

Division of Public Health  
 Licensure Unit  
 PO Box 94986  
 Lincoln, NE 68509-4986  
 402-471-2118

**Physician/Osteopathic Physician & Surgeon  
 RENEWAL NOTICE**

**NOTE: THIS IS THE ONLY NOTICE YOU WILL RECEIVE!**

Your **licensure as a Physician/Osteopathic Physician and Surgeon expires 10/01/2018**. The renewal fee of **\$121.00** and this document must be postmarked on or before 10/01/2018 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 license 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 license will be issued in the name current on record.

**Fees:** Check requested status below:

- ACTIVE \$121.00**  
 Make Checks Payable to:  
 DHHS Licensure Unit  
 You will not receive a receipt
- INACTIVE**  
 No Fee
- ACTIVE / MILITARY**  
 No Fee

**MILITARY:** I choose Active-Military status. Since 10/01/16, I have served for 30 consecutive days on full-time active duty or approved leave. Military service is defined as full-time duty in the active military of the United States, 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. I understand that I may be required to submit a copy of my military orders to the DHHS Licensure Unit. There is no fee or continuing education requirement for military status.

**INACTIVE STATUS:** I choose Inactive status for my license. **INACTIVE MEANS** you cannot practice but may represent yourself as having an inactive license. 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	To renew your license, 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. <b>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.</b>	
	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 <b>October 2, 2016 and October 1, 2018?</b> If you answer <b>YES</b> to this question, you must submit the following documents to the Licensure Unit: <ul style="list-style-type: none"> <li>A list of any misdemeanor or felony convictions;</li> <li>A copy of the court record, which includes charges and disposition;</li> <li>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;</li> <li>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</li> <li>A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul>	<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 <b>October 2, 2016 and October 1, 2018?</b> (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.

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

**CONTINUING COMPETENCY REQUIREMENTS:** You **MUST** have met the continuing competency requirement or have met one of the waivers between October 2, 2016 and October 1, 2018 in order for your license 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 <b>OCTOBER 1, 2018</b> . <ul style="list-style-type: none"><li>• 50 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA). A licensee who has earned more than 50 hours required for license renewal for one 24 month renewal period is allowed to carry over up to 25 hours to the next 24 month renewal period; or</li><li>• One year (12 months done between October 2, 2016 and October 1, 2018) of participation in an approved graduate medical education program; or</li><li>• The AMA Physician's Recognition Award or the AOA CME certification (awarded within the 24 months immediately preceding the date of expiration).</li></ul>
<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.
<input type="checkbox"/>	I was <b>FIRST</b> licensed in Nebraska as a physician/osteopathic physician & surgeon within the twenty-four (24) months immediately preceding the licensure renewal date. Licenses issued on or after October 2, 2016 qualify for this waiver.

**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.

*(If you are NOT a citizen of the United States, we need a copy of your evidence of lawful presence, such as a permanent resident card, Form I-94, asylum document, etc. OR an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.)*

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.cqj>**

**Are you interested in registering for a FREE medication history tool, the Nebraska Prescription Drug Monitoring Program?**  YES  NO  
*\*by selecting YES to the above question you are beginning the registration process for access to the Nebraska PDMP; once your information has been verified you will receive further instruction on how to complete the registration process\**

**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>