

This form may be completed online, printed, and mailed to the address listed below.

State of Nebraska

Department of Health and Human Services
 Division of Public Health – Licensure Unit
 PO Box 94986
 Lincoln, NE 68509-4986
 402-417-2118

Fee: \$25.00

APPLICATION FOR APPROVAL OF EXPANDED FUNCTION FOR RESTORATIVE LEVEL ONE SIMPLE RESTORATION (ONE SURFACE)

SECTION A – PERSONAL INFORMATION

Items 1 - 3 are public information and will be displayed on the INTERNET
<http://www.nebraska.gov/LISSearch/search.cgi>

NOTE: To expedite communication, any notifications will be sent to the e-mail address you provide. If no email address is provided, notification will be sent to the mailing address you provide. If you change either your e-mail or mailing address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
		Maiden:	Other Names you are or have been known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Nebraska Dental Hygienist or Dental Assistant License Number:			
4	Date/Place of Birth	Month/Day/Year:	Place of Birth (City/State or Country):	
5	Check the appropriate box(es). If you have both a SSN and an A# or I-94 number, you must report both.	<input type="checkbox"/> Social Security Number:		
		<input type="checkbox"/> Alien Registration Number ("A#"):		
		<input type="checkbox"/> Form I-94 Number:		
Nebraska Revised Statute Section 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.				
6	E-Mail Address:		Phone Number: (optional)	

SECTION B – EXPERIENCE An individual applying for an Expanded Function for Restorative Level One permit must have a minimum of one thousand five hundred (1500) hours experience as a Licensed Dental Hygienist or a Licensed Dental Assistant. You may submit proof of employment by submitting a copy of your W-2 forms or a letter from your employer on their letterhead stating the beginning and ending dates of employment and approximate number of hours worked per week.

Do you have a minimum of 1500 hours experience as a Licensed Dental Hygienist or a Licensed Dental Assistant and have you submitted proof of your experience to this office?	YES	NO
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SECTION C - EDUCATION Provide proof of successful completion of course to this office. If course completed is located outside the state of Nebraska, attach the syllabus for course.

Name and location of institution providing the approved course you have successfully completed:	Date of completion:
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SECTION D – EXAMINATION An individual applying for an Expanded Function for Restorative Level One Permit must pass the respective portion of a board-approved practical examination. Please note that if you failed on two occasions you are required to complete a remedial course approved by the Board before the Department will consider the results of the third examination as valid.		
Have you taken and passed the respective portion of a board-approved practical examination?	YES	NO
Have you ordered your Official Score Reports from your practical exam to be sent directly to our office?	YES	NO

SECTION E - PRACTICE STATEMENT 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.		
Have you performed an Expanded Function for Level One Restoration in Nebraska before submitting this application?	YES	NO
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?	Name of business:	
	City:	
	Telephone number:	Number of days:

SECTION F - ATTESTATION
For the purpose of complying with Nebraska Revised Statute sections 4-108 through 4-114 and 38-129 (check ONE of the boxes below): I attest that:
<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.
<input type="checkbox"/> I am a nonimmigrant lawfully present in the United States.
<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.
NOTE: You may still be eligible for a credential 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.
<u>Application Attestation:</u> I attest that:
1. I have read the application or have had the application read to me
2. All statements on this application are true and complete
3. I am of good character
Print Name: _____
Signature: _____ Date: _____

Applicant must submit this complete application and
 Payment of fee - \$25.00
 Proof of successful completion of course
 Proof of passing score on practical exam
 Proof of 1500 hours experience as a Licensed Dental Hygienist