

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299

Effective: 06/23/2012 Revised: 03/05/2021
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Print or type application and mail to address on the left
APPLICATION MUST BE PRINTED ONE-SIDED ONLY AND MUST BE ACTUAL SIZE.

**APPLICATION FOR REINSTATEMENT TO PRACTICE AS A PHYSICAL THERAPIST
 (Non-disciplinary Revocation, Expired, Inactive, Lapsed or Voluntary Surrender unrelated to Discipline)**

SECTION A – FEE

Reinstatement Application fee:
 The Physical Therapist Reinstatement application fee is \$168.00. If your license is reinstated within 180 days prior to the expiration date of November 1st of odd-numbered years, the reinstatement fee is prorated and will be \$68.25. **Make your check payable to “Licensure Unit” and mail it with your application.**
 All physical therapist licenses expire November 1st of odd-numbered years.)

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168
Odd	\$168	\$168	\$168	\$168	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$168	\$168

SECTION B – Personal Information: All applicants must complete this section. Section A 1 thru 2 is public information and will be displayed on the INTERNET at <https://www.dhhs.ne.gov/lookup>

1	Legal Name	Last:	First:	Middle:
	Maiden Name	Name:	License number:	

2	Present Address	Street/Box/Route:		
		City:	State:	Zip:

3	Other Info	Other names you are known as:	Phone # :
		Email Address:	Fax#: Optional

Additional Information requested:

4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#:
		<input type="checkbox"/> Alien Registration Number (“A#”); or	A#:
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	I-94#:

If you have a SSN and an A#, 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.

THIS BOX IS FOR OFFICIAL USE ONLY		
BACKGROUND CHECK		
BOARD REVIEW		
REINSTATEMENT # AND DATE		

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.

Answer each of the following questions with regard to the time period since your license was last 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. (Continue on reverse side or use additional sheet if space is inadequate.)

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking Action
1	Have you ever been convicted in any jurisdiction of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must submit the following documents with your application:

- Copy of the court record(s), which includes charges and disposition;
- Written explanation from you of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);
- 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 your probation officer addressing probationary conditions and current status, if you are currently on probation.

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

#	Question	Yes	No	State(s)/Jurisdiction(s)	Type of credential	
2	Are you or have you been credentialed in any state or jurisdiction? <i>(Current and expired credentials must be listed.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what States(s)/Jurisdiction(s) are you credential in?	What type of credential do you hold?	
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Credential	Date of Action	Name of Entity taking action

If you answered YES to questions 2 and/or 3 above, you must request a certification of your credential(s) (current or expired) to be sent to Nebraska. Submit Attachment A (Certification in Another Jurisdiction) to the appropriate licensing agency(s).

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.

1	Have you practiced as a Physical Therapist in Nebraska since your license was placed on expired, inactive, non-disciplinary revocation, lapsed or following voluntary surrender unrelated to discipline?	<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 (address) and telephone number of the practice.	Number of days: _____ Name of Business: Location/Address of Business Phone Number of Business:
3	Did you supervise a physical therapist assistant while your license was expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - CONTINUING COMPETENCY REQUIREMENTS – PHYSICAL THERAPIST

