

## Military Waiver Cover Sheet

**If you are requesting a waiver of the licensure renewal fee and/or the continuing competency requirement we need a copy of your military orders. Please use this cover sheet with your documents sent by fax, e-mail or mail.**

Fax to: 402-471-3577

or

E-mail to: [dhhs.licensureunit@nebraska.gov](mailto:dhhs.licensureunit@nebraska.gov)

TO: Licensure Unit

Profession: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

License #: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_ I am requesting waiver of the renewal fee

\_\_\_ I am requesting waiver of the continuing competency requirement

Attach copies of your military orders showing you have been on active duty within the last two years.

Our office will contact you to notify you when the fee has been waived and you can go online to renew.

For questions, contact our office at:  
**[dhhs.licensureunit@nebraska.gov](mailto:dhhs.licensureunit@nebraska.gov)**  
402/471-2115