

Division of Public Health - Licensure Unit  
 P.O. Box 94986 - Lincoln, NE 68509  
 Telephone: (402) 471-4970 or  
 dhhs.licensure2117@nebraska.gov

# Nail Technology Renewal Notice

**THIS IS THE ONLY NOTICE YOU WILL RECEIVE  
 (2-YEAR RENEWAL)**

**RENEWAL CAN BE DONE ON-LINE AT: <https://nebraska.mylicense.com/>**

Your **Nail Technology license EXPIRES December 31, 2017**. THE RENEWAL FEE OF \$118 AND THIS DOCUMENT **MUST BE SUBMITTED ON OR BEFORE 12/31/2017 to avoid expiration of your license. If your license expires and you continue to practice nail technology, you will be charged an administrative penalty of \$10 per day for each day of Nail Technology practice up to \$1,000.**

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

Name:	
Address:	
City:	
State/Zip:	

**Check Requested Status:**

- ACTIVE \$118
- INACTIVE No Fee
- MILITARY WAIVER No Fee

**Make fee payable to:  
 'Licensure Unit'**

(you will NOT receive a receipt)

**ADDRESS & NAME CHANGES:**

**Check this box if your address has changed.** For name changes, you must submit a copy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the license will be issued in the name on our records.

**ONLINE LICENSE RENEWAL:** You can renew your license online at <https://nebraska.mylicense.com/> with a MasterCard or Visa logo credit or debit card.

**INACTIVE STATUS:** If you choose to not renew your license, you may select Inactive Status. Inactive means that you cannot practice but may state that you hold an inactive license. To change from Inactive to Active Status, you MUST contact this office for a reinstatement application and meet the reinstatement requirements which are in effect at the time the status change is requested.

1	<p>To renew your license, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. Enter your number below. If you have both a SSN and an A# or I-94 number, you must report both.</p> <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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">Social Security Number</td> <td style="width: 40%; border: 1px solid black; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Alien Registration Number</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> <tr> <td style="text-align: center;">Form I-94 (Arrival-Departure Record)</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> </table>	Social Security Number		Alien Registration Number		Form I-94 (Arrival-Departure Record)					
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Alien Registration Number											
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2	<p>Were you convicted of a misdemeanor or felony in any state/jurisdiction <b>between 12/31/2015 and 12/31/2017</b>? If you answer <b>YES</b> to this question, you must submit the following 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 your probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul> <p>List below any misdemeanor or felony convictions <b>between 12/31/2015 and 12/31/2017</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Type of Crime</th> <th style="width: 20%;">Date of Action</th> <th style="width: 40%;">Name of Court/Entity Taking action</th> </tr> </thead> <tbody> <tr> <td style="height: 25px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 25px;"></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	<p>Do you hold a license in another state/jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "No" to this questions, answer "No" to the question below)</p> <p>If yes, has such license been denied, refused renewal, or disciplined between <b>12/31/2015 and 12/31/2017</b>? (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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No									

**NOTE: DO NOT SUBMIT CONTINUING EDUCATION CERTIFICATES TO THIS OFFICE UNLESS YOU ARE RANDOMLY SELECTED FOR AUDIT.** If audited, you will be notified by mail at a later date so please retain all documentation of continuing education activities that you have completed for this renewal. Licensees are advised to retain all documentation of continuing education for at least 4 years.

**CONTINUING EDUCATION:** To renew your license, you must complete 8 hours of continuing education between **JANUARY 1, 2015 and DECEMBER 31, 2017** and you must complete the "Verification of Continuing Education" below. Any hours earned prior to this time period are not acceptable; and hours earned in excess of the requirement may not be carried over for the next license renewal.

**VERIFICATION OF CONTINUING EDUCATION:** Check the following box if you **HAVE OR WILL** complete the required Continuing Education by December 31, 2015. If you do not complete the required continuing education hours, you **cannot** renew on Active status.

<input type="checkbox"/>	<b>YES</b> , I have or will complete at least 8 hours of continuing education between January 1, 2015 and December 31, 2017
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**WAIVER:** If you **have not** completed the continuing education but qualify for a waiver or were first licensed within the 24 months immediately prior to the expiration date, check the reason:

<input type="checkbox"/>	I was first licensed as a nail technician AFTER 12/31/2015. (Waiver is for continuing education hours <b>only</b> --the renewal fee must still be paid) <b>Date you were licensed in Nebraska:</b> _____
<input type="checkbox"/>	I have served full-time duty in the active military service of the United States, or 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 during part of the 24 months immediately preceding the biennial licensure renewal date. (You <b>MUST</b> provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)

**Attestation:** For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 **I attest that:**

(check **only ONE** of the boxes below)

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.

**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.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

**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:	
Phone/Fax (Optional):	
E-mail (Optional):	

**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 Investigations [http://dhhs.ne.gov/Pages/reg\\_invest-p.aspx](http://dhhs.ne.gov/Pages/reg_invest-p.aspx) or you can call 402-471-0175 and request a report form, 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.

**ADMINISTRATIVE PENALTY:** If you practice Massage Therapy after the expiration of your license, you are 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 license.

**TO PRINT YOUR RENEWED WALLET CARD GO TO:** <http://www.nebraska.gov/LISSearch/search.cgi>