

**Physician Assistant
 RENEWAL NOTICE**

NOTE: THIS IS THE ONLY NOTICE YOU WILL RECEIVE!

Your **credential as a Physician Assistant expires 10/01/2015**. The renewal fee of **\$110.00** and this document must be postmarked on or before 10/01/2015 to avoid expiration 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 #: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Name & Address Changes: If your name and/or address is incorrect, cross out incorrect information and print corrected information. For name changes, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name change. If not submitted, the credential will be issued in the name current on record.

Fees: Check requested status below:

- ACTIVE \$110.00
- INACTIVE No Fee
- MILITARY WAIVER

(No Fee) Supporting documentation must be submitted along with this form.

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

MILITARY: If you have served in the regular armed forces of the US or are actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding 10/01/2015, you may waive the renewal fee and the continuing competency requirement. If you are submitting this completed form by mail, and wish to claim the military waiver, you **MUST** also submit a copy of official documentation verifying dates of service (your military orders). **PRIOR** to completing an **ON-LINE renewal**, you **MUST** submit official documentation stating dates of service via fax ATTN: Tressa 402-471-8614 or via e-mail at dhhs.medicaloffice@nebraska.gov. Please supply an e-mail or phone number so that you may be contacted after the waiver has been completed.

INACTIVE STATUS: INACTIVE MEANS you cannot practice but may represent yourself as having an inactive credential. To return 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. You do not have to meet continuing competency requirements to request INACTIVE STATUS.

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 October 2, 2013 and October 1, 2015?</p> <p>If you answer YES to this question, you must submit the following 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; 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	<p>Have you held a credential that was issued 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 October 2, 2013 and October 1, 2015? (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

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.

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

CONTINUING COMPETENCY REQUIREMENTS: You **MUST** have completed 50 hours of acceptable continuing education, or have met one of the waivers, between October 2, 2013 and October 1, 2015 in order for your credential to be renewed to ACTIVE status (not required if you request inactive status).

<input type="checkbox"/>	I have met or will meet the continuing competency requirements on or before OCTOBER 1, 2015 . <ul style="list-style-type: none">• 50 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACGME) or the American Osteopathic Association (AOA). A licensee who has earned more than 50 hours required for license renewal for 24 month renewal period is allowed to carry over up to 25 hours to the next 24 month renewal period; or• Meet the National Commission on Certification of Physician Assistants (NCCPA) re-registration requirements during the period between October 2, 2013 and October 1, 2015.
<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 was FIRST credentialed within the twenty-four (24) months immediately preceding the credential renewal date October 1, 2015. Initially Licensed _____.

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; and
3. I am of good character.

Signature (required)

Printed Name (required)

Date (required)

*Telephone Number

*Email Address

***If you provide us with this information, we may be able to resolve any problem with your renewal more quickly. Our preferred method of communication is through email. Please allow 10 business days to receive your new wallet card license.**

Disaster Response Volunteers Needed

In an emergency event, your skills and abilities could be in great demand. The State of Nebraska Medical and Health Volunteer registry allows you to register as a healthcare volunteer before disaster strikes. This secure system allows disaster response officials to quickly identify those healthcare professionals necessary to meet the needs of a disaster or emergency situation. Your professional skills can then best be put to use in a coordinated and efficient manner, while granting you additional legal protection under the Nebraska Emergency Management Act (see Neb. Rev. Statute 81-829.36).

Registration only takes a moment and does not obligate you to respond to any future disasters; instead, registration allows you to be contacted for your availability during a local, state, or national emergency. Saving lives in an effective response to an emergency or disaster often depends on quickly identifying and contacting volunteer healthcare professionals such as yourself who have the specific skills necessary to care for people who are injured or ill. Please take a moment to register at: <https://volunteers.ne.gov/ESAR-VHP/faces/jsp/login.jsp>