

WATER WELL RENEWAL NOTICE

This is the ONLY notice you will receive

Your license expires **December 31, 2018**. The renewal fee of **\$150** and this document must be postmarked on or before **December 31, 2018 to avoid expiration of your credential and removal of authorization to practice**. An administrative fee of \$10 per day up to \$1000 may be assessed for practicing after your credential expires.

CREDENTIAL # _____

NAME: _____

ADDRESS: _____

box if name changed

box if address changed

If you do **not** renew your license by the expiration date any future work will be in violation of the Water Well Standards and Contractor's Licensing Act.

Fees Check requested status below:

- Active \$150
- Inactive No Fee
- Active/Military No Fee

2-YEAR RENEWAL

You are required to have **12** hours of continuing education.

NAME & ADDRESS CHANGES: For name changes, you must submit a photocopy of marriage certificate, court order, etc. to provide proof of legal name.

EMPLOYMENT INFORMATION – List your current employment information.

Employer	
Address	
City	
State/Zip	
Phone	

Make check payable to:
 DHHS, Licensure Unit (you will NOT receive a receipt)

MILITARY: If you chose **Active-Military**, since 01/01/2017, you must have served for 30 consecutive days on full-time active duty or approved leave. Military service is defined as full-time duty in the active military of the United States, 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. You may be required to submit a copy of military order to the DHHS Licensure Unit. There is no fee or continuing education requirement for military status.

INACTIVE STATUS: If you elect not to renew your credential, you may select inactive status. Inactive means that you cannot practice but may represent yourself as having an inactive license. You do not have to meet the continuing competency requirements to request inactive status but you must sign and date this renewal form. To change from inactive to active status, you must contact our office at 402-471-2299.

Insurance: All contractors must provide proof of public liability and property damage insurance (Certificate of Liability Insurance) in the amount of at least \$100,000. If your insurance expiration date is before **December 31, 2018**, you will need to renew your insurance and send the certificate of liability with this renewal notice to our office. ****Be sure to include your license number on your proof of insurance.**

1	To renew your credential you must have a valid Social Security Number and/or Alien Registration Number, I-94. Enter your number below. If you have both a SSN and an A# or I-94 number you must report both. <u>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.</u> Social Security # _____ Alien Registration # _____	
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2	Were you convicted of a misdemeanor or felony in any jurisdiction between January 1, 2017 and December 31, 2018 ? If you answer YES to this question, you must request the following documents be sent 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; • Explanation 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; • 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. NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction or 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/licensure discipline could result in disciplinary action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3a	Have you held a credential that was issued between January 1, 2017 and December 31, 2018 by another jurisdiction to provide health services, health-related services, or environmental services in another jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	Has this credential been denied, refused renewal, or disciplined between January 1, 2017 and December 31, 2018 by another jurisdiction? 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

CONTINUING COMPETENCY REQUIREMENTS: You must have completed 12 hours of acceptable continuing education, or have met one of the waivers, between January 1, 2017 and December 31, 2018 in order for your credential to be renewed to ACTIVE status (not required if you request inactive status).

Select **ONE** of the following

<input type="checkbox"/>	I have completed my continuing education requirement, or will complete it by 12/31/2018.
<input type="checkbox"/>	I chose Active-Military status, so continuing education is not required.
<input type="checkbox"/>	I was first licensed in Nebraska after 12/31/2016, so continuing education is not required.
<input type="checkbox"/>	I have suffered a serious or disabling illness or physical disability since 12/31/2018, which prevented completion of the continuing competency requirements. (You must submit a statement from a treating physician.)

12 hours must have been completed between the dates of **January 1, 2017** and **December 31, 2018**. Hours earned prior to this date will not be acceptable; and hours earned in excess of this requirement may not be carried over for the next renewal. List below any additional **approved** C.E. hours that you have obtained and **SUBMIT DOCUMENTATION** of attendance such as a certificate of completion. The approved courses can be found at the following web site: <http://dhhs.ne.gov/publichealth/Documents/ApprovedCE.pdf>. If the C.E. courses you attended are not approved you must submit an application for approval.

<u>Program Name</u>	<u>Program Location</u>	<u>Provider</u>	<u>Program Dates</u>	<u>Hours Earned</u>
*Attach additional information if space above is inadequate				TOTAL HOURS EARNED:

ATTESTATION: All credential holders must complete this section and sign and date this form

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

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. I am a qualified alien under the Federal Immigration and Nationality Act; or a nonimmigrant lawfully present in the United States with documentation such as a permanent resident card, I-94 document, etc; **or**
- I am not a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

If you are not a citizen of the United States you must submit evidence of lawful presence.

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;
3. I am of good character; and
4. I have met or will meet the continuing competency requirements on or before December 31, 2018.

Print Name: _____

Signature: _____ Date: _____

You may provide the following information if you wish to be contacted by these means:

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