Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
E-mail: dhhs.medicaloffice@nebraska.gov
Telephone #: 402-471-2118

VETERINARY MEDICINE AND SURGERY
APPLICATION FOR REINSTATEMENT OF A LICENSE TO PRACTICE
(Revoked, Expired, Placed on Inactive Status, or Lapsed)

Fee: $203.00

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)

1	Legal Name (last, first, middle)			
2	Other Names Known As (maiden, etc)			
3	Mailing Address (city/state/zip)			
4	Phone # (optional)	Fax #: (optional)	E-Mail Address: (optional)	
5	Date of Birth	Place of Birth		
6	Check the Appropriate Box(s):	☐ Social Security Number (SSN); ☐ Alien Registration Number ("A#"); or ☐ Form I-94 (Arrival-Departure Record) number.	SSN# A# I-94 #	
	NOTE: 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.**			

SECTION B – LICENSURE INFORMATION

Licensure Information:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
	Do you hold a credential to provide health services, health-related services, or environmental services in another jurisdiction?	☐	☐	If yes, what State(s) are you credentialed in? State	Credential #	What type of credential do you hold?
	If yes, has any credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	☐	☐	Type of Action		Name of Entity taking Action

If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.

SECTION C CONTINUING COMPETENCY

CONTINUING COMPETENCY REQUIREMENTS		
You must have earned ONE of the following within the 24 months immediately preceding the date of application for reinstatement (See 172 NAC 180-008 for complete information): ● 32 Hours of acceptable continuing education. ● Initial Board Certification of Re-Certification by an AVMA-recognized veterinary specialty organization. ● Professional Certification as approved in advance by the Nebraska Board of Veterinary Medicine & Surgery. ● Refresher Courses as approved in advance by the Nebraska Board of Veterinary Medicine & Surgery. ● In-service Training as approved in advance by the Nebraska Board of Veterinary Medicine & Surgery. ● Clinical Rotations as approved in advance by the Nebraska Board of Veterinary Medicine & Surgery.		
All applicants for reinstatement must answer the following question by placing a (✓) in the appropriate box (yes or no):	**Yes**	**No**
Have you met the continuing competency requirements as outlined?	☐	☐

WAIVER OF CONTINUING COMPETENCY: If you **have not** completed the continuing competency requirement, and wish to apply for a waiver of the continuing competency requirement, check the appropriate reason below:

☐	**Military:** I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.
☐	**Initial License:** I was first licensed within the 24 months immediately preceding my date of application for active status.

SECTION D QUESTIONS

QUESTIONS		
All applicants for reinstatement must answer the following questions by placing a (✓) in the appropriate box (yes or no). The questions pertain to the time period since the license was last active, unless otherwise specified. For any yes answers, explain the circumstances and outcome. The applicant will be notified of any additional documentation which is required by the Board/Department: **NOTE:** If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175.		
SECTION I If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.	**Yes**	**No**
1. Have you had any disciplinary or adverse action imposed against a professional credential in any state or jurisdiction?	☐	☐
2. Have you voluntarily surrendered or voluntarily limited in any way a credential issued to you by a licensing or disciplinary authority?	☐	☐
3. Have you been requested to appear before any licensing agency?	☐	☐
4. Have you been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	☐	☐
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential in any jurisdiction?	☐	☐

6. Have you been asked to and/or permitted to withdraw an application for a credential with any Board or jurisdiction?	☐	☐
7. Has any state or jurisdiction refused to issue, refused to renew or denied you a credential to practice?	☐	☐

SECTION II	**Yes**	**No**
1. Are you currently, or have you been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	☐	☐
2. Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	☐	☐
3. Within the past 5 years, have you had any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	☐	☐
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	☐	☐
SECTION III	**Yes**	**No**
1. Have you been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during veterinary or veterinarian technician school or postgraduate training?	☐	☐
SECTION IV If you **answer YES**, you must submit the following documents: a) The court record, which includes charges and disposition; b) Arrest records; c) A letter from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions; d) All addiction/mental health evaluations and proof of any treatment obtained; and e) A letter from the probation officer addressing probationary conditions and current status if the applicant is currently on probation;	**Yes**	**No**
1. Have you been convicted of a felony?	☐	☐
2. Have you been convicted of a misdemeanor?	☐	☐
3. Have you been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	☐	☐
SECTION V	**Yes**	**No**
1. Have you been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	☐	☐
2. Have you been called before any licensing agency or lawful authority concerned with DEA controlled substances?	☐	☐
3. Have you surrendered your state or federal controlled substances registration?	☐	☐
4. Have you had your state or federal controlled substances registration restricted or disciplined in any way?	☐	☐
SECTION VI	**Yes**	**No**
1. Have you been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	☐	☐
2. Are you aware of any professional liability claims currently pending against you?	☐	☐

SECTION E PRACTICE PRIOR TO CREDENTIAL

An individual who practices prior to issuance 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 Veterinary Medicine and Surgery in Nebraska since you last held an active credential?	☐ Yes ☐ No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business:
		City:

SECTION F ATTESTATION

Lawful Presence in the United States Attestation:

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).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued 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; .and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____ Date: _____