

Nail Technician Reinstatement Information

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

To reinstate your license, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #.
3. Be lawfully present in the U.S.
4. **If reinstating your nail technology license**, you must have already completed at least 8 hours of continuing education within the previous 24 months before submitting this application or meet one of the CE waivers. At least 4 hours of continuing education must be nail technology related, all 8 hours may be obtained through these mandatory hours and may be offered in-person or through other electronic means (such as home study).
5. Pay the renewal and reinstatement fees. (see page 1 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 odd-numbered year.

If you are NOT a U.S. Citizen, you must 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:

If you practiced after the expiration date of your license and prior to reinstatement, you are subject to an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing your profession (such as probation, limitation, censure, etc.).

Additionally, if you committed any other violation of the statutes or regulations governing your 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:

If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-2117 or DHHS.licensure2117@nebraska.gov

If your license is reinstated, you will receive an e-mail or mail notice so you can print your wallet card from our website:
TO PRINT YOUR WALLET CARD GO TO: <https://www.nebraska.gov/LISSearch/search.cgi>

Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2117
 DHHS.Licensure2117@nebraska.gov

NAIL TECHNICIAN REINSTATEMENT APPLICATION

This section for Office Use Only

Expiration Date: _____

Date of License: _____

FEE: The fee due is listed by month and year.

Make payable by **check or money order** to "Licensure Unit"
We do not accept credit/debit card payment

~~YEAR~~	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153
Odd Numbered Year	\$153	\$153	\$153	\$153	\$153	\$153	\$64.50	\$64.50	\$64.50	\$64.50	\$64.50	\$64.50

You must complete ALL sections of this application

SECTION A: PERSONAL INFORMATION

1	Legal Name:	First:	Middle/MI:	Last:
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For **name changes**, you must submit a copy of marriage certificate, divorce decree, court order, etc. If not submitted, the license will be issued in the name as printed above.

2	Mailing Address:	Street/PO/Route:		
	<input type="checkbox"/> Check this box if NEW address	City:	State or Country:	Zip:

3	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):
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4	Phone #:*	E-Mail Address*:
NOTE: your phone number and e-mail are optional, but providing this information will speed up communication with you.		

5	License Number:	
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To reinstate your license, you must have a valid Social Security Number

6	Social Security Number (SSN):		
	If you also have an A# or I-94#, check the correct box and provide your number:	<input type="checkbox"/> Alien Registration Number ("A#"):	
		<input type="checkbox"/> I-94 #:	

Nebraska Rev. Stat. §§38-123 and 38-130 requires that you provide 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.

7	Have you ever been denied the right to take a credentialing examination?	Yes No	If yes explain:
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MILITARY SERVICE:

If you meet the following definition of 'military', you are NOT required to pay the renewal fee or meet the continuing education requirements.

(You must check the box and submit the requested document)

	Military: I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial renewal date. (You must attach your military orders)
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SECTION B: CONVICTION AND LICENSE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), could result in disciplinary action against your license.

Conviction Information: You are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since you received your initial license if such was within the past 24 months).	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p style="color: red;">If you answer YES to this question, you must submit the following documents to the Licensure Unit:</p> <ul style="list-style-type: none"> A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska; An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and A letter from your probation officer addressing the terms and current status of the probation, if you are currently on probation. <p><u>DRUG OR ALCOHOL RELATED CONVICTIONS.</u> If you have drug or alcohol related conviction(s), to aid in the application review, you 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.</p> <p>List below misdemeanor or felony convictions</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Conviction</th> <th style="width: 30%;">Date of Conviction</th> <th style="width: 30%;">Name of Court</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name of Conviction	Date of Conviction	Name of Court									
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NOTE: If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential discipline, you must report such actions to the Office of Investigation <https://dhhs.ne.gov/Pages/Investigations.aspx> 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.

Licensure Information: The following questions relate to a license, certificate, or registration that you currently **hold or have held** to provide health related services in a state or jurisdiction **other** than Nebraska.

	Yes	No											
2	<input type="checkbox"/>	<input type="checkbox"/>	Do you hold or have you held a license in any state?	If yes, what State(s) are you licensed in? What type of license do you hold?									
If you answer 'yes' to this question, you must respond to question 2a													
2a	<input type="checkbox"/>	<input type="checkbox"/>	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type of Licensure Action</th> <th style="width: 20%;">Date of Action</th> <th style="width: 50%;">Name of Entity taking Action</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of Licensure Action	Date of Action	Name of Entity taking Action						
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If you answered YES to 2a, you must submit Official Documents from the State Board in which the disciplinary action was taken.

SECTION C: CONTINUING EDUCATION

If reinstating your nail technology license, you must have already completed at least 8 hours of continuing education within the previous 24 months before submitting this application.

CONTINUING EDUCATION HOURS:

<input type="checkbox"/> Yes	Have you met the continuing education requirements for your profession? If no, you may qualify for a waiver under the 'waiver' section below.
<input type="checkbox"/> No	

HOURS: All hours may be completed by in-person, as in-service, or through other electronic means (such as home study).

MANDATORY HOURS: All licensees must complete at least 4 hours of continuing education relating to the nail technology scope of practice; all 8 hours may be obtained through these mandatory hours.

OTHER HOURS. Licensees may earn the remaining 4 hours through the following:

- (A) Cardiopulmonary resuscitation (CPR) or first aid;
- (B) Equipment use as related to the profession;
- (C) Ethics, statutes, or regulations relating to the practice;
- (D) Subject areas outlined in the program of study for a cosmetologist;
- (E) Product knowledge;
- (F) People skills, special needs, other similar titles;
- (G) Marketing;
- (H) Technical school, university, or college courses, only the following types of courses are considered acceptable:
 - (i) Practice related; (ii) Communications; (iii) Humanities; (iv) Sciences; (v) Business, including finance, marketing, computer, or other similar courses; and (vi) Well-being, including psychology, sociology, or other similar courses;
- (I) Nebraska Jurisprudence Examination, counting as 2 hours;
- (J) Barbering school classes; and
- (K) Sanitation or safety courses.

WAIVER OF CONTINUING EDUCATION HOURS:

If you **have not** completed the continuing education and you qualify for a waiver, check the appropriate reason below:

<input type="checkbox"/>	Initial License: I was first licensed within the previous 24 months before submitting this application for reinstatement.
<input type="checkbox"/>	<p>Military: I was actively engaged in military service. I 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 your 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 My Control: I was not able to complete my continuing education requirement due to circumstances beyond my control.</p> <p><u>Waivers</u> of continuing education may be considered for circumstances lasting longer than 30 consecutive days that DHHS determines are beyond your 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>Answer the following questions/information:</p> <p>1. List the reason(s) you were not able to complete the required continuing education.</p> <p>2. Did this last longer than 30 consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you requesting a waiver of the total hours of continuing education, or a partial waiver?</p> <p> If partial waiver, how many hours are your requesting be waived?</p>

If the requested documentation is not submitted, review and processing of your license reinstatement cannot occur.

SECTION D: PRACTICE AFTER EXPIRATION OR INACTIVE STATUS

If you practice after the expiration date and prior to reinstatement of your license, you are 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 your profession.

1	Have you practiced nail technology in Nebraska since your license expired or was placed on inactive status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	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: # of days: _____	
		Name of Business: _____
		City: _____ Telephone #: _____

SECTION E: ATTESTATION

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

<input type="checkbox"/>	I am a citizen of the United States.
OR	
<input type="checkbox"/>	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"/>	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.

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

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