Department of Health & Human Services
DHHS
NEBRASKA
Department of Health and Human Services
Division of Public Health – Licensure Unit
PO Box 94986
Lincoln NE 68509-4986 Telephone: 402/471-2299

# PHYSICAL THERAPIST RENEWAL NOTICE

Your **PHYSICAL THERAPIST** credential **expires NOVEMBER 1, 2015.** The renewal fee of $133.00 and this document must be postmarked on or before **November 1, 2015 to avoid expiration of your credential and removal of authorization to practice.** An administrative penalty of $10 per day up to $1000 will be assessed for practicing after your credential expires.

| **License #:** | |
|---|---|

✓ box if name changed
✓ box if address changed

| **Name:** (first/last) | |
|---|---|
| **Address:** | |
| | |
| | |
| | |

**Fees** Check requested status below:

ACTIVE $133.00

INACTIVE (no fee)

ACTIVE/MILITARY WAIVER No fee

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

**NAME & ADDRESS CHANGES:** 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.

**INACTIVE**: If you elect not to renew your credential, you may select **Inactive** status. Inactive means that you cannot practice as a physical therapist after the expiration date of your credential, but may represent yourself as having an inactive credential. You do not have to meet the continuing competency requirements to request Inactive status, but you must answer all questions, and sign and date your renewal.
In order to change from **Inactive** to **Active** status, you must submit a **Physical Therapist Reinstatement Application** and the requirements which are in effect at the time you are requesting the change. The application is located on the Physical Therapy webpage at: http://dhhs.ne.gov/publichealth/Pages/crl_rcs_pt_pt.aspx

**YOU MUST ANSWER THE FOLLOWING QUESTIONS:** If you fail to answer these questions, you renewal will **not** be processed and will be returned to you as incomplete. Answer each of the following questions with regards to the time period since your last renewal or since you were for licensed in Nebraska.

| | | |
|---|---|---|
| 1 | 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.<br>**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.**<br>Social Security #<br>Alien Registration #<br>Form I-94 (Arrival-Departure Record) # | |
| 2 | Were you convicted of a misdemeanor or felony in any jurisdiction during this renewal period (11/02/2013 thru 11/01/2015) that has not been previously reported?<br>If you answer **YES** to this question, you submit the following documents with your renewal directly to this office:<br>• A list of any misdemeanor or felony convictions;<br>• A copy of the court record, which includes charges and disposition;<br>• Written explanation of the events leading up to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;<br>• 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<br>• A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation. | Yes No |
| 3a | Have you held a credential that was issued during this renewal period (11/02/2013 thru 11/01/2015) by another jurisdiction to provide health services, health-related services or environmental services? | Yes No |
| 3b | Has such credential been denied, refused renewal, or disciplined during this renewal period (11/02/2013 thru 11/01/2015)? If yes, please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), include charges and disposition. | Yes No |

**NOTE:** If you have any criminal charges or license disciplinary actions pending that result in misdemeanor or felony convictions or license 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.

## CONTINUING COMPETENCY REQUIREMENTS – PHYSICAL THERAPIST

**You must have completed at least twenty (20) hours of acceptable continuing education AND have passed the Nebraska Law Tutorial with a score of 100% or have met conditions of a waiver between 11/02/2013 through 11/01/2015.**

**Mark the appropriate box below:**

| | |
|---|---|
| ☐ | I have met or will meet the continuing competency requirement of completing 20 hours of acceptable continuing education and passed the Nebraska Law Tutorial with a score of 100% by the renewal expiration date of 11/01/2015. |
| ☐ | 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 (11/02/2013 to 11/01/2015). (**You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption. If you meet this exemption, you are not required to pay the renewal fee.**) |
| ☐ | I was first credentialed within the twenty-four months immediately preceding the license renewal date of 11/01/2015. (Only licenses 3291-4000 qualify) |
| ☐ | I have suffered a serious or disabling illness or physical disability, which prevented completion of continuing competency during the twenty-four (24) months immediately preceding the licensure renewal date of 11/01/2015. **(Submit a statement from a treating physician(s) stating that you were injured or ill; the duration of the illness or injury and of the recovery period; and that you were unable to obtain or complete continuing education hours during that period. This waiver requires review and approval by the Board of Physical Therapy, which may take four to six weeks.)** |

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.**

## CONTINUING COMPETENCY REQUIREMENTS

In order for a learning experience to be accepted for renewal or reinstatement of a physical therapist license or physical therapist assistant certificate, the learning experience must relate to physical therapy and it may focus on research, treatment, documentation, management or education. The Board may accept continuing education for the following learning experiences:

