



Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, NE 68509
 Telephone: (402) 471-4920 or
 garrett.packett@nebraska.gov

Renewal Notice Nail Technology Instructor

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

Your **Nail Technology INSTRUCTOR** license **EXPIRES December 31, 2015**. THE RENEWAL FEE OF **\$118** AND THIS DOCUMENT **MUST BE SUBMITTED ON OR BEFORE 12/31/2015 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 \$50
- 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.

NOTE: To renew your instructor's license, you must ALSO renew your nail technology license.

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	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. 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.										
	Social Security Number										
	Alien Registration Number										
	Form I-94 (Arrival-Departure Record)										
2	Were you convicted of a misdemeanor or felony in any state/jurisdiction between 12/31/2013 and 12/31/2015 ? If you answer YES to this question, you must submit the following documents to the Licensure Unit: <ul style="list-style-type: none"> 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 your probation officer addressing probationary conditions and current status, if you are currently on probation; List below any misdemeanor or felony convictions between 12/31/2013 and 12/31/2015	<input type="checkbox"/> Yes <input type="checkbox"/> No									
	<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> </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							
Type of Crime	Date of Action	Name of Court/Entity Taking action									
3	Have you held a license issued by 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No									
	If yes, has such license been denied, refused renewal, or disciplined between 12/31/2013 and 12/31/2015 ? (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 license disciplinary actions pending that result in misdemeanor or felony conviction or license discipline, you must report such actions to of Office of Investigations 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 and/or state discipline could result in disciplinary action.

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 at least 4 hours of Board approved teaching methodology classes between January 1, 2013 and December 31, 2015. Teaching methodology includes: teaching styles, presentation methods, lesson planning, test development, teaching difficult students).

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"/>	YES, I have or will have completed at least 4 hours of teaching methodology classes between January 1, 2013 and December 31, 2015
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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 technology instructor AFTER 12/31/2013. (Waiver is for continuing education hours only --the renewal fee must still be paid) Date licensed: _____
<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 MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
<input type="checkbox"/>	I suffered from a serious or disabling illness or disability that prevented me from completing the continuing education. (You must submit a statement from a physician stating that the licensee was injured or ill, the duration of the illness or injury, and the recovery period, and that the licensee was unable to attend continuing competency activities during the current renewal period.)

COMPLETE THE FOLLOWING ATTESTATIONS: (All licensees complete this section and **must sign and date this form**).

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 license under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a license 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 a copy of lawful presence which may include:

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 license will **NOT** be renewed until a copy of the above is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take 4-6 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.

NOTE: To renew your instructor's license, you must ALSO renew your nail technology license.

Print Name:	
Signature:	Date:
Phone/Fax (Optional):	
E-mail (Optional):	