

RESPIRATORY CARE RENEWAL NOTICE

Your **RESPIRATORY CARE** credential **EXPIRES JUNE 1, 2018**. The renewal fee of **\$118.00** and this document must be postmarked on or before **June 1, 2018 to avoid expiration of your credential and removal of authorization to practice**. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your credential expires.

Fees Check requested status below:

- ACTIVE \$118.00
- INACTIVE (no fee)
- ACTIVE/MILITARY WAIVER No fee

Make Payable to:
 DHHS/Licensure Unit
 You will not receive a receipt

License #:	<input type="checkbox"/> box if name changed <input type="checkbox"/> box if address changed
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Name: (first/last)	
Address:	

NAME & ADDRESS CHANGES: If your name or address has changed, check the appropriate box(s) above. For name changes, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the license will be issued in the name in our records.

ONLINE CREDENTIAL RENEWAL: You may renew credential online at: <https://nebraska.mylicense.com/> To register you will need your credential number, your social security number and a credit or debit card with a MasterCard or Visa logo.

INACTIVE: If you elect not to renew your credential, you may select **Inactive** status. Inactive means that you cannot practice as a respiratory care practitioner, but may represent yourself as having an inactive credential. To change from **Inactive** to **Active** status, you must submit an **Application for Reinstatement to Practice Respiratory Care** and meet the requirements which are in effect at the time you are requesting the change. The application is located on the Respiratory Care webpage at: <http://dhhs.ne.gov/publichealth/Pages/crlRespCareHome.aspx>

YOU MUST ANSWER THE FOLLOWING QUESTIONS: If you fail to answer these questions, your renewal will **not** be processed and will be returned to you as incomplete. Answer each of the following questions with regards to the time period since your last renewal or since you were for licensed in Nebraska.

1	To renew your credential, 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.	
	Social Security # <input style="width: 150px;" type="text"/> Alien Registration # <input style="width: 150px;" type="text"/> Form I-94 (Arrival-Departure Record) # <input style="width: 150px;" type="text"/>	
2	Were you convicted of a misdemeanor or felony in any jurisdiction during this renewal period (06/02/2016 thru 06/01/2018) that has not been previously reported? If you answer YES to this question, you submit the following documents with your renewal directly to this office: <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; Written 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 the applicant is currently on probation. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	Have you held a credential that was issued during this renewal period (June 2, 2016 thru June, 1, 2018) by another jurisdiction 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 during this renewal period (June 2, 2016 thru June 1, 2018)? If yes, please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), include 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 convictions 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.

CONTINUING COMPETENCY REQUIREMENTS – RESPIRATORY CARE PRACTITIONER

You must have completed at least twenty (20) hours of acceptable continuing education or have met conditions of a waiver between 06/02/2016 through 06/01/2018.

Mark the appropriate box below:

<input type="checkbox"/>	Yes, I have met or will meet the continuing competency requirements of 20 hours of acceptable continuing education on or before June 1, 2018.
WAIVERS:	
<input type="checkbox"/>	MILITARY: 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 dated (06/02/2016 to 06/01/2018). (You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption. If you meet this exemption, you are not required to pay the renewal fee.)
<input type="checkbox"/>	INITIAL LICENSE: I was first licensed within the twenty-four months immediately preceding the license renewal expiration date of 06/01/2018. (ONLY CREDENTIAL NUMBERS 2922 THRU 4000 QUALIFY FOR THIS WAIVER.)
<input type="checkbox"/>	I have suffered a serious or disabling illness or physical disability, which prevented completion of continuing competency during the twenty-four (24) months immediately preceding the licensure renewal expiration date of 06/01/2016. (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. This waiver requires review and approval by the Board of Respiratory Care Practice, which may take four to six weeks.)

If you are requesting a waiver above, documentation (if required) must be provided to support your request for waiver of continuing education. **If the specified documentation is not submitted, review and processing of your license renewal cannot occur.**

CONTINUING COMPETENCY REQUIREMENTS

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:

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:
 - 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:
 - 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.
 - 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 re-certification.
 - d. Maximum of 12 hours credit for Pediatric Advanced Life Support certification course or six hours credit for re-certification.
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:
 - 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.

If you are randomly selected for an audit to provide proof of continuing competency, you will be notified by mail **after the renewal**. Retain all documentation of continuing competency activities that you completed for the renewal of your credential. **DO NOT** submit continuing competency documentation to this office unless they are requested.

ATTESTATION: All credential holders MUST complete this section.

For the purpose of complying with Neb. Rev. Stat. §§ 38-129, I attest as follows:

I am a citizen of the United States.

OR

I am a qualified alien under the Federation Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States

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.)

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your license will **NOT** be renewed until such proof is received by our office and verified through the Department of Homeland Security (this may take 4-6 weeks).

Print Name: _____

Signature: _____ Date: _____

If you provide the optional information below, it will allow our office to expedite communication if there is a problem with your renewal.

Phone (optional): _____ E-mail Address (optional): _____