



RENEWAL NOTICE

Licensed Practical Nurse – Certified (LPN-C)

Your Licensed Practical Nurse Certification license EXPIRES 10/31/2015. THE RENEWAL FEE OF \$68.00 AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE 10/31/2015 to avoid expiration of your credential and removal of authorization to practice. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your credential expires. You must have an active LPN license to renew this certification.

License #:	
Name:	
Address: <input type="checkbox"/> CHECK IF NEW ADDRESS	
City/State/Zip:	

YOU MUST CHECK A BOX BELOW:

- ACTIVE \$68.00
 INACTIVE (no fee required)
 MILITARY WAIVER (no fee required)
 Make check payable to:
 DHHS – Licensure Unit
(you will not receive a receipt)

TWO-YEAR RENEWAL

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out the incorrect information and print the 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 credential will be issued in the name as printed above.

ONLINE LICENSE RENEWAL: You may renew your LPN-C license online at <https://nebraska.mylicense.com/>. To register you will need your credential 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 credential, you may select Inactive Status. Inactive means that you cannot practice but may represent yourself as having an inactive credential. 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.

MILITARY WAIVER OF FEE: If you have served in the regular armed forces of the United States or are actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial licensure renewal date, you may request a waiver of the renewal fee. If you meet this exemption, **you must submit a copy of the military orders.**

PRIMARY STATE OF RESIDENCE: Nebraska is a member of the Nurse Licensure Compact for RN and LPN licensure. The Nurse Licensure Compact DOES NOT include the LPN-C license. All LPN-C licenses issued in Nebraska are single state licenses and only authorize you to practice within Nebraska.

In order to renew your LPN-C license, you must have an active LPN license in Nebraska or another compact state.

If you reside in and hold an active multi-state LPN license in another compact state, please send a copy of your current license along with this renewal notice.

Compact State in Which You Hold A Multi-State License: _____ **(Name of State)**

1	To renew your credential, 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. 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.	
	Social Security Number _____ Alien Registration Number _____ Form I-94 (Arrival-Departure Record) _____	
2	Were you convicted of a misdemeanor or felony in any jurisdiction between 11/1/13 and 10/31/15 that was not previously reported? If you answer YES to this question, you must submit the following documents to the Licensure Unit: <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; • 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; 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	Have you held a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3b	Has such credential been denied, refused renewal, or disciplined between 10/31/2013 AND 10/31/2015? (If "YES", please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 this Department within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). 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 education, between 11/01/2013 AND 10/31/2015** in order for your credential to be renewed to ACTIVE status (not required if you request inactive status).

<input type="checkbox"/>	I have successfully completed an approved LPN-C course since November 1, 2013 .
<input type="checkbox"/>	The continued competency activities that I have attested to have completed to renew my Nebraska LPN license, include at least 5 contact hours related to intravenous therapy obtained between November 1, 2013 and October 31, 2015 .
<input type="checkbox"/>	I am licensed as an LPN in another compact state and I have completed at least 5 contact hours of continuing education related to intravenous therapy between November 1, 2013 and October 31, 2015 .

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

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

Please check **ONLY ONE** of the boxes below. **If you are a US citizen Please check only the first box.**

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential 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 credential 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): _____