

Reinstatement Information – Medical Nutrition Therapy:

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- Been Revoked for non-payment;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 #.
3. Be lawfully present in the U.S.
4. Have completed at least 30 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 1st of the odd 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 30 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 medical nutrition therapy (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

**MEDICAL NUTRITION THERAPY
 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	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$149	\$149	\$149	\$149	\$149	\$149	\$149	\$149	\$149	\$149	\$149	\$149
Odd Numbered Year	\$149	\$149	\$63.50	\$63.50	\$63.50	\$63.50	\$63.50	\$63.50	\$149	\$149	\$149	\$149

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.

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

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: 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						
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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? <i>If you answer 'yes' to this question, you must respond to question 2a</i>	<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 B CONTINUING COMPETENCY: You must have completed 30 hours of continuing competency within 24 months of this application for reinstatement or qualify for a waiver.

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 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"/>	Initial License: I was first licensed within the 24 months immediately prior to the date of this application for reinstatement.

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	

Medical Nutrition Therapy Continuing Competency hours/credits are determined as follows:

- a. College/University Coursework:
 - (1) 1 semester of academic credit equals 15 continuing competency credit hours. One semester credit audited equals 8 hours of continuing competency;
 - (2) 1 quarter hour of academic credit equals 10 continuing competency credit hours. One quarter credit audited equals 5 hours of continuing competency; and
 - (3) 1 trimester hour of academic credit equals 14 continuing competency credit hours. One trimester credit audited equals 7 hours of continuing competency.
- b. Exhibits: 25 exhibits equals 1 continuing competency hour; a limit of 3 continuing competency credit hours per biennium may be obtained through exhibits.
- c. Poster Sessions: 6 poster sessions equals 1 continuing competency hour; a limit of 5 continuing competency credit hours per biennium may be obtained through poster sessions.
- d. Homestudy Programs: A licensee may accumulate up to 15 hours of continuing competency per biennial renewal period.
- e. Video/Audio Media and Journal Clubs: A licensee may accumulate up to 15 hours of continuing competency per biennial renewal period.

- f. **Board Certified/Certification/Certificate Programs:** 20 hours (unless noted otherwise) will be granted for completing a certified program, certification program or certificate program as follows:
- (1) Certified Nutrition Support Clinician sponsored by the National Board of Nutrition Support Certification, Inc (NBNSC);
 - (2) Certified Diabetes Educator sponsored by the National Certification Board for Diabetes Educators (NCBDE);
 - (3) Certified Lifestyle and Weight Management Consultant sponsored by the American Council on Exercise (ACE);
 - (4) Board Certification as a Specialist in Pediatric Nutrition sponsored by the Commission on Dietetic Registration (CDR);
 - (5) Board Certification as a Specialist in Renal Nutrition sponsored by the Commission on Dietetic Registration (CDR);
 - (6) Board Certification as a Specialist in Gerontological Nutrition sponsored by the Commission on Dietetic Registration (CDR);
 - (7) Board Certification as a Specialist in Oncology Nutrition sponsored by the Commission on Dietetic Registration (CDR);
 - (8) Board Certification as a Specialist in Sports Dietetics sponsored by the Commission;
 - (9) International Board of Lactation Consultant Examiners (IBLCE);
 - (10) Certificate Programs approved through the American Dietetic Association (ADA):
 - (a) Certificate of Training in Childhood and Adolescent Weight Management sponsored by the Commission on Dietetic Registration (CDR) – 29 hours acceptable); and
 - (b) Certificate Training in Adult Weight Management sponsored by the Commission on Dietetic Registration (CDR) – 28 hours acceptable; and
 - (11) Board Certified/Certification/Certificate Programs approved by the ADA/CDR.
- g. **Continuing Education Programs** (workshops, seminars, conferences, electronic interactive presentations): 60 minutes of participation equals 1 continuing competency hour.

Non-acceptable subject matter include, but are not limited to, the following:

1. Menu planning;	7. Publishing an employee training manual;
2. Dietetic association business meeting or delegate report;	8. Sales presentation on a company's new product;
3. Cooking or baking demonstrations;	9. Marketing self as dietitian;
4. Food service sanitation;	10. Communication skills; or
5. Catering;	11. Language Training.
6. Garnishing techniques;	

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 medical nutrition therapy 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>