NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
402-471-2062 Fax: (402) 742-1141
Email: DHHS.BHLicensure@nebraska.gov

Renewal Application
Behavior Analyst
or
Assistant Behavior Analyst

ONLINE RENEWAL: You may renew your certificate online at https://nebraska.mylicense.com/ To register you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

License #:	BA #:		ABA#:	
Name: ☐ If this is a CHANGE in name, check the box	First:	Middle:	Last:	
	Name Changes: If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.			
Address: ☐ If this is a NEW address, check the box				
City/State/Zip:	City:	State:	Zip:	
Phone/E-mail:	Phone: _____	E-mail: _____		

To renew your certificate, you must have a valid Social Security Number or Alien Registration Number.

Social Security Number:		**Alien Registration Number OR I-94#:**	

SS#: Neb. Rev. Stat. §38-123 requires disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes as well as to the Nebraska Department of Revenue, Department of Labor and for other Administrative purposes.

SECTION B: FEES & STATUS: Make check/money Order payable to 'Licensure Unit' (You will not receive a receipt)

Check Requested Status:

☐ ACTIVE $114

Inactive: No Fee Required

☐ I choose inactive status for my certificate. There is no fee or continuing education requirement for inactive status.

Military Status: No Fee Required

☐ I choose Active-Military status. **We encourage you to check with your employer before choosing active-military.** I served for 30 consecutive days on full-time active duty or approved leave after 09/01/2024. 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. I understand that I may be required to submit a copy of my military orders to the DHHS Licensure Unit. There is no fee or continuing education required.

Renewal Questions:

Continuing Education:

CE Completion

☐ I have met or will meet the continuing education requirements on or before 09/01/2026.

CE Waiver Request

☐ **Military**: After 09/01/2024 I have served full-time duty in the active military service 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. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements. You must submit copies of your active service papers.

☐ **Initial License Issued**: I received my first License within the past 24 months (first issued after 09/01/2024). If you first received your license less than 24 months ago, you are not required to meet the continuing education requirements, but you must pay the fee.

☐ **Illness/Disability**: I have suffered a serious or disabling illness or physical disability which prevented completion of continuing competency requirements during the 24 months preceding the License renewal date. (Submit a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education programs during this period.)

Conviction:

☐ Yes ☐ No	I was convicted of a misdemeanor or felony after 9.1.2024
	If you have a conviction, You must submit the following: 1. A copy of the court record for each conviction (if they occurred in a State other than Nebraska); 2. Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions; 3. If currently on probation, a letter from your probation officer addressing the terms and current status of your probation. **NOTE: If you had an alcohol and drug evaluation and/or completed treatment**, to assist the Board and Department in review of any drug and/or alcohol conviction(s), the treatment provider must submit all evaluations/discharge summaries directly to the Department.

Other Certificate(s):

☐ Yes ☐ No	I was certified/licensed by another state(s) to provide health-related or environmental services after 9.1.2024
☐ Yes ☐ No	If you are certified/licensed in another state, has it been denied, refused renewal, or disciplined after 9.1.2024
	Disciplinary Action: If your certificate/license from a different state **(NOT NEBRASKA)** has been revoked, suspended, limited, placed on probation, or disciplined in any way in the last 2 years, and you haven't reported it yet, we need an official copy of the disciplinary action that includes charges and disposition. **NOTE**: ALL certificate/license disciplinary actions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska certificate.

Other:	
☐ Yes ☐ No	I currently hold an active certification from a certifying entity, as defined in Neb. Rev. Stat. § 38-4405
☐ Yes ☐ No	I am **not** listed as a perpetrator on the Department's abuse and neglect central registry
☐ Yes ☐ No	I am **not** listed as a perpetrator of abuse or neglect on an adult abuse and neglect registry or child abuse and neglect registry from other states

Citizenship/Lawful Presence (Answer yes to only ONE of the questions below):	
☐ Yes	I **am a citizen** of the United States.
☐ Yes	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, asylum, etc.
☐ Yes	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

Not a Citizen: If you are **NOT** a citizen of the United States, submit a copy of your evidence of lawful presence, such as a permanent resident card, Form I-94, asylum document, etc. OR an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

Attestation:

I Attest that: I have read the renewal application or have had the renewal application read to me; and I am of good character and all statements on this renewal application are true and complete.

Signature: _____ Date: _____

We NO LONGER send the paper renewed certificate card; to PRINT YOUR RENEWED CARD go to: dhhs.ne.gov/lookup

We will process your renewal as quickly as possible, but it may take up to 5-10 working days to process. You can check your renewal status at **dhhs.ne.gov/lookup**. When your renewal date changes, that means your certificate has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your certificate until we have ALL of the required documentation.