate reason below:

<input type="checkbox"/>	Initial License: I was first licensed within the 24 months immediately preceding the date of this application for reinstatement.
<input type="checkbox"/>	Military: 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 or a letter from your immediate superior officer.)

SECTION D ATTESTATION

An individual who practices after the expiration date and prior to reinstatement of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you practiced esthetics in Nebraska since your license expired or was placed on inactive status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, you must list the actual number of days you practiced in Nebraska and the business name, location and telephone number of the practice: # of days: _____	Name of Business: City: _____ Telephone #: _____

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 qualified alien under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)
- 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.
- 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 attest that:

1. I have read the reinstatement 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/Fax (Optional): _____ E-mail (Optional): _____

TO PRINT YOUR REINSTATED WALLET CARD GO TO:
<http://www.nebraska.gov/LISSearch/search.cgi>