1. Programs at State and National meetings which relate to the theory or clinical application of theory pertaining to the practice of physical therapy for example, a meeting of the Nebraska Physical Therapy Association and/or the American Physical Therapy Association; or
2. Formal education courses or presentations in which:
   a. The courses or presentations are formally organized and planned instructional experiences that have: (1) A date; (2) Location; (3) Course title; (4) Number of contact hours; (5) A signed certificate of attendance; and (6) Are open to all licensees and certificate holders;
   b. The objectives relate to the theory or clinical application of theory pertaining to the practice of physical therapy; and
   c. The instructor has specialized experience or training to meet the objectives of the course;
3. University sponsored courses relating to the theory or clinical application of theory pertaining to the practice of physical therapy;
4. Home study relating to the theory or clinical application of theory pertaining to the practice of physical therapy: A Licensee or certificate holder may complete a maximum of ten hours of continuing education by home study each 24 month renewal period. The home study program must have a testing mechanism;
5. Management courses which relate to the theory or clinical application of theory pertaining to the practice of physical therapy. A Licensee or certificate holder may complete a maximum of four hours of continuing education utilizing management courses each 24 month renewal period;
6. Videotapes or satellite programs that meet the following criteria:
   a. There is a sponsoring group or agency;
   b. There is a facilitator or program official present each time the videotapes or satellite programs are presented to monitor attendance of licensees;
   c. Any program official who wishes to receive credit for a videotape or satellite program may not self-monitor attendance; and
   d. The objectives of the program must relate to the theory or clinical application of theory pertaining to the practice of physical therapy. A Licensee or certificate holder may complete a maximum of ten hours of continuing education utilizing videotape presentations or satellite programs each 24 month renewal period;
7. Completion and publication of a scientific review of a research paper for a professionally recognized database as approved by the Board for example, APTA *Hooked on Evidence*, Physiotherapy Evidence Database (PEDro). A Licensee or certificate holder will be awarded a maximum of five hours each 24 month period. One contact hour will be awarded for each article published. Documentation must include a certificate of completion or a copy of the published review;
8. Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relates to physical therapy and is intended for an audience of health care professionals: A Licensees or certificate holders will be awarded a maximum of ten hours each 24 month period. These include:
   a. Primary author of an article in a non-refereed journal. Earn five hours per article: Documentation required – a copy of the article;
   b. Primary or secondary author of an article in a refereed journal. Earn ten hours per article: Documentation required – a copy of the article;
   c. Primary, secondary or contributing author of a published textbook. Earn ten hours per book: Documentation required – A copy of the title page;
   d. Primary or secondary author of a poster presentation. Five hours per presentation: Documentation required – Letter of acknowledgement;
   e. Primary author of a home study course. Earn five hours per course: Documentation - Letter of approval;
9. Completion of the Jurisprudence (NE LAW) Examination: Five hours of continuing education will be awarded for passing the Jurisprudence (NE LAW) examination with a scaled score that is greater than or equal to 600;
10. Completion of a residency and/or fellowship program approved by the American Physical Therapy Association: A Licensee or certificate holder will be awarded one hour for each month of participation. Documentation required – Letter verifying participation from the agency providing the program. The dates of participation must be included in the letter;
11. Obtaining the initial Certified Strength and Conditioning Specialist (CSCS) certificate issued by the National Strength and Conditioning Association (NSCA). Four hours of continuing education will be awarded for the Certified Strength and Conditioning Specialist (CSCS) certificate during the twenty hour months prior to the reinstatement application or license expiration date; or
12. Direct supervision of students for clinical education:
    a. The physical therapist or physical therapist assistant who is supervising the student must be an American Physical Therapy Association Credentialed Clinical Instructor of record at the Basic Level;
    b. The student being supervised must be from an accredited physical therapist or physical therapist assistant program and participating in a full-time clinical experience of varying length. Full time is defined as clinical experiences with durations of approximately 40 hours per week ranging from 1-18 weeks;
    c. One hour will be awarded for every 160 contact hours of supervision of full-time physical therapist student or physical therapist assistant student;
    d. A maximum of eight hours for physical therapist and four hours for physical therapist assistant per 24 month renewal period may be awarded to each individual for supervision of a physical therapist student or physical therapist assistant student; and
    e. The physical therapist or physical therapist assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student.
13. Two hours of credit will be awarded for a current Cardiopulmonary Resuscitation (CPR) certificate.
14. One hour credit will be awarded for each hour of scientific presentation by a licensee or certificate holder acting as an essayist or lecturer to licensed physical therapists and physical therapist assistants if the program relates to the theory or clinical application of theory pertaining to physical therapy: A licensee or certificate holder may receive continuing education credit for only the initial presentation during a renewal period, with a maximum of four hours of continuing education for presentations in a 24 month renewal period.

***One hour of credit will be awarded for each hour of attendance. Credit will not be awarded for breaks or meals.**

***Maximum of ten hours of continuing education by home study each 24 month renewal period**.

**Nebraska Law Tutorial**: You must have successfully passed the Nebraska Law Tutorial between 11/02/2013 through 11/01/2015. The Nebraska Law Tutorial is a free, online open book tutorial developed by the Physical Therapy Board for the purpose of assuring that all physical therapist and physical therapist assistant understand the Physical Therapy Practice Act and the Regulations Relating to the Practice of Physical Therapy – 172 NAC 137. **You must receive a score of 100% and print your certificate for proof of completion. The Nebraska Law Tutorial** and Physical Therapy Statutes, Physical Therapy Regulation are located online at:

http://dhhs.ne.gov/publichealth/Pages/crl_rcs_pt_pt.aspx

**Proof of Continuing Competency:**

If you are randomly selected for an audit to provide proof of continuing competency, you will be notified by mail at a **later date**. Retain all documentation of continuing competency activities that you completed for the renewal of your credential. **DO NOT** submit continuing competency documentation to this office unless they are requested.

**ATTESTATION: All credential holders must complete this section.**

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

**Please check ONLY ONE box 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 State **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 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; and

Print Name: _____

**Signature:** _____ **Date:** _____

**If you provide the optional information below, it will allow our office to expedite communication if there is a problem with your renewal.**

Phone (optional): _____ E-mail Address (optional): _____