



Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986
 Lincoln, NE 68509-4986
 Telephone #: 402-471-2299

**APPLICATION FOR REINSTATEMENT TO PRACTICE RESPIRATORY CARE
 (Non-disciplinary Revocation, Expired, Inactive, Lapsed or Voluntary Surrender unrelated to Discipline)**

(Please print or type application)

Submit this application with your Respiratory Care reinstatement application fee of **\$153.00** to the Licensure Unit address above. (Make your check, money order or cashier's check payable to: Licensure Unit)

SECTION A – Personal Information: All applicants must complete this section. Section A 1 thru 2 is public information and will be displayed on the INTERNET at http://www.nebraska.gov/LISearch/search.cig				
1	Legal Name	Last:	First:	Middle:
	Maiden Name	Name:	License Number:	
2	Present Address	Street/Box/Route:		
		City:	State:	Zip:
3	Other Info	Other names you are known as:		Phone # : Optional
		Email Address: Optional		Fax#: Optional
Additional Information requested				
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#:
		<input type="checkbox"/> Alien Registration Number ("A#"); or		A#:
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number		I-94#:
If you have both a SSN and an A# or I-94 number, you must report both. 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.				

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.

Please answer each of the following questions with regard to the time period since your license was last renewed. Answer each of the following questions by placing a check mark 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.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking Action
1	Have you ever been convicted in any jurisdiction of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A copy of the Court Record, which includes charges and proof of completion;
- 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;
- 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;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

The following questions relate to credential(s) that you hold or have held in health services, health related services or environmental services in Nebraska or another jurisdiction

#	Question	Yes	No	State(s)/Jurisdiction(s)	Type of credential	
2	Are you credentialed in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what States(s)/Jurisdiction(s) are you credentialed in?	What type of credential do you hold?	
3	Has your credential(s) ever been denied, refused renewal, limited, suspended, revoked or had disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential	Date of Action	Name of Entity taking action

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Certification of your credential in another state
- Official Documents from the State Board in which the disciplinary action was taken

Section C – Practice Prior to Reinstatement: An individual who practices prior to reinstatement 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	Have you practiced respiratory care in Nebraska since your license was placed on expired, inactive, non-disciplinary revocation, lapsed or following voluntary surrender unrelated to discipline?	<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 (address) and telephone number of the practice.	Number of days: _____ Name of Business: Location/Address of Business Phone Number of Business:

