

Cosmetology Instructor Reinstatement Information

If the license was disciplined, please contact the Licensure Unit DHHS.Licensure2117@nebraska.gov for the appropriate reinstatement application

To reinstate the license, the following is required:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #.
3. Be lawfully present in the U.S.
4. Have an ACTIVE cosmetology license.
5. In addition to the 8 hours required for a cosmetologist license, instructors must complete at least 4 additional hours of continuing education in at least one of the following areas OR meet one of the waivers (see application):
 - (1) Teaching styles;
 - (2) Learning styles;
 - (3) Personality types;
 - (4) Presentation methods;
 - (5) Lesson planning;
 - (6) Test development;
 - (7) Teaching difficult students;
 - (8) Language class;
 - (9) Record keeping;
 - (10) Motivation;
 - (11) Multimedia technology, including power point, or computer training;
 - (12) Resume writing;
 - (13) English grammar; or
 - (14) Other similar topics.
5. Pay the renewal and reinstatement fees. (see last page of the application)
We do not accept credit/debit card payment.

If you reinstate your license at this time, the expiration date will be December 31st of the even numbered year.

If NOT a U.S. Citizen, submit:

1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card.
2. Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.
3. Employment Authorization Document (EAD) (unexpired) **AND** at one of the following documents under the Federal REAL ID Act:
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States;
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States; or
4. Other document that shows current immigration status.

NOTE: Documents are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

Practice After Expiration Date:

An Administrative Penalty of \$10 per day up to \$1,000 may be assessed, or other action as provided in the statutes and regulations, for practice without an active license.

Additionally, if the applicant committed any other violation of the statutes or regulations governing the practice, the Department may deny the application for reinstatement or reinstate your license to active status and impose limitation(s) or other disciplinary actions on your license.

Questions:

Contact the Licensure Unit, at (402) 471-2117 or DHHS.licensure2117@nebraska.gov

If the license is reinstated, the applicant will receive an e-mail or mail notice to print the renewed wallet card from our website:

TO PRINT YOUR WALLET CARD GO TO: <https://www.nebraska.gov/LISSearch/search.cgi>

Licensure Unit Reinstatement Application

License Type: **Cosmetology Instructor**

Enter License #: _____

Enter **LEGAL NAME** below

First Name:		Middle Name:	
Last Name:		Suffix:	

DEMOGRAPHICS

List any other names the applicant has ever been known as (AKA), including maiden and your last name on the birth certificate.).	
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Mailing Address

Country:		Zip Code:	
Address Line 1:		City:	
Address Line 2:		State:	
Address Line 3:		County:	
Social Security Number (SSN):			
<p><u>Neb. Rev. Stat. §§38-123 and 38-130</u> requires the applicant to provide their social security number to DHHS. Although this number is not public information, DHHS may share the social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</p>			
Is the applicant a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not a U.S. Citizen, list the A# or I-94#:	<input type="checkbox"/> A#		
	<input type="checkbox"/> I-94 #		
Date of Birth:			
Place of Birth (City/State or Country):			
Phone Number:	<input type="checkbox"/> Mobile		
<input type="checkbox"/> Check box if # Outside U.S.	<input type="checkbox"/> Work		Ext:
E-Mail Address:			

CONVICTIONS

Is the applicant currently on court-ordered probation? Yes No

(If yes, submit a letter from the probation officer addressing the terms and current status of probation)

Was the applicant convicted of a misdemeanor or felony in any state/jurisdiction since the license **was last renewed** (or since the issuance of an initial license if such was within the past 24 months).

Yes No

If yes, list below misdemeanor or felony convictions.

Name of Conviction	Date of Conviction	Name of Court Taking Action

Provide a letter of explanation for each conviction that you entered above.

If the applicant's convictions were in a state other than Nebraska, attach copies of the court documents for each conviction.

Drug or Alcohol Related Convictions. If the applicant has drug or alcohol related conviction(s), to aid in the application review, the applicant may submit evaluation and discharge summaries where drug or alcohol treatment was obtained or required. Evaluations and discharge summaries may be submitted by the provider directly to the department.

NOTE: If the applicant has **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, they are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action. Reporting forms can be obtained at the following website** <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone **402-471-0175**.

OTHER LICENSES

Yes No Does the applicant hold or has held licenses to provide health-related services, health services, professional services, or environmental services in a state **other** than Nebraska?

Type of License:		State Licensed:	
If YES, has the license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Disciplinary Action: If the applicant has had any disciplinary action(s) taken against their credential, request a copy of the disciplinary action(s), including charges and findings be sent directly from the State Licensing Board.

CONTINUING EDUCATION

To reinstate the license, the applicant must have already completed the required continuing education within the previous 24 months before submitting this application.

Continuing Competency/Education:

Has the applicant met the continuing education requirements? Yes No

Waiver: If no, the applicant may qualify for a waiver; select the waiver being requested in the section below.

<input type="checkbox"/>	<p>Initial License: First licensed within the previous 24 months before submitting this application for reinstatement.</p>
<input type="checkbox"/>	<p>Military: Actively engaged in military service and served for 30 consecutive days on full-time active duty or approved leave within the previous 24 months before submitting this application for reinstatement. 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.</p> <p>Submit a copy of the military orders to the DHHS Licensure Unit. There is no fee or continuing education requirement for military status.</p>
<input type="checkbox"/>	<p>Circumstances Beyond Applicant’s Control: Did not complete the continuing competency education requirements due to circumstances beyond the applicant’s control.</p> <p>Waivers of continuing education may be considered for circumstances lasting longer than 30 consecutive days that DHHS determines are beyond the applicant’s control. Such circumstances can include, but are not limited to, a shortage of available continuing competency courses resulting from an officially declared state of emergency.</p> <p>Provide the following information:</p> <p>1. List the reason(s) the applicant was not able to complete the required continuing competency/education.</p> <div style="border: 1px solid black; height: 50px; margin: 5px 0;"></div> <p>2. Did this last longer than 30 consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the applicant requesting a waiver of the total hours of continuing education or a partial waiver? <input type="checkbox"/> Total <input type="checkbox"/> Partial</p> <p>If a partial waiver, how many hours are being requested? # of Hours: _____</p>

PRACTICE WIHOUT AN ACTIVE LICENSE

An Administrative Penalty of \$10 per day up to \$1,000 may be assessed, or other action as provided in the statutes and regulations, for practice without an active license.

Did the applicant practice this profession in Nebraska without an active license?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what are the actual number of days practiced in Nebraska without an active Nebraska license and what is the business name, location and telephone number of the practice:	Number of days:		
	Name of Business:		
	City:		
	Telephone #:		

ATTESTATION

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

The applicant attests that they are:

A citizen of the United States.

OR

NOT a citizen of the United States. They are a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

NOT a citizen of the United States. They 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 of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

The applicant further attests that they:

1. Have read the application or have had the application read to them; and
2. Are of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

APPLICATION FEE

The reinstatement fee is \$85; if applying within 6 months of the expiration date (7.1 to 12.31 even years), the fee is \$60.

Pay by check or money order to:

Licensure Unit

Debit or credit card is not accepted.