

# Occupational Therapist Assistant RENEWAL NOTICE

Division of Public Health, Licensure Unit  
 Occupational Therapy Renewal  
 P.O. Box 94986  
 Lincoln, NE 68509 – 4986 Phone: 402-471-2299  
 Email: [michelle.humlicek@nebraska.gov](mailto:michelle.humlicek@nebraska.gov)

<p>Your <b>Occupational Therapy Assistant</b> credential <b>EXPIRES August 1, 2018</b>. THE RENEWAL FEE OF \$120 and THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE <b>August 1, 2018</b> to avoid expiration of your credential and removal of authorization to practice. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your credential expires.</p> <p>LICENSE # : _____</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p style="text-align: right;"> <input type="checkbox"/> Check box if name changed  <input type="checkbox"/> Check box if address changed         </p> <p><b>NAME &amp; ADDRESS CHANGES:</b> If your name or address has changed, check the appropriate box(s) above. For name changes, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the license will be issued in the name in our records.</p> <p><b>NOTE:</b> You will no longer receive a wallet card as proof of renewal. To print your wallet card go to: <a href="http://www.dhhs.ne.gov/lookup">www.dhhs.ne.gov/lookup</a>.</p>	<p><u>YOU MUST CHECK A BOX BELOW:</u></p> <p><input type="checkbox"/> ACTIVE \$120.00</p> <p><input type="checkbox"/> INACTIVE (No fee)</p> <p><input type="checkbox"/> MILITARY WAIVER No Fee</p> <p><b>Make check Payable to:</b>              DHHS - Licensure Unit              (You will not receive a receipt).</p>
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**INACTIVE STATUS:** If you elect not to renew your credential, you may select Inactive Status. Inactive means that you cannot practice but may represent yourself as having an inactive credential. You must sign and date the form. To change from Inactive to Active Status, you MUST complete a reinstatement application and meet the requirements which are in effect at the time the status change is requested.

1	<p>To renew your credential, 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. <a href="#">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.</a></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Social Security Number</td> <td style="width: 50%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Alien Registration Number</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Form I-94 (Arrival-Departure Record)</td> <td></td> </tr> </table>	Social Security Number		Alien Registration Number		Form I-94 (Arrival-Departure Record)	
Social Security Number							
Alien Registration Number							
Form I-94 (Arrival-Departure Record)							
2	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between <b>August 2, 2016 and August 1, 2018</b>? 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 list of any misdemeanor or felony convictions;</li> <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><b>NOTE:</b> 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 this Department 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3a	<p>Have you held a credential that was issued between <b>August 2, 2016 and August 1, 2018</b> by another jurisdiction(s) to provide health services, health-related services, or environmental services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3b	<p>Has such credential been denied, refused renewal, or disciplined between <b>August 2, 2016 and August 1, 2018</b>? (If "YES", please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and disposition.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No					

**Signature Required on Page 2**

\*\*\* Do NOT submit continuing competency certificates to this office unless they are requested \*\*\*

**CONTINUING COMPETENCY REQUIREMENTS –OCCUPATIONAL THERAPIST**

**CONTINUING COMPETENCY REQUIREMENTS:** Between August 2, 2016 and August 1, 2018 you must have completed FIFTEEN (15) hours (**Occupational Therapist Assistant**) of continuing education for renewal of your license. The Nebraska Board of Occupational Therapy Practice will only accept continuing education credits which meet the criteria for continuing education programs as outlined in Section 009 of Title 172 Chapter 114 – Regulations Governing the Practice of Occupational Therapy. You may not use more than: 7 1/2 hours from management courses; 2 hours from student supervision; 10 hours from participation in research or other scholarly activities; and 2 hours from informal self-study.

\_\_\_\_\_ I AM REQUESTING A WAIVER of \_\_\_\_\_ continuing education hours. Check applicable reason(s) for waiver below and send in the required documentation.

<input type="checkbox"/>	Yes, I have met or will meet the continuing competency requirements of 15 hours of acceptable continuing education on or before August 1, 2018.
<input type="checkbox"/>	I was first licensed within the twenty-four months immediately preceding the license renewal date. <b>Only Credential numbers 998-1050 qualify for this waiver.</b>
<input type="checkbox"/>	I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately preceding the licensure renewal date. <b>(Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that the certificate holder was unable to attend continuing education programs during that period.)</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 <b>(You MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)</b>
<input type="checkbox"/>	I met the requirements of an advanced degree in a postgraduate program relating to occupational therapy during this renewal period. (You must submit official documentation showing completion of two or more semester hours.)

If you are requesting a waiver above, documentation (if required) must be provided to support your request for waiver of continuing education. **If the specified documentation is not submitted, review and processing of your license renewal cannot occur.**

**Please complete the following attestations:** (ALL credential holders must 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 a qualified alien under the Federation 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**

I am **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.)

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your license will NOT be renewed until such proof is received by our office and verified through the Department of Homeland Security (this 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;
3. I am of good character;

Print name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_