

Medical Nutrition Therapy Renewal Notice

Your License Expires 9/1/2017

RENEWAL CAN BE DONE ON-LINE AT: <https://nebraska.mylicense.com/>

This renewal notice and fee must be submitted (postmarked) on or before 7/31/2017 to avoid expiration of your license.

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

Check Requested Status:

- ACTIVE \$114
- INACTIVE No Fee
- MILITARY WAIVER No Fee

Make fee payable to: 'Licensure Unit'
 (you will NOT receive a receipt)

NAME CHANGE: you must submit a photocopy of marriage certificate, divorce decree, court order, etc., to provide proof of legal name. If not submitted, the license will be issued in the name as it now appears on our records.

IF YOU DO NOT SUBMIT A COMPLETE RENEWAL ON OR BEFORE 09/1/2017, OR FAIL TO PLACE YOUR LICENSE ON INACTIVE STATUS, IT WILL EXPIRE WITHOUT FURTHER NOTICE OR HEARING, AND YOU WILL NOT BE ABLE TO PRACTICE MEDICAL NUTRITION THERAPY. Licenses not renewed by 09/1/2017 must be reinstated by requesting a reinstatement application from our office.

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.

SECTION A: COMPLETE THE FOLLOWING:

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.										
	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Social Security Number:</td> <td style="width: 33%;"></td> <td rowspan="3" style="width: 34%; vertical-align: top; font-size: small;">Neb. Rev. Stat. 38-123 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your # for child support enforcement purposes and to the Department of Revenue, the Department of Labor and for other Administrative purposes.</td> </tr> <tr> <td>Alien Registration Number:</td> <td></td> </tr> <tr> <td>Form I-94 (Arrival-Departure Record):</td> <td></td> </tr> </table>	Social Security Number:		Neb. Rev. Stat. 38-123 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your # for child support enforcement purposes and to the Department of Revenue, the Department of Labor and for other Administrative purposes.	Alien Registration Number:		Form I-94 (Arrival-Departure Record):				
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Alien Registration Number:											
Form I-94 (Arrival-Departure Record):											
2	<p>Were you convicted of a misdemeanor or felony in any state between August 1, 2015 and July 31, 2017? If you answer YES to this question, You must submit:</p> <ul style="list-style-type: none"> (a) A copy of the court record. (b) Your 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 conviction. (c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries. (d) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation. <p>List your conviction(s) below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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							<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Crime	Date of Action	Name of Court/Entity Taking Action									
3	<p>Do you hold or have you held a license in any other state(s)? (If you answer "No" to this question also answer "No" below)</p> <p>If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? (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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No									

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 Investigations Unit within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). A reporting form is available at: http://www.dhhs.ne.gov/reg_investi.aspx or 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 ***

SECTION B: VERIFICATION OF CONTINUING EDUCATION: You are required to complete **30 hours of acceptable continuing education, or qualify for either the Military or Initial License Waiver, between SEPTEMBER 1, 2015 AND SEPTEMBER 1, 2017.** Continuing education is not required if you request inactive status.

<input type="checkbox"/>	YES, I have or will complete at least 30 hours of continuing education by September 1, 2017
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WAIVERS:

<input type="checkbox"/>	MILITARY WAIVER: 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.) (Waiver is for continuing education and the renewal fee)
<input type="checkbox"/>	ILLNESS/DISABILITY: I have been suffering from a serious or disabling illness or physical disability for at least a 30 day period of time which prevented completion of the required number of continuing competency hours during the six (6) months immediately preceding the license renewal date. (If you request this waiver, you must provide a statement from your physician verifying your request).
<input type="checkbox"/>	INITIAL LICENSE WAIVER: I was first licensed within the 24 months immediately prior to the license renewal date. Date Issued: _____ (Waiver is for continuing education hours only --the renewal fee must still be paid) (must have received your initial license after 9/1/2015 to qualify for this waiver).

