

**Mail Renewal To:**  
 Licensure Unit  
 PO Box 94986  
 Lincoln, NE 68509-4986

**Contact Info:**  
 Phone #: 402-471-2118  
 Email: dhhs.medicaloffice@nebraska.gov

**Renewal Notice  
 PHYSICIAN ASSISTANT**

**License Expires 10/31/2021**

The Governor of the State of Nebraska announced that the COVID 19 State of Emergency expired 6/30/2021. Expiration dates for license types that were deferred per Executive Order 20-10 must be renewed by 10/31/2021. If not renewed by 10/31/2021 the license will EXPIRE.

Your renewal application and fee (if applicable) must be POSTMARKED ON OR BEFORE **10/31/2021** to avoid expiration of your license.

**Failure 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.

**Name & Address Changes:** For name changes, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name change. If not submitted, the license will be issued in the name current on record.

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

Yes **Active \$130.00:** I choose active status for my license. The renewal fee is \$110.00 plus the Patient Safety Cash fund Fee is \$20.00. Make check/money order **payable to:** DHHS, Licensure Unit. **We do not accept** electronic payments for paper renewals.

Yes **Active-Military (\$20.00):** I choose Active-Military status. **We encourage you to check with your employer before choosing active-military.** Since 10/02/2019, I have served for 30 consecutive days on full-time active duty or approved leave. 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 renewal fee or continuing education requirement for military status. **The \$20.00 Patient Safety Cash Fund Fee cannot be waived.**

Yes **Inactive Status (\$0):** I choose inactive status for my license. I cannot practice my profession in Nebraska after 10/31/2021. There is no fee or continuing education requirement for inactive status.

**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> (optional)	Phone: _____	E-mail: _____	
<b>To renew your license, you must have a valid Social Security Number or Alien Registration Number.</b>			
<b>Social Security Number:</b>			
<b>Alien Registration Number:</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.			

**You must complete page 2 of this renewal notice**

**Renewal Questions:**

<b>Continuing Education (Answer YES to only ONE of the questions below):</b>	
<input type="checkbox"/> Yes	<b>CE Completed:</b> I have met the continuing education requirements, or will by <b>10/31/2021</b> . I prescribe controlled substances <input type="checkbox"/> Yes <input type="checkbox"/> No I have met the mandatory Opiate prescribing CE requirements for LB731, or will by <b>10/31/2021</b> . <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<b>First Licensed:</b> I was first licensed in Nebraska after <b>10/02/2019</b> so continuing education is not required.
<input type="checkbox"/> Yes	<b>Military Service:</b> I chose Active-Military Status, so continuing education is not required.
<input type="checkbox"/> Yes	<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, provide the following information: 1. What was the reason you are not able to complete the required CE? 2. Did this reason last longer than 30 days? 3. Are you requesting a full or partial waiver? 4. If requesting a partial waiver, how many hours? 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>
<b>Conviction:</b>	
<b>NOTE:</b> If you have any criminal charges or license disciplinary actions pending that result in a misdemeanor or felony conviction or license discipline, you must report these to the Investigative Unit within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/license discipline could result in disciplinary action. Report to: <a href="https://dhhs.ne.gov/Pages/Investigations.aspx">https://dhhs.ne.gov/Pages/Investigations.aspx</a>	
<input type="checkbox"/> Yes	I was convicted of a misdemeanor or felony after <b>10/02/2019</b>
<input type="checkbox"/> No	<b>If you have a conviction, You must submit the following:</b> 1. A copy of the court record for each conviction (if they occurred in a State other than Nebraska); 2. 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; and 3. If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.
<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.	
<b>Other License(s):</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I was licensed by another state(s) to provide health-related or environmental services after <b>10/02/2019</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are licensed in another state, has it been denied, refused renewal, or disciplined after <b>10/02/2019</b> <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. <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.
<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:**

<b>I Attest that:</b> 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: _____
<b>We NO LONGER send the paper renewed license card; to PRINT YOUR RENEWED CARD go to: <a href="https://dhhs.ne.gov/lookup">dhhs.ne.gov/lookup</a></b>	

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](https://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.