



Dear Licensee:

The following information relates to a License which has:

- Been Revoked for non-payment;
- Expired
- Been placed on Inactive status or;
- Lapsed

To reinstate your **nail technician license**, you must meet the continuing education requirement (**8 hours**), and submit a complete reinstatement application along with the appropriate renewal and reinstatement fees as listed on the following reinstatement application. Hours taken to reinstate your license can also be used to renew your license at the end of that renewal period so you are not required to have additional hours for renewal.

If an applicant has practiced while his/her credential was expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Assess an administrative penalty pursuant to Neb. Rev. Stat. §38-1,116, in which case a separate notice of opportunity for hearing will be sent to the applicant;
2. Deny the application to reinstate the credential;
3. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
4. Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

The Department will act within 150 days on all completed applications with disciplinary issues. The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

Nail technician licenses must be renewed by December 31st of the odd number years. At least 30 days prior to that date, you will be sent notification that the license must be renewed by completing a renewal application and submitting it along with the renewal fee and verification of the required 8 hours of continuing education hours.

**For name changes**, please submit a photocopy of your marriage license or divorce decree (depending upon how the change was made) with your reinstatement information. Your name cannot be changed until proof of the name change is submitted.

If you have any questions regarding the procedure for reinstatement, please call our office.

Sincerely,

***Garrett Packett***

Garrett Packett, Licensing Specialist  
Licensure Unit  
402-471-4920

KC/gp  
Attachments



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 Division of Public Health - Licensure Unit  
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**NAIL TECHNICIAN**  
**APPLICATION FOR REINSTATEMENT OF A**  
**LICENSE TO PRACTICE**  
 (Revoked, Expired, Placed on Inactive Status, or Lapsed)

Depending upon when your reinstatement is submitted, fees are as follows: (Payable to "Licensure Unit")

~~YEAR~~	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153
Odd Numbered Year	\$153	\$153	\$153	\$153	\$153	\$153	\$64.50	\$64.50	\$64.50	\$64.50	\$64.50	\$64.50

**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.**

Nail Technology 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:		
	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, Alien Registration Number and/or I-94 Number. If you have both a SSN and A# or I-94 number, you must report both.	SSN#									
		A#									
		I-94 #									
<p><b>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.</b></p>											
2	<p>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 <b>YES</b> to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> <li>A copy of the court record, which includes charges and disposition;</li> <li>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;</li> <li>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</li> <li>A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul> <p>List below any misdemeanor or felony convictions</p> <table border="1"> <thead> <tr> <th>Type of Crime</th> <th>Date of Action</th> <th>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							<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Crime	Date of Action	Name of Court/Entity Taking action									
3	Have you held a license that was issued by another jurisdiction(s)/state to provide health services, health-related services, or environmental services since your Nebraska license was last on Active status?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
3a	Has such license been denied, refused renewal, or disciplined since your Nebraska license was last on Active status? (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.	<input type="checkbox"/> Yes <input type="checkbox"/> No									

**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 Investigation [http://dhhs.ne.gov/Pages/reg\\_invest-p.aspx](http://dhhs.ne.gov/Pages/reg_invest-p.aspx) 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.

**SECTION B CONTINUING EDUCATION:** You must complete 8 hours of continuing education within 24 months (2 years) of submitting this application for reinstatement.

**CONTINUING EDUCATION HOURS:** (MUST BE COMPLETED BEFORE APPLICATION FOR REINSTATEMENT IS SUBMITTED)

<input type="checkbox"/> Yes	Have you met the continuing education requirements for your profession? If no, you may apply for a waiver as indicated below (if you qualify).
<input type="checkbox"/> No	

**Mandatory Hours:** You must have completed at least 4 hours of Board approved continuing education. These hours will have a program number assigned or if completed in another State, must be approved by that State Cosmetology Board; these 4 hours cannot be homestudy. All 8 hours may be obtained through these mandatory hours.

**Optional Hours:** You may have obtained 4 of the 8 hours in the following topic areas.

Homestudy programs (relating to cosmetology or any of the topic areas listed below) – Up to 2 hours <b>only</b>
CPR/First Aid – Up to 4 hours
Equipment use (used within the profession) - Up to 4 hours
People skills/special needs (other similar titles) - Up to 2 hours
Product knowledge (used within the profession) - Up to 4 hours
Marketing - Up to 4 hours
Technical School/University/College - Up to 4 hours – only the following types of courses are considered acceptable: (1) Practice Related; (2) Communications; (3) Humanities; (4) Sciences; (5) Business, i.e. Finance, Marketing, Computer, or other similar courses; and (6) Well-Being, i.e. Psychology, Sociology, or other similar courses
Applicable Licensing Examination- 2 hours
Barbering School classes - Up to 4 hours (barbering classes cannot be used for both mandatory and optional hours)
Sanitation/Safety – up to 4 hours

**WAIVER OF CONTINUING EDUCATION:** If you **have not** completed the continuing education requirement, and **qualify** for a waiver of the continuing education requirement, check the appropriate reason below:

<input type="checkbox"/>	<b>Initial License:</b> I was first licensed within the 24 months (2 years) immediately preceding the date of this application for reinstatement.
<input type="checkbox"/>	<b>Military:</b> 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.

**SECTION C 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	I have practiced nail technology in Nebraska my license expired or was placed on inactive status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, <b>you must list</b> the actual number of days you practiced in Nebraska and the business name, location and telephone number of the practice:          # of days: _____	Name of Business:
		City:
		Telephone #:

**Lawful Presence in the United States Attestation:**

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 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; and
3. I am of good character.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone/Fax (Optional): \_\_\_\_\_

E-mail (Optional): \_\_\_\_\_