



Division of Public Health, Licensure Unit
 Occupational Therapy Renewal
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Occupational Therapist RENEWAL NOTICE

Your **Occupational Therapy** credential **EXPIRES August 1, 2016**. THE RENEWAL FEE OF \$120 and THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE **August 1, 2016** 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.

LICENSE # : _____

- Check box if name changed
- Check box if address changed

NAME: _____

ADDRESS: _____

YOU MUST CHECK A BOX BELOW:

- ACTIVE \$120.00
- INACTIVE (No fee)
- MILITARY WAIVER (No Fee)

Make check Payable to:
 DHHS - Licensure Unit
 You will not receive a receipt

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. 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.</p> <p>Social Security Number _____</p> <p>Alien Registration Number _____</p> <p>Form I-94 (Arrival-Departure Record) _____</p>	
2	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between August 2, 2014 and August 1, 2016? If you answer YES to this question, you must submit the documents to the Licensure Unit:</p> <ul style="list-style-type: none"> • A list of any misdemeanor or felony convictions; • 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 the probation officer addressing probationary conditions and current status, if you are currently on probation; <p>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 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 August 2, 2014 and August 1, 2016 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 August 2, 2014 and August 1, 2016? 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, 2014 and August 1, 2016 you must have completed TWENTY (20) hours (**Occupational Therapists**) 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: 10 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:

<input type="checkbox"/>	I was first licensed within the twenty-four months immediately preceding the license renewal date. (ONLY CREDENTIAL NUMBERS 1824 THROUGH 3000 QUALIFY FOR THIS WAIVER.)
<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. (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.)
<input type="checkbox"/>	I hold a Nebraska license as an OT but am not engaged in OT in Nebraska.
<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 dated (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 had other circumstances beyond my control that prevented me from obtaining the required continuing competency requirements during this renewal period. (You must submit documentation verifying such circumstances.)

If the specified documentation is not submitted, review and processing of your license renewal cannot occur.

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (All Credential holders 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 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 renewed 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;
4. **I have met or will meet the continuing competency requirements on or before August 1, 2016.**

Print Name: _____

Phone: _____

Birthplace: _____

Signature: _____

Date: _____

E-mail Address (Optional) _____

Fax (Optional) _____