

SECTION C – Conviction and Licensure Information (all applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Please answer each of the following questions with regard to the time period since your license was renewed. Answer each of the following questions by placing a check mark in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation

| # | Question | Yes | No | Type of Crime or Licensure Action | Date of Action | Name of Court/Entity Taking action |
|---|---------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|----------------|------------------------------------|
| 1 | Have you ever been convicted of a misdemeanor or felony in any jurisdiction(s)? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A copy of the Court Record, which includes charges and proof of completion;
- Explanation from the applicant 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;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

The following questions relate to a credential that you hold or have held in health services, health related services or environmental services in Nebraska or another jurisdiction.

| | | Yes | No | | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------------------------|--------------------------------------|
| 2 | Are you or have you been credentialed in any state or jurisdiction? (Current, inactive or Expired credentials must be listed) | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what jurisdiction(s) are you credentialed in? | What type of credential do you hold? |
| | | | | | |
| | | | | | |
| 3 | Has any credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? | <input type="checkbox"/> | <input type="checkbox"/> | Type of Credential Action | Date of Action |
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If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Certification of your credential in another jurisdiction(s)
- Official Documents from the State Board in which the disciplinary action was taken

SECTION D – Practice Prior to Reinstatement: An individual who practices prior to reinstatement of a credential is 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 the credential.

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|---|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1 | Have you practiced Occupational Therapy in Nebraska since your license was expired, put on inactive status or following voluntary surrender? | <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: _____ |

SECTION E - CONTINUING COMPETENCY – OCCUPATIONAL THERAPY

CONTINUING COMPETENCY REQUIREMENTS: You must have completed TWENTY (20) hours (**Occupational Therapists**) or FIFTEEN (15) hours (**Occupational Therapy Assistants**) of continuing education, within the previous 24 months, for reinstatement of your license. In order for a continuing education activity to be accepted for reinstatement of a license, the continuing education activity must relate to occupational therapy and it may focus on research, treatment, documentation, management, or education. Acceptable continuing education activities include:

1. Programs at State and National association meetings e.g., a meeting of the Nebraska or other state occupational therapy associations and/or the American Occupational Therapy Association.
2. Workshops, seminars, and/or conferences where the content of the continuing education activity relates to occupational therapy whether the subject is research, treatment, documentation, or education management, which includes monitored videotapes, and in-service programs.
3. University or college sponsored courses where the content of the course relates to occupational therapy whether the subject is research, treatment, documentation, education, or management.
4. Formal self study where the content of the self study activity relates to occupational therapy whether the subject is research, treatment, documentation, education, or management, e.g. videotapes, internet courses, correspondence courses and/or AOTA self studies. Licensees may complete a maximum of **12** hours of continuing education by self-study each 24 month renewal period. The self-study program must have a testing mechanism.
5. Management courses which pertain to the practice of occupational therapy. An occupational therapist may complete a maximum of **ten** hours of continuing education utilizing management courses each 24 month renewal period. An occupational therapy assistant may complete a maximum of **seven and one half hours** of continuing education utilizing management courses each 24 month renewal period.
6. Student supervision by an occupational therapist or occupational therapy assistant. One contact hour is earned for being a primary direct clinical supervisor for each student's entire level II fieldwork experience. Licensee may receive a maximum of **two** contact hours of continuing education by supervising a student each 24 month renewal period.
7. Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relate to occupational therapy. **Four** contact hours will be received for each publication. Licensees may earn up to a maximum of **ten** contact hours of continuing education each 24 month renewal period for authorship, editorship, co-authorship, co-editorship, or all of these, of a juried publication relating to occupational therapy.
8. Informal self study: A licensee may earn up to a maximum of **two** contact hours of continuing education each 24 month renewal period for completion of the following activities or a combination of such activities: a. Reading related to occupational therapy practice; b. Observing other occupational therapists; c. Viewing videotapes without a supervisor; and d. Quality assurance or peer review studies.
9. Nationally recognized specialty certification examinations: A licensee will earn **20** contact hours. Of continuing education each 24 month renewal period for successful completion of a nationally recognized specialty certification examination related to an area of advanced practice in the field of occupational therapy.
10. **One** hour credit will be awarded for each hour of scientific presentation by a licensee at workshops, seminars, in-service training, conferences, or guest lectures which relate to the practice of occupational therapy.

