ATTACHMENT A
Effective 2/2015

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health - Licensure Unit
P.O. Box 94986 – 301 Centennial Mall South
Lincoln, Nebraska 68509-4986
402-471-2399 susan.chocholousek@nebraska.gov

NAIL TECHNOLOGY INSTRUCTOR APPLICATION BY EXAMINATION

Print or Type

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)
All mailings will be sent to the address you indicate below – if you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth: Month/Day/Year		Place of Birth: City/State or Country	
4	Check the Appropriate Box(s):	☐ Social Security Number (SSN); ☐ Alien Registration Number ("A#"); or ☐ Form I-94 (Arrival-Departure Record) number:	SSN# A# I-94 #	
	If you have both a SSN and an A# or I-94 number, you must report both. **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.**			
5	Phone #: (optional)		Fax #: (optional)	
6	E-Mail Address: (optional)			
7	Nail Technology Lic #			

SECTION B - LICENSE FEES (See Chart Below)

The fee charged is based on the month and year in which your license will be issued.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50	$50
Odd Numbered Year	$50	$50	$50	$50	$50	$50	$25	$25	$25	$25	$25	$25

Make payable to: Licensure Unit

NOTE: Licenses expire12-31 of odd-numbered years ($50 is the renewal fee)

SECTION C - EDUCATION (All applicants must complete this section)	
1. High School, GED, or Equivalent:	Check the appropriate box: ☐ High School ☐ GED ☐ Equivalent – List type of education completed: _____
2. Name of Nail Technology School or School of Cosmetology where you completed your training:	Name:

SECTION D – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in issuance of a probationary license or other disciplinary action.

You are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested. The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list (intended as examples), there are many more not listed here:

• MIP • DUI / DWI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • Disorderly Conduct • Disorderly House • Reckless Driving	• Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering • Bad Check • Fireworks	Convictions are also delineated in Neb. Rev. Stat. Chapter 28

NOTE: If you have any criminal charges or license disciplinary actions pending that results in a conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days of the decision at: http://www.dhhs.ne.gov/reg/investi.htm or by telephone at 402-471-0175.

Conviction Information:
Answer each of the following questions by placing a (✓) 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 (see page 5 of application).

#	Question	Yes	No	Type of Crime	Date of Action	Name of Court
1	Have you **EVER** been convicted of a misdemeanor or felony?	☐	☐			

Licensure Information: You must answer the following 2 questions

The following questions relate to a credential that you hold or have held in cosmetology, electrology, esthetics, nail technology, body art, health services, health-related services or environmental services in another jurisdiction/state.

		Yes	No			
2	Do you hold an active or inactive (similar status) license in any state?	☐	☐	If yes, what State(s) are you licensed in?	What type of license do you hold?	
	If you are licensed, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	☐	☐	Type of Licensure Action	Date of Action	Name of Entity taking Action
3	Have you ever been denied the right to take a credentialing (licensure) examination?	☐	☐	Please Explain:		

SECTION E – EXAMINATION

☐ **Computer-Based testing:**

Before you can register for the examination, you must receive the Department's examination authorization letter, then you can schedule the test date/site with LaserGrade and pay the examination fee directly to LaserGrade. (Do not send this fee to the Licensure Unit)

Special Accommodations: If you have a disability that requires any accommodations for taking the examination, an "Accommodation Request" must be requested from our office and submitted with the application.

SECTION F – PRACTICE PRIOR TO CREDENTIAL

An individual who practices prior to issuance 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	I have practiced as a nail technology instructor in Nebraska before submitting this application?	☐ Yes ☐ No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business:
		City:
		Telephone #:

38-1061. Licensure or registration; categories; use of titles prohibited; practice in licensed establishment or facility.
(1) All practitioners shall be licensed or registered by the department under the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act in a category or categories appropriate to their practice.

(2) Licensure shall be required before any person may engage in the full, unsupervised practice or teaching of cosmetology, electrology, esthetics, nail technology, or body art, and no person may assume the title of cosmetologist, electrologist, esthetician, instructor, nail technician, nail technology instructor, esthetics instructor, permanent color technician, tattoo artist, body piercer, or body brander without first being licensed by the department.