1	<p>To reinstate your physical therapist license you must successfully complete the Nebraska Law Tutorial. The Nebraska Law Tutorial is a free, online open book tutorial developed by the Board of Physical Therapy for the purpose of assuring that all physical therapist understand the Physical Therapy Practice Act and the Regulations Relating to the Practice of Physical Therapy – 172 NAC 137. You must receive a score of \$100%. The Physical Therapy Statutes and Physical Therapy Regulation are located the Physical Therapy Webpage under 'Rules & Regulations & Statutes' at: https://www.dhhs.ne.gov/licensure/pages/physical-therapy.aspx</p> <p>The NE Law Tutorial is located on the Physical Therapy Webpage under 'Renewal Information' at: https://www.dhhs.ne.gov/licensure/pages/physical-therapy.aspx</p>	
	Have you completed the NE Law Tutorial with a score of 100%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<p>Physical Therapists are required to have completed at least twenty (20) hours of acceptable continuing education programs within the 24 months immediately preceding submission of this reinstatement application.</p> <p>In order for a learning experience to be accepted for renewal or reinstatement of a physical therapist license or physical therapist assistant certificate, the learning experience must relate to physical therapy and it may focus on research, treatment, documentation, management or education. The Board may accept continuing education for the following learning experiences:</p> <ol style="list-style-type: none"> 1. Programs at State and National meetings which relate to the theory or clinical application of theory pertaining to the practice of physical therapy for example, a meeting of the Nebraska Physical Therapy Association and/or the American Physical Therapy Association; or 2. Formal education courses or presentations in which: <ol style="list-style-type: none"> a. The courses or presentations are formally organized and planned instructional experiences that have: (1) A date; (2) Location; (3) Course title; (4) Number of contact hours; (5) A signed certificate of attendance; and (6) Are open to all licensees and certificate holders; b. The objectives relate to the theory or clinical application of theory pertaining to the practice of physical therapy; and c. The instructor has specialized experience or training to meet the objectives of the course; 3. University sponsored courses relating to the theory or clinical application of theory pertaining to the practice of physical therapy; 4. Home study relating to the theory or clinical application of theory pertaining to the practice of physical therapy: A Licensee or certificate holder may complete a maximum of ten hours of continuing education by home study each 24 month renewal period. The home study program must have a testing mechanism; 5. Management courses which relate to the theory or clinical application of theory pertaining to the practice of physical therapy. A Licensee or certificate holder may complete a maximum of four hours of continuing education utilizing management courses each 24 month renewal period; 6. Videotapes or satellite programs that meet the following criteria: <ol style="list-style-type: none"> a. There is a sponsoring group or agency; b. There is a facilitator or program official present each time the videotapes or satellite programs are presented to monitor attendance of licensees; c. Any program official who wishes to receive credit for a videotape or satellite program may not self-monitor attendance; and d. The objectives of the program must relate to the theory or clinical application of theory pertaining to the practice of physical therapy. A Licensee or certificate holder may complete a maximum of ten hours of continuing education utilizing videotape presentations or satellite programs each 24 month renewal period; 7. Completion and publication of a scientific review of a research paper for a professionally recognized database as approved by the Board for example, APTA <i>Hooked on Evidence</i>, Physiotherapy Evidence Database (PEDro). A Licensee or certificate holder will be awarded a maximum of five hours each 24 month period. One contact hour will be awarded for each article published. Documentation must include a certificate of completion or a copy of the published review; 	