CONTINUING COMPETENCY WAIVER: If you **have not** completed the continuing competency requirement and wish to apply for a waiver of the continuing competency requirement of continuing education, please submit the documentation required for the waiver you check below.

_____ **I AM REQUESTING A WAIVER** of _____ continuing education hours. Check applicable reason(s) for waiver below:

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|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I have served in the regular armed forces of the United States during part of the twenty-four (24) months preceding the licensure renewal date and request both my continuing competency requirements and renewal fee be waived. (You MUST provide official documentation of armed forces service, such as active duty orders or a letter from your immediate superior officer.) |
| <input type="checkbox"/> | I was first licensed within the twenty-four (24) months immediately preceding the license renewal date. |
| <input type="checkbox"/> | I have suffered a serious or disabling illness or physical disability during the credentialing period immediately preceding the renewal date, which prevented completion of the continuing competency requirements. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that you were unable to attend continuing education programs during that period.) |
| <input type="checkbox"/> | I have successfully completed two (2) or more semester hours of formal credit instruction offered by an accredited school or college which contributes to meeting the requirements of an advanced degree in a post graduate program relating to Occupational Therapy. (attach documentation of such hours; i.e. official transcript) |
| <input type="checkbox"/> | I was not able to complete my continuing education requirement due to circumstances beyond my control. (You must submit documentation to submit this waiver request.) |

SECTION F - YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Please answer each of the following questions with regard to the time period since your license was renewed.

If you answer **YES** to any of the following questions, you must provide an explanation.

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Have you committed any immoral or dishonorable acts that would evidence unfitness to practice Occupational Therapy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Have you practiced your profession: <ul style="list-style-type: none"> • Fraudulently? • Beyond its authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Have you practiced Occupational Therapy while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Have you been denied the right to take a Credentialing Examination? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | Have you used untruthful, deceptive, or misleading advertising? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Have you invaded a field of practice for which you are not credentialed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | Have you violated: <ul style="list-style-type: none"> • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | Have you committed any acts of unprofessional conduct relating to the practice of Occupational Therapy? (Refer to the Practice Act and Regulations for Occupational Therapy). | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION G- ATTESTATION (All applicants must complete this section)

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §§38-129

I attest as follows:

Please check the appropriate box(s) below:

- I am a citizen of the United States
- I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act

Alien or Non-immigrant Status: If you are **NOT** a citizen of the United States, you must submit evidence of lawful presence which may include a copy of:

- (1) A Green Card, otherwise known as An Alien Registration Receipt Card (Form I-551), both front and back of card
- (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (3) A Form I-94 (Arrival-Departure Record);

Application Attestation: I further attest that:

- 1. I have read the application or have had the application read to me;
- 2. All statements on the application are true and complete;
- 3. I am of good character; and
- 4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).
- 5. I have completed 20 hours (OT) or 15 hours (OTA) of acceptable continuing education within the preceding 24 months pursuant to 172 NAC 114-009 or requested a continued competency waiver.

Print Name: _____

(Signature of Applicant)

(date)

NOTE:

If an applicant has practiced while his/her credential was expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

- 1. Assess an administrative penalty, in which case a separate notice of opportunity for hearing will be sent to the applicant;
- 2. Deny the application to reinstate the credential;
- 3. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
- 4. Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

- 1. Deny the application for reinstatement of the credential;
- 2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
- 3. Reinstate the credential.

The Department will act within 150 days on all completed applications. The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.