

# Funeral Directing and Embalming RENEWAL NOTICE

**THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE**

Your «License\_Type» license **EXPIRES 2-1-2014**. THE RENEWAL FEE OF **\$90.00** AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE **2-1-2014** 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.

<b>License #:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	

**TWO-YEAR RENEWAL**

**YOU MUST CHECK A BOX BELOW:**

- ACTIVE \$90.00
- INACTIVE  
(no fee required)
- MILITARY  
WAIVER  
(no fee required)

Make check payable to:  
 DHHS – Licensure Unit  
 (you will not receive a receipt)

Check this box if **your address** has changed.

Check this box if **your name** 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.

**Access to Licensure Information:** Since licensure Information is public, it can be accessed at <http://www.nebraska.gov/LISSearch/search.cgi>

**ONLINE LICENSE RENEWAL:** You may renew your license online at <https://nebraska.mylicense.com/> To register you will 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. Enter your number below. If you have both a SSN and an A# or I-94 number, you must report both.</p> <p style="color: red;"><b>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.</b></p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%; text-align: right;">Social Security Number</td> <td style="width: 40%;"></td> </tr> <tr> <td style="text-align: right;">Alien Registration Number</td> <td></td> </tr> <tr> <td style="text-align: right;">Form I-94 (Arrival-Departure Record)</td> <td></td> </tr> </table>	Social Security Number		Alien Registration Number		Form I-94 (Arrival-Departure Record)		
Social Security Number								
Alien Registration Number								
Form I-94 (Arrival-Departure Record)								
2	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between 2-1-2012 and 2-1-2014?          If you answer <b>YES</b> to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> <li>A list of any misdemeanor or felony convictions;</li> <li>A copy of the court record, which includes charges and disposition;</li> <li>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;</li> <li>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</li> <li>A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3a	<p>Have you held a license that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "No" to 3a, answer "No" to 3b)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3b	<p>Has such license been denied, refused renewal, or disciplined between 2-1-2012 and 2-1-2014? (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>	<input type="checkbox"/> Yes <input type="checkbox"/> No						

**NOTE:** If you have any criminal charges or license disciplinary actions pending that result in misdemeanor or felony conviction 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/license 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 2-1-2012 and 2-1-2014 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 2-1-2014.
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**Waivers:**

<input type="checkbox"/>	<b>Military:</b> 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 <b>MUST</b> provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
<input type="checkbox"/>	<b>Initial License:</b> I was FIRST licensed within the 24 months immediately preceding the license renewal date. To request this waiver, you must have been FIRST licensed after February 1, 2012. Date Issued: _____
<input type="checkbox"/>	<b>Illness:</b> 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.)
<input type="checkbox"/>	<b>Non-Nebraska Resident:</b> I am a legal resident of another state, territory, or the District of Columbia and have not practiced as a licensed Funeral Director or Embalmer in the State of Nebraska during the 24 months immediately preceding the renewal date.

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.

**\*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 2-1-2016 (which is the next renewal date).**

This examination may be taken on line at: [http://www.surveymonkey.com/s.aspx?sm=GuC6vvfY1xwKld0bmKFpAw\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=GuC6vvfY1xwKld0bmKFpAw_3d_3d)

If you take the test on-line, you will need to print it at the end of the test 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](mailto:inna.karpyuk@nebraska.gov) or 402-471-4359

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

**Lawful Presence in the United States**

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 license under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a license 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 license 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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone/Fax (Optional): \_\_\_\_\_ E-mail (Optional): \_\_\_\_\_