



DHHS – Licensure Unit
 P.O. Box 94986 - Lincoln, NE 68509-4986
 Telephone: (402) 471-2118

PHARMACIST RENEWAL NOTICE

SECOND NOTICES WILL NOT BE SENT!!

Your Pharmacist credential **expires January 1, 2016**. To renew your credential, you must submit this notice and the renewal fee of **\$178** to the Licensure Unit postmarked on or before **January 1, 2016** to avoid expiration.

LICENSE # : _____

2 Year Renewal

Name: _____

Address: _____

City/State/Zip: _____

CHECK THIS BOX IF YOU HAVE HAD A NAME AND/OR ADDRESS CHANGE

FEES & STATUS:

Check requested status below:

- ACTIVE (\$178)
- INACTIVE (No Fee)
- MILITARY WAIVER (No Fee) – See info below regarding required documentation

Make Checks Payable to: DHHS Licensure Unit

You will not receive a receipt.

NAME & ADDRESS CHANGES: If your name and/or address on your credential is incorrect, print the correct information in the appropriate area above and check the box noting that change. For a name change, you must submit a photocopy of a marriage certificate, court order, etc., to provide proof of legal name change. If not submitted, the credential will be issued in the name currently on record. **On-line Access to Licensure Information:** <http://www.nebraska.gov/LISSearch/search.cgi>

ON-LINE RENEWAL: You may renew your Nebraska credential 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 the MasterCard or Visa logo. **On-line renewal option is the quickest renewal option.**

MILITARY: If you 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 (01/01/2014), you may waive the renewal fee and the continuing competency requirement. If you are submitting this completed form by mail, and wish to claim a military waiver, you **MUST** also submit documentation of your military orders. **PRIOR** to completing an **ON-LINE renewal**, you **MUST** submit documentation of your military orders. You may scan and email to dhhs.medicaloffice@nebraska.gov, or fax (402) 742-8355, or mail to Licensure Unit, PO Box 94986, Lincoln, NE 68509-4986. Please be sure to include your name, profession, license number, and email address in the fax, email, or written correspondence.

RENEWAL NOTICE: If you fail to meet the requirements for renewal on or before the date of expiration of your credential, or fail to place your credential on inactive status, it will expire without further notice or hearing. When your credential expires, the right to represent yourself as a credentialed person and to practice the profession in which a credential is required will terminate. Any credentialed person who fails to renew the credential by the expiration date and desires to resume practice of the profession, must apply to the Department for reinstatement of the credential.

INACTIVE STATUS: If you do not renew your credential, you may select 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.

YOU MUST ANSWER THE FOLLOWING QUESTIONS: **If you fail to complete any section of this renewal form, it will be returned to you. It would then need to be resubmitted and postmarked by the expiration date to avoid expiration.** Please answer each of the following questions with regards to the time period since your last renewal or initial license (licensed after 01/01/2012). **If you answer "YES" to questions 3 and/or 4b, you must provide a written explanation and documentation. If you answer "NO" to question 2, you must be eligible to answer "YES" to one of the waiver questions on page 2.**

1	Do you have a valid Social Security Number, Alien Registration Number, and/or I-94 Number? If yes, report below. Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security # _____ Alien Registration # _____ Form I-94 (Arrival-Departure Record) # _____	
2	Have you met the continuing competency requirements for your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you been convicted in any jurisdiction(s) of any misdemeanor or felony during this renewal (01/02/2014 through 01/01/2016) that has not been previously reported? If you answer YES to this question, you must request the following documents be sent directly to this office: <ul style="list-style-type: none"> A list of any misdemeanor or felony convictions; A copy of the court record relating to such convictions, which includes charges and disposition; Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions; All addition/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 the applicant is currently on probation. <p>NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction 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/licensure discipline could result in disciplinary action.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Do you hold a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "NO" to 4a, answer "NO" to 4b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b	Has any credential you hold in the other jurisdiction(s) been denied, refused renewal, or disciplined by another jurisdiction(s) during this renewal (01/02/2014 through 01/01/2016) that has not been previously reported? (If NOT credentialed in another jurisdiction answer "NO". 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

CITIZENSHIP STATUS: If you are NOT a citizen of the United States, you **MUST** submit evidence of lawful presence with this renewal notice, which may include a copy of: (1) a "Green Card" or a Permanent Resident Card (Form I-551); 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 license will **NOT** be renewed until such proof is received by our office. If you fail to meet the requirements for renewal on or before the date of expiration of your credential, or fail to place your credential on inactive status, it will EXPIRE without further notice or hearing.

ADMINISTRATIVE PENALTY: If you fail to complete any section of this renewal form, it will be returned to you and it must be resubmitted and postmarked by the expiration date to avoid expiration. **ANY INDIVIDUAL WHO PRACTICES AS A PHARMACIST AFTER THE EXPIRATION OF HIS/HER CREDENTIAL (01/01/16), IS SUBJECT TO ASSESSMENT OF AN ADMINISTRATIVE PENALTY OF \$10 PER DAY UP TO \$1,000** or such other action as provided in the statutes and regulations governing the credential.

CONTINUING COMPETENCY: Thirty (30) hours of acceptable continuing education earned during the preceding 24 month period (01/02/2014 to 01/01/2016) are required to renew your license. If you are randomly selected for an audit to provide proof of continuing education, you will be notified by mail at a later date. Retain all documentation of continuing education activities completed for the renewal of your credential for at least 4 years.

The Board of Pharmacy has approved the following providers of continuing education:

1. The Accreditation Council for Pharmacy Education (ACPE); or
2. The Nebraska Council on Continuing Pharmaceutical Education; or
3. Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME); or
4. Other providers demonstrating the same quality standards as those established in the Criteria for Quality of ACPE.

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

WAIVER: To request a waiver for the continuing competency requirement, check the appropriate box below as it pertains to you:

<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 (01/01/2016). If you meet this exemption, you are not required to pay the renewal fee. (Attach a copy of the documentation of your military orders). If the specified documentation is not submitted, processing of your credential renewal cannot occur.
<input type="checkbox"/>	I was first credentialed within the 24 months immediately preceding the credential renewal date of 01/01/2016. Initially Licensed: _____.

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

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows (*Please check the appropriate box below*):

- I am a citizen of the United States;** or
- I am NOT a citizen of the United States;** but, **I am an alien** lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am NOT a citizen of the United States;** but, **I am a non-immigrant** lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

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)

Date (required)

Telephone Number/Fax Number (HIGHLY RECOMMENDED)

E-mail Address (HIGHLY RECOMMENDED)