

**Dialysis Patient Care Technician (DPCT)
RENEWAL NOTICE
REGISTRATION EXPIRES 05/01/2026**

Your renewal application and fee must be POSTMARKED ON OR BEFORE **05/01/2026** to avoid the expiration of your registration. **The Fee is \$95. Pay by check or money order to: DHHS Licensure Unit**
Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

All sections MUST be completed. Incomplete renewal applications will be returned to the address on file and processing will be delayed.

Renewal for: Dialysis Patient Care Technician	Registration #:	Please check if you are requesting a Military Waiver. <input type="checkbox"/> MILITARY WAIVER (no fee required)
_____ First Name	_____ Last Name	
_____ Address		
_____ City	_____ State	
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.		

Fail to Submit Renewal by Expiration Date: If you fail to submit a completed renewal by the expiration date, your registration expires and you will be required to apply for reinstatement of your registration. **If you practice after the expiration date**, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.

To renew your license , you must have a valid Social Security Number or Alien Registration Number.	
Social Security Number:	_____
Alien Registration Number:	_____
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.	
Telephone Number:	E-mail address:
_____	_____

Renewal Status (Select ONLY One):

<input type="checkbox"/> Yes	Active (\$95.00): I choose active status for my credential. The renewal fee is \$95.00 Make check/money order payable to: DHHS, Licensure Unit. We do not except electronic payments for paper renewals.
<input type="checkbox"/> Yes	Active-Military (\$0): I choose Active-Military status. We encourage you to check with your employer before choosing active-military. I have served for 30 consecutive days on full-time active duty or approved leave since my credential was last renewed. 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 requirement for military status.
<input type="checkbox"/> Yes	Inactive Status (\$0): I choose inactive status for my credential. I cannot practice my profession in Nebraska after 05/01/2026 . There is no fee or continuing education requirement for inactive status.

Renewal Questions (Please send in proof of worksite training and national exam completion with this application):

Are you currently employed as a Dialysis Patient Care Technician?	Yes <input type="checkbox"/> No <input type="checkbox"/> DPCT Employment Date: _____
Have you completed Dialysis Patient Care Technician training which follows national recommendations and is conducted in the work setting? You must submit the worksite training verification form. If you are currently completing your worksite training, please indicate the anticipated training completion date.	Yes <input type="checkbox"/> No <input type="checkbox"/> Date training completed: _____ Worksite training verification form included <input type="checkbox"/>
Do you hold a national certification as a dialysis patient care technician which requires you pass a certification examination? You must provide a copy of your current certificate with this renewal form.	Yes <input type="checkbox"/> No <input type="checkbox"/> Certificate included <input type="checkbox"/> DPCT National Certification Expiration Date: _____

CONVICTION AND LICENSURE/REGISTRATION/CERTIFICATION INFORMATION:

Failure to list any conviction(s) or disciplinary action(s), since your last DPCT renewal registration could result in disciplinary action.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions since your DPCT registration became active or was last renewed, whichever was most recent; you are NOT required to list infractions. You must submit:

- (a) A copy of the entire/complete court record related to all misdemeanor and felony convictions;
- (b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

*****NOTE: To aid the registry in evaluation of your drug and/or alcohol conviction(s), please submit all evaluation/discharge summaries where drug and/or alcohol treatment was obtained or required. All evaluations/discharge summaries must be submitted by the provider directly to the registry.**

1	Have you been convicted of a misdemeanor or felony in the last two years?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE:
If you have any criminal charges or license/registration/certification disciplinary actions pending that result in a conviction or license/registration/certification discipline, you are required to report such action to the Public Health Investigations Unit **within 30 days of the conviction or disciplinary action. Reporting forms can be obtained at:**
<https://dhhs.ne.gov/pages/Investigations.aspx> or by calling **402-471-0175**.

LICENSE/REGISTRATION/CERTIFICATION INFORMATION: The following questions relate to a license/registration/certification that you currently hold or have held to provide health related services (such as nursing, massage therapist, paramedic, nurse aide, etc.) in a state **other** than Nebraska.

1	Have you been denied the right to take a license/registration/certification examination in any State since your DPCT registration became active?	If yes, please explain:		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	Do you hold or have you held a license/registration/certification in any other state(s)?	If yes, what state(s)?	What type of license/registration/certification?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES , has your license/registration/certification 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"/>			

NOTE: If you have disciplinary charges pending on your license/registration/certification in another state or if your license/registration/certification has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

Citizenship/Lawful Presence (Select ONLY One):	
<input type="checkbox"/> Yes	I am a citizen of the United States.
<input type="checkbox"/> Yes	I am not a citizen of the United States. I am 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.
<input type="checkbox"/> 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, we need 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:		
1. I have read the renewal application or have had the renewal application read to me; and		
1. I am of good character and all statements on this renewal application are true and complete.		
Print Name: _____	Signature: _____	Date: _____
Phone/Fax (Optional): _____	E-mail: _____	
<p>We NO LONGER send the paper renewed registration card. To PRINT YOUR RENEWED CARD go to: dhhs.ne.gov/lookup</p>		

Renewal Processing: We will process your renewal as quickly as possible. You can check your renewal status at **dhhs.ne.gov/lookup**. When your renewal date changes, that means your registration has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your registration until we have ALL of the required documentation.