

FUNERAL DIRECTING AND EMBALMING RENEWAL NOTICE

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE

Email: dhhs.licensure2117@nebraska.gov Fax: 402 742-1106

<p>Your Funeral Directing and Embalming license EXPIRES 2/1/2018. THE RENEWAL FEE OF \$90.00 AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE 2/1/2018 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.</p>		<p>YOU MUST CHECK A BOX BELOW:</p> <p><input type="checkbox"/> ACTIVE \$90.00</p> <p><input type="checkbox"/> INACTIVE (no fee required)</p> <p><input type="checkbox"/> MILITARY WAIVER (no fee required)</p> <p>Make check payable to: DHHS – Licensure Unit (you will not receive a receipt)</p>
License #:		
Name:		
Address:		
City/State/Zip:		
TWO-YEAR RENEWAL		
<p><input type="checkbox"/> Check this box if your address has changed. For name changes, you must submit a copy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the credential will be issued in the name on our records.</p> <p>Renewal Status: You can check the status of your renewal at: http://www.nebraska.gov/LISSearch/search.cgi</p>		

ONLINE LICENSE RENEWAL: You may renew your license online at <https://nebraska.mylicense.com> To register you need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

INACTIVE STATUS: If you elect not to renew your license, you may select Inactive Status. Inactive means that you cannot practice but may represent yourself as having an inactive license. To change from Inactive to Active Status, you **MUST** contact this office for an application and meet the reinstatement requirements which are in effect at the time the status change is requested.

YOU MUST COMPLETE THE FOLLOWING QUESTIONS:

1	<p>To renew your license, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 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 and to the Nebraska Department of Revenue.</p> <p>Enter your number below. If you have both a SSN and an A# or I-94 number, you must report both.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="text-align: right; padding-right: 20px;">Social Security Number</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">Alien Registration Number</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right; padding-right: 20px;">Form I-94 (Arrival-Departure Record)</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Social Security Number		Alien Registration Number		Form I-94 (Arrival-Departure Record)	
Social Security Number							
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Form I-94 (Arrival-Departure Record)							
2	<p>Were you convicted of a misdemeanor or felony in any state/jurisdiction between 2-1-2016 and 2-1-2018? If you answer YES to this question, you must submit the following to the Licensure Unit:</p> <ul style="list-style-type: none"> 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; If the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required, all addiction/mental health evaluations and proof of treatment; and If you are currently on probation, a letter from the probation officer addressing probationary conditions and current status. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
3	<p>Have you held a license that was issued by another state/jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "No" to this question, please answer "No" to 3a)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
	<p>3a. Has such license been denied, refused renewal, or disciplined between 2-1-2016 and 2-1-2018? (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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					

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/reg/investi.htm> or you may request a reporting form by telephone at **402-471-0175**. Failure to disclose any such convictions/credential discipline could result in disciplinary action.

*** DO NOT SUBMIT CONTINUING COMPETENCY CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED ***

CONTINUING COMPETENCY REQUIREMENTS: You **MUST** have **completed 16 hours of acceptable continuing education or have met one of the waivers below, between 2-1-2016 and 2-1-2018** in order for your license to be renewed to ACTIVE status (not required if you request inactive status). Hours earned prior to this date will not be acceptable and hours earned in excess of the requirement may not be carried over for the next license renewal.

<input type="checkbox"/> Yes	I have met or will meet the continuing competency requirements on or before 2-1-2018.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you initially licensed before 1/19/2005, and if so, Did you successfully complete the jurisprudence examination between 1/19/2005 and 2/1/2018. <input type="checkbox"/> Yes <input type="checkbox"/> No

REMINDER – The Jurisprudence Examination must be taken at least 1 time every 10 years. This requirement became effective 1-19-2005, therefore the examination must have been taken during the time period of 1-19-2005 through 2-1-2018.

If you need to complete this examination, go to: http://www.surveymonkey.com/s.aspx?sm=GuC6vfyI1xwKld0bmKFpAw_3d_3d
 You must print the test it at the end of the questions and send the test to the Licensure Unit for scoring; 75% is the pass score. Upon successfully passing the examination, you will receive verification of completion. You may also request a paper copy by contacting: inna.karpyuk@nebraska.gov or 402-471-4359 .

Continuing Education Waivers:

<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.)
<input type="checkbox"/>	Illness: I have suffered a serious or disabling illness or physical disability which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the license renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period.)

Continuing Education criteria: In order for activities to be accepted for renewal, the activity must include one or a combination of the following topic areas:

- Communication/Media;
- Counseling/Arbitration;
- Customer relations;
- Disaster training;
- Embalming practice;
- Funeral directing practice;
- Management (stress/personnel/business);
- Marketing/advertising;
- Personal development; or
- Pre-need.

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (All License holders complete this section and must sign and date this form)

ATTESTATION	
Attestation: For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below):	
I attest that:	
<input type="checkbox"/>	I am a citizen of the United States.
OR	
<input type="checkbox"/>	I am a qualified alien under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)
<input type="checkbox"/>	I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)
<input type="checkbox"/>	I am 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.)
Application Attestation and Signature: I attest that:	
1.	I have read the application or have had the application read to me; and
2.	All statements on this application are true and complete.
Print Name: _____	
Signature: _____	Date: _____