



Application for licensure as a Radon Measurement Specialist

Department of Health and Human Services
 Division of Public Health
 Licensure Unit
 PO Box 94986
 Lincoln NE 68509-4986

If you require further information regarding this application, please contact Sue Kopera-Crumb at (402) 471-3576

(Please print or type application.)

Revised 07/2012

SECTION A – PERSONAL INFORMATION
 (All applicants for registration must complete this section.)
 This section is public information and **will** be displayed on the internet at
<http://www.nebraska.gov/LISSearch/search.cgi>.

Note: All mailings from this office will be sent to the address you indicate below. If you change your address, you must notify this office.

1.	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other names you are known as (aka), if any:	
2.	Current Mailing Address	Street/Box/Route:		
		City:	State:	Zip:
3.	Place of Business	Name of Licensed Radon Business you will work for:		

ADDITIONAL INFORMATION

This section is **not** public information and will **not** be displayed on the internet. A birth certificate satisfies both evidence of age and citizenship requirement - See Note for a complete list of acceptable documentation.

4.	Date of Birth	Month/Day/Year:	Place of Birth	City/State or Country:		
5.	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) Number		SSN A# I-94#		
		If you have both a SSN and an A# or an 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.				
6.	Telephone:		Fax #:		E-Mail Address:	
7.	Has your license in any profession in another state been revoked, suspended, limited, or disciplined in any manner?					YES ____ NO ____
If yes, applicant must provide an official copy of the disciplinary action. See Note						
8.	Have you been convicted of a misdemeanor or felony?					YES ____ NO ____
If yes, applicant must contact Nebraska Radon Program office for additional direction. See Note						

SECTION B – PRACTICE PRIOR TO LICENSE

An individual who practices prior to issuance of a license 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 license.

1.	Have you practiced Radon Measurement in Nebraska prior to submitting this application?	YES ____ NO ____
2.	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice	# of days: _____
		Name of business: _____
		City: _____
		Telephone #: _____

SECTION C - EDUCATION

All applicants must complete **Part 1** and provide a copy of the Certificate of Successful Completion and a copy of exam results.

PART I: Initial Training and Course Information	Name of Course:	
	Number of course hours:	
	Training Provider:	
	Location:	
	Date Completed:	

SECTION D – REGISTRATION FEE

Find the year and month in which you are submitting the application.

Remit the appropriate registration fee, payable to the Nebraska Department of Health and Human Services. All licenses are issued for a two year period.

PRORATION SCHEDULE

Year One (Odd-numbered year)	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	\$25	\$25	\$25	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92
Year Two (Even-numbered year)	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$92	\$25	\$25	\$25

●All licenses expire on March 31st of each odd-numbered year.

SECTION E - ATTESTATION

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 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.

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
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of all such act(s).

See note below for information on documentation that must be submitted.

Print Name: _____

Signature: _____ Date: _____

NOTE: The applicant **must submit** the following documentation:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation)
2. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential
3. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition
4. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - (a) A copy of the court record, which includes charges and disposition,
 - (b) Explanation from the applicant 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,
 - (c) 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
 - (d) A letter from the probation officer addressing probationary conditions and status, if you are currently on probation
5. Citizenship, lawfully admitted/present information: You must submit a copy of at least one of the following documents that provide proof of United States Citizenship:
 - (1) A U.S. Passport (unexpired or expired),
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal,
 - (3) An American Indian Card (I-872),
 - (4) A Certificate of Naturalization (N-550 or N-570),
 - (5) A Certificate of Citizenship (N-560 or N-561),
 - (6) Certification of Report of Birth (DS-1350),
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240),
 - (8) Certification of Birth Abroad (FS-545 or DS-1350),
 - (9) A United States Citizen Identification Card (I-197 or I-179), or
 - (10) A Northern Mariana Card (I-873)

Any of the following documents provide proof of lawfully admitted/present in the United States:

- (1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card"),
 - (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport,
 - (3) A document showing an Alien Registration Number ("A#"), or
 - (4) A Form I-94 (Arrival-Departure Record)
6. Education: Copy of the Certificate of Successful Completion of the training course, issued by the training provider
 7. Examination: Official documentation of the scores obtained on the NEHA/NRSB examinations
 8. Fee: The required fee

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.