

**NAIL TECHNOLOGY  
 RENEWAL NOTICE  
 LICENSE EXPIRES 12/31/2023**

**ONLINE RENEWAL:** You may renew your license 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 Information:**

<b>License #:</b>			
<b>Name:</b> <input type="checkbox"/> If this is a CHANGE in name, check the box	First:	Middle:	Last:
	<b>Name Changes:</b> If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.		
<b>Address:</b> <input type="checkbox"/> If this is a NEW address, check the box			
<b>City/State/Zip:</b>	City:	State:	Zip:
<b>Phone/E-mail:</b>	Phone:	E-mail:	
<b>To renew your license</b> , you must have a valid Social Security Number or Alien Registration Number.			
<b>Social Security Number:</b>		<b>Alien Registration Number OR I-94#:</b>	
<b>SS#:</b> 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.			

**Fail to Submit Renewal by Expiration Date:** If you fail to submit a completed renewal by the expiration date, your license expires. To practice after this date, your license must be reinstated. **If you practice without an active license**, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of practice.

**Renewal Status (Select ONLY One):**

**If you have an instructor license, to renew it, you MUST also renew your nail technology license**

<input type="checkbox"/> Yes	<p><b>Active:</b> I choose active status for my license. Make check/money order <b>payable to:</b> DHHS, Licensure Unit. <b>We do not except</b> electronic payments for paper renewals.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><b><u>Nail Technology License</u></b></p> <p><input type="checkbox"/> ACTIVE     \$118</p> </td> <td style="width: 50%; border: none;"> <p><b><u>If you hold an Instructor License</u></b></p> <p><input type="checkbox"/> ACTIVE     \$50</p> </td> </tr> </table>	<p><b><u>Nail Technology License</u></b></p> <p><input type="checkbox"/> ACTIVE     \$118</p>	<p><b><u>If you hold an Instructor License</u></b></p> <p><input type="checkbox"/> ACTIVE     \$50</p>
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<input type="checkbox"/> Yes	<p><b>Inactive Status (\$0):</b> I choose inactive status for my license. I cannot practice my profession in Nebraska after requesting inactive status. There is no fee or continuing education requirement for inactive status.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><b><u>Nail Technology License</u></b></p> <p><input type="checkbox"/> INACTIVE     No Fee</p> </td> <td style="width: 50%; border: none;"> <p><b><u>If you hold an Instructor License</u></b></p> <p><input type="checkbox"/> Inactive     No Fee</p> </td> </tr> </table>	<p><b><u>Nail Technology License</u></b></p> <p><input type="checkbox"/> INACTIVE     No Fee</p>	<p><b><u>If you hold an Instructor License</u></b></p> <p><input type="checkbox"/> Inactive     No Fee</p>
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<input type="checkbox"/> Yes	<p><b>Active-Military (\$0):</b> I choose Active-Military status. <b>We encourage you to check with your employer before choosing active-military.</b> I served for 30 consecutive days on full-time active duty or approved leave after 12.31.2021. 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.</p>		

<b>Continuing Education (Answer YES to only ONE of the questions below):</b>	
<input type="checkbox"/> Yes	<b>CE Completed:</b> Yes, I have completed my continuing education requirements or will complete my hours on or before 12.31.2023.
<input type="checkbox"/> Yes	<b>First Licensed:</b> I was first licensed after 12.31.2021. If you meet this waiver, you are not required to meet the continuing education requirement, <b>but you must pay the fee.</b>
<input type="checkbox"/> Yes	<b>Military Service:</b> After 12.31.2021 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. <b>You must submit verifying documentation.</b>
<input type="checkbox"/> Yes	<p><b>Circumstanced Beyond My Control:</b> Waivers of continuing education may be considered for circumstances lasting longer than 30 consecutive days. Such circumstances can include, but are not limited to, a shortage of available continuing competency courses resulting from an officially declared state of emergency. To qualify for this waiver, please provide the following information:</p> <ol style="list-style-type: none"> <li>List below the reason(s) you were not able to complete the required continuing education.</li> <li>Did this last longer than 30 consecutive days? _____</li> <li>Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are your requesting be waived? _____</li> </ol> <p>Additional information relating to CE waivers and continuing education can be found at: <a href="https://dhhs.ne.gov/licensure/Documents/ContCompWaiverInfo.pdf">https://dhhs.ne.gov/licensure/Documents/ContCompWaiverInfo.pdf</a></p>
<b>Conviction:</b>	
<input type="checkbox"/> Yes	I was convicted of a misdemeanor or felony after 12.31.2021
<input type="checkbox"/> No	<p><b>If you have a conviction, You must submit the following:</b></p> <ol style="list-style-type: none"> <li>A copy of the court record for each conviction (if they occurred in a State other than Nebraska);</li> <li>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;</li> <li>If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.</li> </ol> <p><b>NOTE:</b> 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.</p>
<b>Other License(s):</b>	
<input type="checkbox"/> Yes	I was licensed by another state(s) to provide health-related or environmental services after 12.31.2021
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	If you are licensed in another state, has it been denied, refused renewal, or disciplined after 12.31.2021
<input type="checkbox"/> No	<p><b>Disciplinary Action:</b> If your license from a different state (<b>NOT NEBRASKA</b>) 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.</p> <p><b>NOTE:</b> ALL license disciplinary actions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska license.</p>
<b>Citizenship/Lawful Presence (Answer yes to only ONE of the questions below):</b>	
<input type="checkbox"/> Yes	I am a citizen of the United States.
<input type="checkbox"/> Yes	I am <b>not</b> 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 <b>not</b> 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
<b>Not a Citizen:</b> If you are <b>NOT</b> 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:**

1. I have read the renewal application or have had the renewal application read to me; and
2. 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 license card; to PRINT YOUR RENEWED CARD go to:  
[dhhs.ne.gov/lookup](http://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](http://dhhs.ne.gov/lookup). When your renewal date changes, that means your license has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your license until we have ALL of the required documentation.