

Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, NE 68509
 Telephone: (402) 471-4920 or
 garrett.packett@nebraska.gov

Massage Therapy Renewal Notice

THIS IS THE ONLY NOTICE YOU WILL RECEIVE
(2-YEAR RENEWAL)

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

Your **Massage Therapist credential EXPIRES November 1, 2015**. THE RENEWAL FEE OF \$110 AND THIS DOCUMENT **MUST BE SUBMITTED ON OR BEFORE 11/1/2015 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.

License #: _____

Name:	
Address:	
City:	
State/Zip:	

Check Requested Status:

- ACTIVE \$110
 INACTIVE No Fee
 MILITARY WAIVER No Fee

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

ADDRESS & NAME CHANGES:

Check this box if your address 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.

ONLINE LICENSE RENEWAL: You may renew your 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.

1	<p>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.</p> <p>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.</p> <p style="text-align: center;">Social Security Number</p> <p style="text-align: center;">Alien Registration Number</p> <p style="text-align: center;">Form I-94 (Arrival-Departure Record)</p>										
2	<p>Were you convicted of a misdemeanor or felony in any state/jurisdiction between 11/1/2013 and 11/1/2015? If you answer YES to this question, you must submit the following documents to the Licensure Unit:</p> <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; <p>List below any misdemeanor or felony convictions</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 40%;">Type of Crime</th> <th style="width: 20%;">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							<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Type of Crime	Date of Action	Name of Court/Entity Taking action									
3	<p>Have you held a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "No" to this question also answer "No" to the question below)</p> <p>If yes, has such credential been denied, refused renewal, or disciplined between 11/1/2013 and 11/1/2015? (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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									

NOTE: DO NOT SUBMIT CONTINUING COMPETENCY CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED

CONTINUING COMPETENCY REQUIREMENTS: You **MUST** have completed 24 hours of acceptable continuing education, at least 14 hours must be hands-on (massage techniques) continuing education and 3 hours of ethics or have met one of the waivers below, between 11-1-2013 and 11-1-2015 in order for your credential 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 11-1-2015.
<input type="checkbox"/>	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"/>	I was first credentialed within the twenty-four (24) months prior to the renewal date of November 1, 2015. Date Issued: _____

Continuing Education criteria is listed below:

<p>HANDS-ON HOURS: A licensee must complete at least 14 hours of hands-on continuing education workshops each renewal period (1 hour of attendance = 1 credit). The content of the workshop(s) must be HANDS-ON which is the physical, mechanical, or electrical manipulation of soft tissue for the therapeutic purposes of enhancing muscle relaxation, reducing stress, improving circulation, or instilling a greater sense of well-being and may include the use of oil, salt glows, heat lamps, and hydrotherapy; and the program must have included class participation (hands-on practice).</p> <p>a. The content of the workshop(s) must include at least 75% HANDS-ON technique which is the physical, mechanical, or electrical manipulation of soft tissue for the therapeutic purposes of enhancing muscle relaxation, reducing stress, improving circulation, or instilling a greater sense of well-being and may include the use of oil, salt glows, heat lamps, and hydrotherapy; up to 25% may be theory related to hands-on technique; and</p> <p>b. The agenda must reflect a set period of time for class participation (hands-on practice).</p>
<p>Ethics Hours: Each licensee must obtain at least 3 hours in ethics. Programs relating to ethics may be earned through workshops or home study programs</p>

OTHER HOURS may be earned in one or a combination of the following continuing competency activities:

1	<p>Workshops and Lectures (Continuing Education Programs): 1 credit will be granted for each 50 minutes of participation up to a <i>maximum of 7 credits</i>. Acceptable topic areas for continuing competency (these do not apply to the mandatory 14 hours of continuing education earned through hands-on workshops):</p> <p>a. <u>Anatomy</u> - May include, but is not limited, to structure of the human body, study of cells, tissues, bones, muscles, organ systems, histology, embryology, kinesiology, biomechanics, etc.;</p> <p>b. <u>Health Service Management</u> - May include, but is not limited to, professional ethics, Nebraska Massage Therapy statutes and regulations, legalities of massage, business practices, promotion, employment opportunities, oral presentations, telephone techniques, marketing plan, sales techniques, resumes, bookkeeping, financial management, insurance coverage, networking, interview techniques; etc.;</p> <p>c. <u>Hygiene</u> - May include, but is not limited, physiology of digestion, weight control, herbal therapy, nutrition, food combining, supplementation, wellness, hygiene principles and practices, CPR, first aid, equipment and sanitation, infectious and contagious disease control; etc.;</p> <p>d. <u>Pathology</u> - May include, but is not limited to, definition of pathology and disease, pharmacology, pathology of body systems, disease entities including cause and effect, blood pressure, pulse monitoring, injury and soft tissue dysfunction, etc.;</p> <p>e. <u>Physiology</u> - May include, but is not limited, to endocrinology, biochemistry, interaction of hormones to the body's balance and metabolism, function of human body, and organ systems, kinesiology, biomechanics, etc.;</p>
2	<p>Presenter Credit: If the licensee is a presenter, s/he must maintain documentation of his/her presentation of continuing competency activity. A presenter may receive credit for only the initial presentation during a renewal period.</p>
3	<p>Jurisprudence Examination on State Laws (50 question take home test): 3 credits will be granted for licensees who receive a score of 75% or above.</p>
	<p>Homestudy Programs: Only homestudy programs relating to ethics will be acceptable for renewal. Up to a <i>maximum of 7 credits</i> will be granted.</p>
4	<p>Instructor at a Massage Therapy School: 1.5 credits will be granted for each hour of teaching up to a <i>maximum of 7 credits</i>.</p>
5	<p>Practical Examination (must be administered by a Nebraska Licensed Massage Therapy School). 3 credits will be granted.</p>
6	<p>Massage School Training / College or University Coursework (resident/distance): 1 hour of training = 1 credit, 1 semester college credit hour = 15 credits, 1 quarter college credit = 10 credits, up to a <i>maximum of 7 credits</i>.</p>
7	<p>National Examination: 7 credits will be granted for licensees who successfully pass the examination.</p>
9	<p>Publication: 7 credits will be granted for an article published in a professional health related journal; a newsletter article or letter to the editor does not meet this requirement.</p>

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:

- 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):	

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 of Office of Investigations http://dhhs.ne.gov/Pages/reg_invest-p.aspx or you can call 402-471-0175 and request a report form, 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.