

NURSING HOME ADMINISTRATOR Renewal Notice

License Expires 12/31/2018

License Information:

<p>Your renewal application and fee must be POSTMARKED ON OR BEFORE 12-31-2018 to avoid expiration of your license. If you practice after the expiration date, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.</p> <p>Print the following information:</p>		<p>Check your requested renewal status below:</p> <p><input type="checkbox"/> ACTIVE \$166.00</p> <p><input type="checkbox"/> INACTIVE (no fee required)</p> <p><input type="checkbox"/> MILITARY WAIVER (no fee required)</p> <p>Make payable to: Licensure Unit</p> <p>(You will not receive receipt)</p>
License #:		
Name:		
Address: <input type="checkbox"/> Check if this is a NEW address		
City/State/Zip:		
<p>To renew your license, you must have a valid Social Security Number or Alien Registration Number.</p>		
Social Security Number:		
Alien Registration Number or I-94:		
<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 as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.</p>		
<p>NAME CHANGES: If your name has changed, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the license will be issued in the name currently listed on your license.</p>		

ONLINE LICENSE RENEWAL: You may renew your license online at <https://nebraska.mylicense.com/>. To register on-line you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

INACTIVE STATUS: If you choose Inactive Status, this means that you cannot practice but may represent yourself as having an inactive license. To change from Inactive to Active Status, you **MUST** complete the reinstatement application (can be downloaded online) and meet the requirements which are in effect at the time reinstatement is requested.

Conviction/Discipline Information: You must answer the following questions

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you convicted of a misdemeanor or felony in any jurisdiction after 12/31/2016 . If you answer YES to this question, you must submit the documents to the Licensure Unit: <ul style="list-style-type: none"> • A list of any misdemeanor or felony convictions; • 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.
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you held a license that was issued by another jurisdiction(s)/state(s) to provide health services, health-related services, or environmental services? (If you answer NO to #2, answer NO to #2a)
2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has such license been denied, refused renewal, or disciplined after 12/31/2016? (If "YES", please provide a list of any disciplinary actions taken against your license and a copy of the disciplinary action(s), including charges and disposition.

NOTE: If you have any criminal charges or license disciplinary actions pending that result in a misdemeanor or felony conviction or license discipline, you must report such actions to Investigations within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/license discipline could result in disciplinary action. www.dhhs.ne.gov/Pages/reg_investi.aspx

Continuing Education (CE): Do NOT submit CE Licenses to this office unless they are requested

CE Completion:

<input type="checkbox"/>	Yes, I have met or will meet the continuing education requirements on or before 12-31-2018. You MUST have completed 50 hours of acceptable continuing education, or have met one of the waivers, After 1-1-2017 and on/before 12-31-2018 in order for your credential to be renewed to <u>ACTIVE</u> status (not required if you request inactive status). A Licensee may carry-over up to 25 hours earned beyond the 50 hours for the next renewal period. <input type="checkbox"/> Check this box if using carry-over hours from the 2016 renewal
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CE Waiver Request:

<input type="checkbox"/>	Military Service: After 12/31/2016 I have served full-time duty in the active military service of the United States, 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. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements. You must submit verifying documentation.
<input type="checkbox"/>	Initial License: I received my NHA license within the past 24 months (issued after 12/31/2016). If you meet this waiver, you are not required to meet the continuing education requirement, but you must pay the renewal fee.

Continuing Education criteria is listed below:

- **Workshop/Seminar/Lecture, etc :** 1 continuing education hour or credit = 60 minutes of participation, for each fraction of an hour, record in 15 minute increments (i.e.: 1.25, 1.5, 1.75)
- **Presenter of Continuing Education:** credit will be allowed only for the initial workshop presentation or teaching of an academic course
- **Home Study Programs:** may accumulate up to 25 hours of continuing education per renewal period
- **Academic Courses:** can earn up to 25 hours of academic credit per renewal period
(1 semester hour = 5 hours of CE and 1 quarter hour = 3 hours of CE)

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (<i>check only ONE of the boxes below</i>): I attest that: <input type="checkbox"/> I am a citizen of the United States. OR <input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) <input type="checkbox"/> I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) <input type="checkbox"/> 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.)
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I further attest that: 1. I have read the renewal application or have had the renewal application read to me; and 2. I am of good character and all statements on this renewal application are true and complete. Print Name: _____ Signature: _____ Date: _____ Phone/Fax (Optional): _____ E-mail (Optional): _____ We NO LONGER send the renewed license card; to PRINT YOUR RENEWED WALLET CARD go to: http://www.nebraska.gov/LISSearch/search.cgi
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