Section D - Continuing Competency Requirements – Respiratory Care

1	<p>You must have completed twenty (20) hours of continuing within the preceding 24 months for reinstatement of your license.</p> <p>In order for a learning experience to be accepted for renewal of a license, the learning experience must relate to the theory or clinical application of theory pertaining to the practice of respiratory care and it may focus on research, treatment, documentation, management or education. Acceptable continuing education activities are:</p> <ol style="list-style-type: none"> 1. Programs at State and National association meetings which relate to the theory or clinical application of theory pertaining to the practice of respiratory care; 2. Formal education courses/presentations in which: <ol style="list-style-type: none"> a. Courses or presentations are formally organized and planned instructional experiences; b. Courses have a date, location, course title, number of contact hours, signed certificate of attendance, and are open to all licensees; c. The objectives relate to the theory or clinical application of theory pertaining to the practice of respiratory care; and d. The instructor has specialized experience or training to meet the objectives of the course. 3. University or college sponsored courses relating to the theory or clinical application of theory pertaining to the practice of respiratory care; 4. Home study where the content of home study activity relates to the theory or clinical application of theory pertaining to the practice of respiratory care whether the subject is research, treatment, documentation, education, or management, e.g. videotapes, internet courses, and/or correspondence courses. The program must have a testing mechanism scored by the named study provider. 5. Management courses which relate to the theory or clinical application of theory pertaining to the practice of respiratory care. A respiratory care practitioner may complete a maximum of four hours of continuing education utilizing management courses. 6. Nationally recognized specialty certification examinations. A licensee will earn contact hours for successful completion of nationally recognized specialty certification examinations related to an area of specialty practice in the field of respiratory care each 24 month renewal period. A licensee’s documentation must include a copy of the certification that shows the date of the examination. Continuing education hours will be awarded as follows: <ol style="list-style-type: none"> a. Certified Pulmonary Function Technologist (CPFT), ten hours; b. Registered Polysomnographic Technologist (RPSGT), ten hours; c. Neonatal Pediatric Specialist (NPS), ten hours; d. Registered Pulmonary Function Technologist (RPFT), ten hours; and e. Registered Respiratory Therapist (written and clinical simulation examinations, 15 hours). 7. Basic cardiac life support or advanced cardiac life support for adults and pediatric or neonatal courses. <ol style="list-style-type: none"> a. Maximum of one hour credit for the Basic Cardiac Life Support course; b. Maximum of 12 hours credit for initial ACLS certification course or six hours credit for re-certification; c. Maximum of 8 hours credit for initial Neonatal Advanced Life Support certification course or four hours credit for recertification. d. Maximum of 12 hours credit for Pediatric Advanced Life Support certification course or six hours credit for recertification. 8. One hour credit will be awarded for each hour of scientific presentation by a licensee acting as an essayist or lecturer to licensed respiratory care practitioners if the program relates to the theory or clinical application of theory pertaining to respiratory care. A licensee may receive continuing education credit for only the initial presentation during a renewal period, with a maximum of four hours of continuing education for presentations. 9. In-services that meet the requirements for formal education as outlined in item #2 above that cover: <ol style="list-style-type: none"> a. Therapeutic respiratory care procedures; or b. Respiratory care equipment. 10. One hour of credit will be awarded for each hour of attendance. Credit will not be awarded for breaks, lunch, or dinner.
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2	CONTINUING COMPETENCY WAIVER: If you have not completed the continuing competency requirement and wish to apply for a waiver of the continuing competency requirement of twenty (20) hours of continuing education, please submit the documentation required for the waiver you check below.	
	I AM REQUESTING A WAIVER of continuing education hours. Check applicable reason(s) for waiver below	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of hours: _____
	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 this licensure reinstatement application and request both my continuing education requirements and renewal fee be waived. (You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I was first licensed within the twenty-four months immediately preceding the date of my application for reinstatement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I have suffered a serious or disabling illness or physical disability during the preceding twenty-four (24) months of this reinstatement application, which prevented completion of the continuing competency requirements. (Submit a statement from a treating physician(s) stating that you were injured or ill; the duration of the illness or injury and of the recovery period; and that you were unable to obtain or complete continuing education hours during that period.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I had other circumstances beyond my control that prevented me from obtaining the required continuing competency requirements preceding this license reinstatement application. (You must submit documentation verifying such circumstances.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION E - YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Please answer each of the following questions with regard to the time period since your license was last renewed. If you answer YES to any of the following questions, you must provide an explanation.		
1	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you practiced your profession: <ul style="list-style-type: none"> • Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you practiced your profession while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you violated: <ul style="list-style-type: none"> • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you committed any acts of unprofessional conduct relating to the practice of respiratory care? (Refer to the practice act and regulations for respiratory care)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION F – Attestation

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am a qualified alien under the federal Immigration and Nationality Act. I have provided my immigration status and alien number and agree to provide a copy of my United States Citizenship and Immigration Services (USCIS) document upon request. I hereby attest that my response to the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

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

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

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 38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of all such act(s).
5. I have completed 20 hours of acceptable continuing education within the preceding 24 months pursuant to 172 NAC 162 or have applied for a waiver of continuing education.

Print Name: _____

Signature: _____

Date: _____

NOTE:

The applicant must submit the following documentation:

1. Other Credentialing Info: If you are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s), you must have the other jurisdiction(s) submit to the Department a certification/verification of your credential;
2. Conviction Information: If you have been convicted of a felony or misdemeanor during the time period since your license was last renewed, 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 current status, if you are currently on probation;
4. Lawful permanent residence, and/or immigration status Information: If you are not a US citizen, you must submit a copy of any of the following documents to provide proof of evidence of lawful permanent residence and/or immigration status:
 - (1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card"); or
 - (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
 - (3) A Form I-94 (Arrival-Departure Record);

If an applicant has practiced while his/her credential was revoked, expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Assess an administrative penalty, in which case a separate notice of opportunity for hearing will be sent to the applicant;
2. Deny the application to reinstate the credential;
3. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
4. Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

The Department will act within 150 days on all completed applications. The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.