

TEMPORARY EDUCATIONAL PERMIT RENEWAL NOTICE

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

Your **Temporary Education Permit expires 07/01/2018**. The renewal fee of **\$25.00** and this document must be **postmarked** on or before 07/01/2018 to avoid expiration and removal of authorization to practice. An administrative penalty of \$10 per day up to \$1,000 will be assessed for practicing after your license expires.

LICENSE #: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME & ADDRESS CHANGES: If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit a photocopy of a marriage certificate, divorce decree, court order, etc., to provide proof of legal name. If not submitted, the credential will be issued in the name as printed above.

YOU MUST CHECK A BOX BELOW:

- ACTIVE \$25.00
- INACTIVE No Fee
- MILITARY No Fee

Supporting documentation of military duty must be submitted along with this form.

Make Checks Payable to:
 DHHS Licensure Unit

MILITARY: If you have served in the regular armed forces of the US or are actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding 07/01/2018, you may waive the renewal fee and the continuing competency requirement. To claim the military waiver, submit this completed form along with a copy of official documentation verifying dates of service (your military ID or orders). This can include current orders or a current military ID.

INACTIVE STATUS: INACTIVE MEANS you cannot practice but may represent yourself as having an inactive license. To return to active status, you **MUST** contact this office for a reinstatement application and meet the reinstatement requirements which are in effect at the time the status change is requested. You do not have to meet continuing competency requirements to request INACTIVE STATUS.

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 Number _____ Alien Registration Number _____ Form I-94 (Arrival-Departure Record) _____	
2	Were you convicted of a misdemeanor or felony in any jurisdiction between 07/02/2017 through 07/01/2018 ? If you answer YES to this question, you must submit the documents to the Licensure Unit: <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	Have you held a credential that was issued by another jurisdiction(s) 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 between 07/02/2017 through 07/01/2018 ? (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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If you have any criminal charges that result in misdemeanor or felony convictions or license disciplinary actions pending that result in license 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.

Do NOT submit continuing education certificates to this office unless they are requested.

CONTINUING COMPETENCY: You must have earned ONE of the following between 07/02/2017 and 07/01/2018 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. License #7886 and above qualify for this waiver.

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

<p>Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (<i>check only ONE of the boxes below</i>): I attest that:</p>	
<input type="checkbox"/>	I am a citizen of the United States.
OR	
<input type="checkbox"/>	I am a qualified alien under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL
<input type="checkbox"/>	I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL
<input type="checkbox"/>	Check this box if you are NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act. YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL
<p>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.)</p>	
<p>Signature and Application Attestation: I attest that:</p>	
<ol style="list-style-type: none"> 1. I have read the renewal application or have had the renewal application read to me; and 2. All statements on this renewal application are true and complete. 	
<p>Print Name: _____</p>	
<p>Signature: _____ Date: _____</p>	
<p>Email (Optional): _____</p>	

You can print your renewed wallet card at the following website: <http://www.nebraska.gov/LISSearch/search.cgi> Please allow 5 days for processing before checking the website.