

PODIATRIST RENEWAL NOTICE

This is the **ONLY** renewal notice you will receive.

Your **Podiatrist** license **EXPIRES 04/01/2018**. THE RENEWAL FEE OF **\$131.00** AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE **04/01/18**. If you do **NOT** renew your license by the expiration date, you may **not** continue to practice. If you continue to practice you will be subject to an administrative penalty.

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 \$131.00

INACTIVE No Fee

MILITARY No Fee

Supporting documentation of military duty 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 April 1, 2018, 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 ID or orders). **PRIOR** to completing an ON-LINE renewal, you **MUST** submit official documentation stating dates of service via fax ATTN: Podiatry Desk 402-742-8355 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 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.

YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Please answer each of the following questions with regard to the time period since your last renewal or initial license (first licensed after April 2, 2016).

1	<p>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. 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 April 2, 2016 and April 1, 2018? 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 license that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "NO" to question 3a, then answer "NO" to question 3b.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	<p>Has such license been denied, refused renewal, or disciplined between April 2, 2016 and April 1, 2018? (If "YES", please provide a list of any disciplinary actions taken against your license 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 license disciplinary actions pending that result in misdemeanor or felony 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/license 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 April 2, 2016 and April 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 requirement of completing 48 hours of acceptable continuing education on or before April 1, 2018 .
<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 licensed in the State of Nebraska within the twenty-four (24) months immediately preceding the license renewal date.

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (All Credential holders must complete this section and **must sign and date this form**.) For the purpose of meeting Neb. Rev. Stat. §§44-108 through 4-114 and 38-129 (check **ONE** of the boxes below)

I am a **citizen** of the United States.

OR

I am a **qualified alien** under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

I am a **nonimmigrant lawfully** present in the United States, (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act. **NOTE:** You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005. (i.e.: DACA, pending asylum, pending refugee, etc.)

Your license 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.

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 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>