

Reinstatement Information – Massage Therapy:

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 24 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 November 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 24 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 massage 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

**Massage Therapist
 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	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145	\$145
Odd Numbered Year	\$145	\$145	\$145	\$145	\$62.50	\$62.50	\$62.50	\$62.50	\$62.50	\$62.50	\$145	\$145

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.

Massage Therapy 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"/>			
Check this box if NEW address	City:	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: 10px auto;"> <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 license (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 licensing 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 24 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 if applicable as indicated below.
<input type="checkbox"/> No	

1. **Mandatory Hands-on Hours:** A licensee must complete at least 14 hours of approved hands-on continuing education through workshops each renewal period (1 hour of attendance = 1 credit). A licensee may earn all 24 hours through hands-on workshops. These hours must meet the following:
 - 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
 - b. The agenda must reflect a set period of time for class participation (hands-on practice).
2. **Mandatory Ethics Hours:** Each licensee must obtain at least 3 hours in ethics; and
3. **Optional Hours:** A licensee may earn the remaining credits in one or a combination of the following continuing competency activities:
 - a. **National Examination.** 7 credits will be granted for licensees who successfully pass the examination;
 - b. **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;
 - 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;
 - Instructor at a Massage Therapy School.** 1.5 credits will be granted for each hour of teaching up to a maximum of 7 hours;
 - c. **Practical Examination** (must be administered by a Nebraska Licensed Massage Therapy School). 3 credits will be granted;
 - 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 maximum of 7 credits;
 - Workshops and Lectures** (Continuing Education Programs). 1 credit will be granted for each 50 minutes of participation up to a maximum of 7 credits;
 - h. **Homestudy Programs:** Only homestudy programs relating to ethics will be acceptable for renewal. Up to a maximum of 7 credits will be granted.
4. **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.

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 massage 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: <div style="text-align: right;"># of days: _____</div>	<div style="border: 1px solid black; padding: 2px;">Name of Business:</div> <div style="border: 1px solid black; padding: 2px;">City: _____ Telephone #: _____</div>

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): _____

TO PRINT YOUR RENEWED WALLET CARD GO TO:

<http://www.nebraska.gov/LISSearch/search.cgi>