

April 6, 2015

Dear Dr:

Our office is in receipt of your request to reinstate your license to practice medicine and surgery. Our records indicate that your license was suspended, limited, revoked or voluntarily surrendered to resolve a disciplinary matter, in lieu of discipline, or in response to a notice of disciplinary action.

In order to reinstate your license, you must submit the following documentation:

1. A complete application for reinstatement (form enclosed).
2. Reinstatement fee:

If you have not paid the license renewal fee within the last 24 months please submit the renewal fee of **\$ 121.00**.

If you have paid the license renewal fee within the last 24 months there is **no fee due** for reinstatement.

Please be advised that should you reinstate your license at this time, the expiration date will be October 1, 2016. At least 30 days prior to that date you will be sent notification of the need to submit a completed renewal application, the renewal fee payment and evidence of the required continuing competency, on or before the expiration date.

If you have any questions regarding the procedure for reinstatement, please contact me at (402) 471-2118.

Sincerely,

Kelli Dalrymple
Health Licensing Coordinator
Office of Medical & Specialized Health
PO Box 94986
Lincoln NE 68507

ksd



NEBRASKA

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 E-mail: medicaloffice@dhhs.ne.gov
 Telephone #: 402-471-2118

**PHYSICIAN OR OSTEOPATHIC PHYSICIAN AND SURGEON
 APPLICATION FOR REINSTATEMENT OF A LICENSE TO PRACTICE
 FOLLOWING SUSPENSION, LIMITATION, REVOCATION, OR VOLUNTARY
 SURRENDER TO RESOLVE A PENDING DISCIPLINARY MATTER, IN LIEU OF
 DISCIPLINE, OR IN RESPONSE TO A NOTICE OF DISCIPLINARY ACTION**

I hereby apply for reinstatement of my license to practice as a Physician, **License #** _____ in the State of Nebraska and submit the required fee of \$ _____. The reason I believe my license should be reinstated is:

Name: _____

Address: _____

SECTION A PERSONAL INFORMATION (All applicants must complete this section) (*This information is not displayed on the internet*)

1	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)	
2	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 #	
<p>If you have both a SSN and an A# or I-94 number, you must report both.</p> <p>Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.</p>						

SECTION B CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

Conviction Information:

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you been convicted of a misdemeanor or felony since your license was active?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered **YES**, you must submit the following documents:

- a) The court record, which includes charges and disposition;
- b) Arrest records;
- c) A letter 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;
- d) All addiction/mental health evaluations and proof of any treatment obtained; and
- e) A letter from the probation officer addressing probationary conditions and current status if the applicant is currently on probation;

List your professional activities for the three years preceding date of application, or since your license was last active, whichever time period is longer.

From: Month/Year		To: Month/Year	
Name of Facility:			
City/State/Country:			
Activity:			
From: Month/Year		To: Month/Year	
Name of Facility:			
City/State/Country:			
Activity:			
From: Month/Year		To: Month/Year	
Name of Facility:			
City/State/Country:			
Activity:			
From: Month/Year		To: Month/Year	
Name of Facility:			
City/State/Country:			
Activity:			

SECTION E CONTROLLED SUBSTANCES REGISTRATION

1	I have enclosed a photocopy of my current Federal Controlled Substances Registration. Federal Controlled Substances Registration #: _____ Expiration Date: _____
2	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.
3	I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time, I am to supply a photocopy of the registration to the State of Nebraska.

SECTION F QUESTIONS:

All applicants for reinstatement must answer the following questions by placing a (✓) in the appropriate box (yes or no). The questions pertain to the time period since the license was last active, unless otherwise specified. For any yes answers, explain the circumstances and outcome. The applicant will be notified of any additional documentation which is required by the Board/Department:

SECTION I	Yes	No
1. Have you had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been requested to appear before any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>

7. Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION II	Yes	No
1. Are you currently, or have you been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently, or have you had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION III	Yes	No
1. Have you been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been notified that any action against your hospital or institutional privileges is pending or proposed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been allowed to withdraw your staff privileges from a hospital or institution?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been subject to staff disciplinary action or non-renewal of an employment contract?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION IV	Yes	No
1. Have you been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION V	Yes	No
1. Have you been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been called before any licensing agency or lawful authority concerned with DEA controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you surrendered your state or federal controlled substances registration?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had your state or federal controlled substances registration restricted or disciplined in any way?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION VI	Yes	No
1. Have you been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G PRACTICE PRIOR TO CREDENTIAL

An individual who practices prior to issuance of a credential 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.

1	I have practiced (profession) in Nebraska since I last held an active credential?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

SECTION H ATTESTATION

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check only one of the boxes 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.

Alien or Non-Immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; 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).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued 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.

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131, an applicant for an initial license to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Department of Health and Human Services (DHHS) with whom I am applying for licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for licensure.

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.

Print Name _____ Signature _____ Date _____

ORIGINAL SIGNATURE REQUIRED