NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Limited & Medical Radiographer
RENEWAL NOTICE

DHHS – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509-4986
Telephone: (402) 471-2117

Your **Limited/Medical Radiographer** credential **expires 12/1/2026.** To renew your credential, you must submit this notice and the renewal fee of **$146.00** to the Licensure Unit postmarked on or before **12/1/2026** to avoid expiration. **If you do NOT renew your credential by the expiration date, you may NOT continue to practice. If you continue to practice, you will be subject to an administrative penalty.**

LICENSE # : _____

Printed Name: _____

Address: _____

City/State/Zip: _____

☐ Check this box if your address changed during the past 2 years. **(PLEASE PRINT CLEARLY)**

NAME & ADDRESS CHANGES: If your name and/or address on your credential is incorrect, print the correct information in the appropriate area above and check the box noting that change. For a name change, you submit a photocopy of a marriage certificate, court order, etc., to provide proof of legal name change. If not submitted, the credential will be issued in the name currently on record.

FEES & STATUS:

Check requested status below:

☐ ACTIVE **$146.00**

☐ INACTIVE (No Fee)

☐ MILITARY WAIVER (No Fee) – See info below regarding required documentation

Make Checks Payable to: DHHS Licensure Unit

You will not receive a receipt

INACTIVE STATUS: If you do not renew your credential, you may select INACTIVE STATUS. Inactive means you cannot practice but may represent yourself as having an inactive credential. To return to active status, you MUST contact this office for a reinstatement application and meet the reinstatement requirements which are in effect at the time the status change is requested. You do not have to meet continuing competency requirements to request INACTIVE STATUS.

YOU MUST ANSWER THE FOLLOWING QUESTIONS: If you fail to answer these questions, your renewal will not be processed and will be returned to you as incomplete. Please answer each of the following questions with regards to the time period since your last renewal or initial license.

1	To renew your credential, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. Enter your number below. If you have both a SSN and an A# or I-94 number, you must report both. **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.** Social Security Number Alien Registration Number Form I-94 (Arrival-Departure Record)	
2	Were you convicted of a misdemeanor or felony in any jurisdiction between **12/02/2024 to 12/01/2026** If you answer **YES** to this question, you must submit the documents to the Licensure Unit: • A list of any misdemeanor or felony convictions; • A copy of the court record, which includes charges and disposition; • 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 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 you are currently on probation;	☐ Yes ☐ No
3a	Have you held a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services?	☐ Yes ☐ No
3b	Has such credential been denied, refused renewal, or disciplined between **12/02/2024 to 12/01/2026**? (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.	☐ Yes ☐ No

NOTE: If you have any **criminal charges** or **license disciplinary actions pending** that result in misdemeanor or felony convictions 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/credential discipline could result in disciplinary action.

Do NOT submit continuing education certificates to this office unless they are requested.

CONTINUING COMPETENCY: Twenty-four (24) hours of acceptable continuing education earned during the preceding 24 month period are required to renew your license. If you are randomly selected for an audit to provide proof of continuing education, you will be notified by mail at a later date.
Retain all documentation of continuing education activities completed for the renewal of your credential for at least 4 years.

☐	I have met or will meet the continuing competency requirements on or before **12/01/2026**.
☐	I have served full-time duty in the active military service of the United States, or 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 during part of the 24 months immediately preceding the biennial licensure renewal date. (You **MUST** provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.)
☐	I was first credentialed within the 24 months immediately preceding the credential renewal. Initially Licensed:_____.

Signature Required on Page 2 ➡

PLEASE COMPLETE THE FOLLOWING ATTESTATIONS: (**All** Credential holders must complete this section and **must sign and date this form**.)

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

I attest that

- ☐ I am a citizen of the United States; or
- ☐ I am a qualified alien under the Federal Immigration and Nationality Act.

☐ Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

a. Approved deferred action status (DACA);
b. A pending application for asylum in the United States;
c. A pending or approved application for temporary protected status in the United States; or
d. A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States.

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

_____ _____ _____

Original Signature (required) **Printed Name** (required) **Date** (required)

_____ _____

***Telephone Number** ***Email Address**

***If you provide us with this information, we may be able to resolve any problem with your renewal more quickly. Our preferred method of communication is through email. Please allow 10 business days for processing. Wallet cards are available to print on the DHHS website https://www.nebraska.gov/LISSearch/search.cgi.**

Disaster Response Volunteers Needed

In an emergency event, your skills and abilities could be in great demand. The State of Nebraska Medical and Health Volunteer registry allows you to register as a healthcare volunteer before disaster strikes. This secure system allows disaster response officials to quickly identify those healthcare professionals necessary to meet the needs of a disaster or emergency situation. Your professional skills can then best be put to use in a coordinated and efficient manner, while granting you additional legal protection under the Nebraska Emergency Management Act (see Neb. Rev. Statute 81-829.36).

Registration only takes a moment and does not obligate you to respond to any future disasters; instead, registration allows you to be contacted for your availability during a local, state, or national emergency. Saving lives in an effective response to an emergency or disaster often depends on quickly identifying and contacting volunteer healthcare professionals such as yourself who have the specific skills necessary to care for people who are injured or ill. Please take a moment to register at: https://volunteers.ne.gov/ESAR-VHP/faces/jsp/login.jsp