Continuing Education criteria: The licensee must attend programs/activities for which the subject matter clearly relates to maintaining skills necessary for the safe and competent practice of medical nutrition therapy. Medical nutrition therapy is assessment of patient nutritional status followed by treatment, ranging from diet modification to specialized nutrition support, such as determining nutrient needs for enteral and parenteral nutrition, and monitoring to evaluate patient response to such treatment. **Continuing competency may be gained as:**

1. College/University Courses from an approved graduate or undergraduate program.
 - 1 semester of academic credit = 15 continuing competency credit hours. One semester credit audited = 8 hours of continuing competency;
 - quarter hour of academic credit = 10 continuing competency credit hours. One quarter credit audited = 5 hours of continuing competency; and
 - 1 trimester hour of academic credit = 14 continuing competency credit hours. One trimester credit audited = 7 hours of continuing competency.
2. Continuing Education Programs (Workshops, seminars, or conferences, electronic interactive presentations). 60 minutes of participation = 1 continuing competency hour
3. Exhibits: 25 exhibits = 1 continuing competency hour; a limit of 3 continuing competency credit hours per biennium may be obtained through exhibits.
4. Poster Sessions: 6 poster sessions = 1 continuing competency hour; a limit of 5 continuing competency credit hours per biennium may be obtained through poster sessions.
5. Homestudy Programs: A licensee may accumulate up to 15 hours of continuing competency per biennial renewal period.
6. Video/Audio Media and Journal Clubs: A licensee may accumulate up to 15 hours of continuing competency per biennial renewal period.
7. Board Approved Certified/Certification/Certificate Programs: 20 hours (unless noted otherwise) will be granted for completing a certified program, certification program or certificate program as follows:
 - (a) Certified Nutrition Support Clinician sponsored by the National Board of Nutrition Support Certification, Inc (NBNSC);
 - (b) Certified Diabetes Educator sponsored by the National Certification Board for Diabetes Educators (NCBDE);
 - (c) Certified Lifestyle and Weight Management Consultant sponsored by the American Council on Exercise (ACE);
 - (d) Board Certification as a Specialist in Pediatric Nutrition sponsored by the Commission on Dietetic Registration (CDR);
 - (e) Board Certification as a Specialist in Renal Nutrition sponsored by the Commission on Dietetic Registration (CDR);
 - (f) Board Certification as a Specialist in Gerontological Nutrition sponsored by the Commission on Dietetic Registration (CDR);
 - (g) Board Certification as a Specialist in Oncology Nutrition sponsored by the Commission on Dietetic Registration (CDR);
 - (h) Board Certification as a Specialist in Sports Dietetics sponsored by the Commission;
 - (i) International Board of Lactation Consultant Examiners (IBLCE);
 - (j) Certificate Programs approved through the American Dietetic Association (ADA):
 - (1) Certificate of Training in Childhood and Adolescent Weight Management sponsored by the Commission on Dietetic Registration (CDR) – 29 hours acceptable; and
 - (2) Certificate Training in Adult Weight Management sponsored by the Commission on Dietetic Registration (CDR) – 28 hours acceptable; and
 - (k) Board Certified/Certification/Certificate Programs approved by the ADA/CDR.

A presenter may receive credit for only the initial presentation during a renewal period; credit will not be given for subsequent presentations of the same program/activity.

Examples of non-acceptable subject matter include, but are not limited to, the following:

<ol style="list-style-type: none"> 1. Menu planning; 2. Dietetic association business meeting or delegate report; 3. Cooking or baking demonstrations; 4. Food service sanitation; 5. Catering; 	<ol style="list-style-type: none"> 6. Garnishing techniques; 7. Publishing an employee training manual; 8. Sales presentation on a company's new product; 9. Marketing self as dietitian; 10. Communication skills; or 11. Language Training.
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SECTION C: COMPLETE THE FOLLOWING:

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:

- I have read the renewal application or have had the renewal application read to me; and
- All statements on this renewal application are true and complete.

Print Name: _____

Signature: _____

Date: _____

Email (Optional): _____

ADMINISTRATIVE PENALTY: If you practice Medical Nutrition Therapy after the expiration of your license, you are 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 license.

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