



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 July 1, 2013**. The renewal fee of **\$25.00** and this document must be **postmarked** on or before July 1, 2013 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:

Address:

City, State, Zip:

**Fees** Check requested status below:

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

**Make Payable to:**

NE DHHS-Licensure Unit

**Submit fee and this document in the enclosed envelope**

**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 credential 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](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 TEP 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 credential 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 credential.

**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 license (licensed after July 1, 2012).

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. <b>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.</b>	
	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 <b>07/02/2012 and 07/01/2013</b> ? If you answer <b>YES</b> to this question, you must submit the following documents to the Licensure Unit: <ul style="list-style-type: none"> <li>• A list of any misdemeanor or felony convictions;</li> <li>• A copy of the court record, which includes charges and disposition;</li> <li>• 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;</li> <li>• 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</li> <li>• A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;</li> </ul>	<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 <b>07/02/2012 AND 07/01/2013</b> ? (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 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 07/02/2012 and 07/01/2013 in order for your credential to be renewed to ACTIVE status (not required if you request inactive status):

- 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).

**WAIVER:** Continuing competency requirements can be waived if you were in the Military or were first credentialed within the 12 months immediately preceding your credential's expiration date. To request such waiver, check the appropriate box below:

<input type="checkbox"/>	I have met or will meet the continuing competency requirements on or before <b>07/01/2013</b> .
<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 12 months immediately preceding the annual licensure renewal date. (You <b>MUST</b> provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
<input type="checkbox"/>	I was first credentialed within the twelve (12) months immediately preceding the credential renewal date.

**PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (All Credential 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 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).

Your credential 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: \_\_\_\_\_

Phone/Fax (Optional): \_\_\_\_\_ E-mail (Optional): \_\_\_\_\_