

PHARMACY TECHNICIAN RENEWAL NOTICE

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

Your **Pharmacy Technician** credential **expires 01/01/2019**. The renewal fee of \$25.00 and this document must be postmarked on or before **01/01/2019** to avoid expiration of your credential. An administrative penalty will be assessed for practicing after your credential expires.

REGISTRATION # :

LICENSE # : _____

2 Year Renewal

Printed Name: _____

Address: _____

City/State/Zip: _____

YOU MUST CHECK A BOX BELOW:

ACTIVE \$25.00

INACTIVE (No Fee)

MILITARY WAIVER (No Fee)

**Make Checks Payable to:
DHHS – Licensure Unit**

You will not receive a receipt.

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the credential will be issued in the name as printed above.

ONLINE LICENSE RENEWAL: You may renew your license online at <https://nebraska.mylicense.com/>. To register you will need your credential number, your social security number and a credit or debit card with a MasterCard or Visa logo.

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. To change from Inactive to Active Status, you **MUST** contact this office for an application and meet the reinstatement requirements which are in effect at the time the status change is requested.

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. 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 jurisdiction between 01/02/2017 – 01/01/2019 ? If you answer YES to this question, you must submit the documents to the Licensure Unit: <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	Have you held a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	Has such credential been denied, refused renewal, or disciplined between 01/02/2017 – 01/01/2019 ? (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.	<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.

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

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that

- I am a citizen of the United States; or
- I am a qualified alien under the Federal Immigration and Nationality Act.

Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States.

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Original 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 for processing. Wallet cards are available to print on the DHHS website <https://www.nebraska.gov/LISSearch/search.cgi>.**