

Reinstatement Information – Funeral Directing and Embalming:

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

This application relates to a License which has:

- 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 #.
3. Be lawfully present in the U.S.
4. Have completed at least 16 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 February 1st 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 16 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 funeral directing and embalming (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

**FUNERAL DIRECTOR AND EMBALMER
 APPLICATION FOR REINSTATEMENT**

FEES: You must submit the fee for the month above. Make payable by check or money order to "Licensure Unit."

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$60	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
Odd Numbered Year	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$60	\$60	\$60	\$60	\$60

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.

FDE 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.

1	Enter your Social Security Number and Alien Registration Number. If you have both a SSN and A#, you must report both.	SSN#
		A#
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: 25%;">Date of Action</th> <th style="width: 40%;">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						
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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**.

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 COMPETENCY: You must have completed 16 hours of continuing competency within 24 months of this application for reinstatement or qualify for a waiver.

CONTINUING COMPETENCY HOURS:

<input type="checkbox"/> Yes	Have you met the continuing competency requirements for your profession? If no, you may apply for a waiver as indicated below.
<input type="checkbox"/> No	

Continuing Education Hour/Credit Calculations. The following provides the hour/credit calculations:

- Academic Credit: All 16 hours of continuing education hours per a biennial renewal period may be obtained through academic credit; hours are calculated as follows:
 - 1 semester hour of academic credit equals 15 continuing education hours; and
 - 1 quarter hour of academic credit equals 10 continuing education hours;
- Home Study/Internet/Other Electronic Means: A maximum of 8 hours of continuing education hours per a biennial renewal period may be obtained through home study programs.
- Continuing Education Workshops: All 16 hours of continuing education hours per a biennial renewal period may be obtained through continuing education workshops, lectures, or interactive satellite/web workshops. 60 minutes of participation equals 1 continuing education hour. Credit will not be awarded for breaks and meals.
- Jurisprudence Examination: 4 hours of continuing education hours will be granted for licensees receiving a score of 75% or above on the jurisprudence examination. A licensee must take the jurisprudence examination at least 1 time every 10 years. You may also take this examination each renewal period and obtain 4 hours that do not count towards the homestudy hours.
- Tours: A maximum of 2 hours of continuing education credit per a biennial renewal period may be obtained through a funeral directing and embalming related tour. Conducting a tour of the licensee's facility does not constitute continuing education. 60 minutes of tour participation equals 1 continuing education credit.
- Exhibits/Displays: A maximum of 2 hours of continuing education hours per a biennial renewal period may be obtained through a funeral directing and embalming related exhibit/display. If a continuing education workshop provides an exhibit or display area, a licensee may earn 1 continuing education credit per workshop for viewing the exhibits/displays.
- District/State/National Association Meetings: A maximum of 8 hours of continuing education hours per a biennial renewal period may be obtained through attendance at a District, State, or National Association Business Meeting. 60 minutes of participation constitutes 1 continuing education credit. Only 1 hour may be obtained per meeting.

Acceptable Continuing Education Topic Areas: The Board does not approve continuing education programs/activities. In order for a continuing education activity/program to be accepted for renewal or reinstatement of a license, the activity must include one or a combination of the following topic areas:

- a. Communication/Media;
- b. Counseling/Arbitration;
- c. Customer relations;
- d. Disaster training;
- e. Embalming practice;
- f. Funeral directing practice;
- g. Management (stress/personnel/business);
- h. Marketing/advertising;
- i. Personal development; or
- j. Pre-need.

WAIVER OF CONTINUING COMPETENCY: If you **have not** completed the continuing competency requirement, and wish to apply for a waiver of the continuing competency requirement, check the appropriate reason below:

<input type="checkbox"/>	Military: I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the application for reinstatement date. (Attach official documentation stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.
<input type="checkbox"/>	Initial License: I was first licensed within the 24 months immediately preceding the date of this application for reinstatement.

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 funeral directing and/or embalming 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 citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

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. **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

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 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: _____

Email (Optional): _____

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