



Nebraska Dept of Health & Human Services
 Division of Public Health-Licensure Unit
 PO Box 94986
 Lincoln, NE 68509-4986

Temporary Educational Permit RENEWAL NOTICE

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

Your **Temporary Educational Permit expires 07/01/2016**. The renewal fee of **\$25.00** and this document must be **postmarked** on or before 07/01/2016 to avoid expiration of your permit. **If you do NOT renew your permit by the expiration date, you may not continue to practice. If you continue to practice you will be subject to an administrative penalty.**

PERMIT # :

Name:

License Date:

Address:

City, State, Zip

Fees Check requested status below:

- ACTIVE \$25.00
- INACTIVE (No fee)
- MILITARY WAIVER

Make Payable to:
 NE DHHS-Licensure Unit
YOU WILL NOT RECEIVE A RECEIPT

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

NAME CHANGES: If your name has changed, please indicate such in the box above. You must submit a photocopy of a marriage certificate, divorce decree, or court order, etc. If such documentation is not submitted, the permit will be issued in the name we have on file.

IF YOU HAVE CHANGED EDUCATIONAL INSTITUTIONS IN NEBRASKA STOP. You cannot renew your current permit. You will need to apply for a **new** Temporary Educational Permit. Please contact your Educational Institution or our office for a new Temporary Educational Permit Application.

IF YOU HAVE CHANGED EDUCATIONAL PROGRAMS WITHIN THE SAME EDUCATIONAL INSTITUTION IN NEBRASKA, you MUST submit a new Requesting Program Form along with this completed renewal form. Your permit will not be renewed until such information has been received in our office. The form can be found at the following website:
http://dhhs.ne.gov/publichealth/Documents/Requesting_Program_Form_2009.pdf

INACTIVE STATUS: If you choose inactive status, it will become effective July 2. You may no longer practice the profession of medicine and surgery in the State of Nebraska unless you have already been issued a permanent medical license (or a separate Temporary Educational Permit because you changed universities). **Please indicate this status if you are no longer enrolled in a Nebraska postgraduate medical education program.**

ADMINISTRATIVE PENALTY: If you continue to practice after the expiration date of your permit you will be subject to an administrative penalty of \$10.00 per day, up to a maximum of \$1,000.00 and also could be subject to discipline against your permit.

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 issuance of your permit (issued after July 1, 2015).

1	<p>To renew your permit, 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 style="text-align: right;">Social Security Number <input style="width: 150px;" type="text"/></p> <p style="text-align: right;">Alien Registration Number <input style="width: 150px;" type="text"/></p> <p style="text-align: right;">Form I-94 (Arrival-Departure Record) <input style="width: 150px;" type="text"/></p>	
2	<p>Were you convicted of a misdemeanor or felony in any jurisdiction between 07/02/2015 and 07/01/2016? 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 credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	<p>Has such credential been denied, refused renewal, or disciplined between 07/02/2015 AND 07/01/2016? (If "YES", please provide a list of any disciplinary actions taken against your credential 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 credential disciplinary actions pending that result in misdemeanor or felony conviction 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: You must have earned ONE of the following between 07/02/2015 and 07/01/2016 in order for your permit to be renewed to ACTIVE status (not required if you request inactive status):

<input type="checkbox"/>	<ul style="list-style-type: none"> • 25 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA); or • One year of participation in an approved graduate medical education program; or • The AMA Physician's Recognition Award or the AOA CME certification (awarded within the 12 months immediately preceding the date of expiration).
<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"/>	Initial License: I was first issued a temporary educational permit within the twelve (12) months immediately preceding the permit renewal date.

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (All permit holders complete this section and must sign and date this form.)

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 NOT a citizen of the United States, but I am an alien** lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am NOT a citizen of the United States, but 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).

Your permit 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.

Print Name: _____ Signature: _____ Date: _____
Original signature required

Phone/Fax (Optional): _____ E-mail (Optional): _____