(3) All licensed practitioners shall practice in an appropriate licensed establishment or facility.

SECTION G - ATTESTATION

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check the appropriate box below:

☐ I am a citizen of the United States.

☐ An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or

☐ A nonimmigrant 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 issued 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;
3. I am of good character; and

Print Name: _____

Signature: _____ Date: _____

38-10,128. Nail instructor; licensure by examination; requirements. In order to be licensed as a nail technology instructor by examination, an individual shall meet, and present to the department evidence of meeting, the following requirements:

(1) He or she has attained the age of seventeen years on or before the beginning date of the examination for which application is being made;

(2) He or she has completed formal education equivalent to a United States high school education;

(3) He or she possesses sufficient ability to read the English language to permit the applicant to practice in a safe manner, as evidenced by successful completion of the written examination; and

(4) He or she has graduated from a school of cosmetology or nail technology school providing a nail technology program. Evidence of graduation shall include documentation of the total number of hours of training earned and a diploma or certificate from the school to the effect that the applicant has complied with the following:

(b) For licensure as a nail technology instructor, the program of studies shall consist of at least three hundred hours, beyond the program of studies required for licensure as a nail technician and the individual shall be currently licensed as a nail technician in Nebraska as evidenced by possession of a valid Nebraska nail technician license.

The department shall grant a license in the appropriate category to any person meeting the requirements specified in this section.

38-129. Issuance of credential; qualifications. No individual shall be issued a credential under the Uniform Credentialing Act until he or she has furnished satisfactory evidence to the department that he or she is of good character and has attained the age of nineteen years except as otherwise specifically provided by statute, rule, or regulation. A credential may only be issued to a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

<u>NOTE:</u> In order for your application to be considered complete, all applicants <u>MUST</u> also submit a copy of the following documents:

1. ☐ <u>Age:</u> Evidence of at least 17 years of age on or before the examination (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);

2. ☐ <u>Citizenship, Lawful Presence</u> Information: You must submit a **copy** of at least one of the following documents:
   (a) A U.S. Passport (unexpired or expired);
   (b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
   (c) An American Indian Card (I-872);
   (d) A Certificate of Naturalization (N-550 or N-570);
   (e) A Certificate of Citizenship (N-560 or N-561);
   (f) Certification of Report of Birth (DS-1350);
   (g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
   (h) Certification of Birth Abroad (FS-545 or DS-1350);
   (i) A United States Citizen Identification Card (I-197 or I-179);
   (j) A Northern Mariana Card (I-873);
   (k) A Green Card otherwise known as a Permanent Resident Card (Form I-551) both front and back of the card;
   (l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
   (m) A document showing an Alien Registration Number ("A#"), an Employment Authorization Card is NOT acceptable; or
   (n) A Form I-94 (Arrival-Departure Record);

3. ☐ <u>Education:</u> You must submit:
   ☐ a copy of your diploma verifying completion of a nail technology instructor program of studies, **AND**
   ☐ Attachment 1 completed by the nail technology school or school of cosmetology that you graduated from;

4. ☐ <u>Conviction Information:</u> If you have been convicted of a felony or misdemeanor, you must submit:
   (a) A copy of the court record, which includes charges and disposition;
   (b) Explanation from the applicant 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;
   (c) 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
   (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

5. ☐ <u>Other Credentialing Info:</u> If you hold or have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;

6. ☐ <u>Disciplinary Action:</u> If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;

7. ☐ <u>Fee:</u> The required fee (see chart on page 1 of this application).

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

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THIS FORM MUST BE COMPLETED BY THE NAIL TECHNOLOGY SCHOOL OR SCHOOL OF COSMETOLOGY

THIS IS TO VERIFY THAT:

The records of: _____
(Name of Nail Technology School or Cosmetology School)

School Address: _____
(City and State)

Indicate that: _____
(Student's Name)

Complete the following information for the above named student:

Category of Training:			
Hours of Training Earned:		Credits Earned:	
Date Enrolled: Date Training Completed:		Date of School Diploma or Certificate:	
Date of Practical Examination:		Final Practical Score Received:	
Date of Written Examination:		Final Written Score Received:	

I hereby state that I am the person completing this information and the statements are true and complete.

_____
(Signature of School Representative)

_____ date