<p>8. Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relates to physical therapy and is intended for an audience of health care professionals: A Licensees or certificate holders will be awarded a maximum of ten hours each 24 month period. These include:</p> <ul style="list-style-type: none"> a. Primary author of an article in a non-refereed journal. Earn five hours per article: Documentation required – a copy of the article; b. Primary or secondary author of an article in a refereed journal. Earn ten hours per article: Documentation required – a copy of the article; c. Primary, secondary or contributing author of a published textbook. Earn ten hours per book: Documentation required – A copy of the title page; d. Primary or secondary author of a poster presentation. Five hours per presentation: Documentation required – Letter of acknowledgement; e. Primary author of a home study course. Earn five hours per course: Documentation - Letter of approval; <p>9. Completion of the Jurisprudence (NE LAW) Examination: Five hours of continuing education will be awarded for passing the Jurisprudence (NE LAW) examination with a scaled score that is greater than or equal to 600;</p> <p>10. Completion of a residency and/or fellowship program approved by the American Physical Therapy Association: A Licensee or certificate holder will be awarded one hour for each month of participation. Documentation required – Letter verifying participation from the agency providing the program. The dates of participation must be included in the letter;</p> <p>11. Obtaining the initial Certified Strength and Conditioning Specialist (CSCS) certificate issued by the National Strength and Conditioning Association (NSCA). Four hours of continuing education will be awarded for the Certified Strength and Conditioning Specialist (CSCS) certificate during the twenty hour months prior to the reinstatement application or license expiration date; or</p> <p>12. Direct supervision of students for clinical education:</p> <ul style="list-style-type: none"> a. The physical therapist or physical therapist assistant who is supervising the student must be an American Physical Therapy Association Credentialed Clinical Instructor of record at the Basic Level; b. The student being supervised must be from an accredited physical therapist or physical therapist assistant program and participating in a full-time clinical experience of varying length. Full time is defined as clinical experiences with durations of approximately 40 hours per week ranging from 1-18 weeks; c. One hour will be awarded for every 160 contact hours of supervision of full-time physical therapist student or physical therapist assistant student; d. A maximum of eight hours for physical therapist and four hours for physical therapist assistant per 24 month renewal period may be awarded to each individual for supervision of a physical therapist student or physical therapist assistant student; and e. The physical therapist or physical therapist assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student. <p>13. Two hours of credit will be awarded for a current Cardiopulmonary Resuscitation (CPR) certificate.</p> <p>14. One hour credit will be awarded for each hour of scientific presentation by a licensee or certificate holder acting as an essayist or lecturer to licensed physical therapists and physical therapist assistants if the program relates to the theory or clinical application of theory pertaining to physical therapy: A licensee or certificate holder may receive continuing education credit for only the initial presentation during a renewal period, with a maximum of four hours of continuing education for presentations in a 24 month renewal period.</p> <p>*One hour of credit will be awarded for each hour of attendance. Credit will not be awarded for breaks or meals. *Maximum of ten hours of continuing education by home study each 24 month renewal period.</p>	<table border="1"> <tr> <td data-bbox="97 1060 1149 1144"> <p>3 Continuing Education: Have you complete 20 hours of acceptable continuing education and the Nebraska Law Tutorial within the 24 months immediately preceding your application to reinstate?</p> </td> <td data-bbox="1149 1060 1461 1144"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> </tr> <tr> <td colspan="2" data-bbox="97 1144 1461 1197"> <p>If you have not completed the continuing education requirement and wish to apply for a waiver of the twenty (20) hours of continuing education, submit the documentation required for the waiver you check below.</p> </td> </tr> <tr> <td data-bbox="97 1197 1149 1302"> <p>I AM REQUESTING A WAIVER continuing education hours. Check applicable reason(s) for waiver below:</p> </td> <td data-bbox="1149 1197 1461 1302"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Number of hours: _____</p> </td> </tr> <tr> <td data-bbox="97 1302 1149 1501"> <p>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 this licensure reinstatement application and request both my continuing education requirements and renewal fee be waived. (You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption.)</p> </td> <td data-bbox="1149 1302 1461 1501"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> </tr> <tr> <td data-bbox="97 1501 1149 1554"> <p>I was first licensed within the twenty-four months immediately preceding the date of my application for reinstatement.</p> </td> <td data-bbox="1149 1501 1461 1554"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> </tr> <tr> <td data-bbox="97 1554 1149 1732"> <p>I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately proceeding this reinstatement application. (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 the certificate holder was unable to attend continuing education programs during that period.)</p> </td> <td data-bbox="1149 1554 1461 1732"> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> </td> </tr> <tr> <td data-bbox="97 1732 1149 1780"> <p>I was not able to complete my continuing education requirement due to circumstances beyond my control. (You must submit documentation to support this waiver request.)</p> </td> <td data-bbox="1149 1732 1461 1780"> <p>Yes No</p> </td> </tr> </table>	<p>3 Continuing Education: Have you complete 20 hours of acceptable continuing education and the Nebraska Law Tutorial within the 24 months immediately preceding your application to reinstate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you have not completed the continuing education requirement and wish to apply for a waiver of the twenty (20) hours of continuing education, submit the documentation required for the waiver you check below.</p>		<p>I AM REQUESTING A WAIVER continuing education hours. Check applicable reason(s) for waiver below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Number of hours: _____</p>	<p>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 this licensure reinstatement application and request both my continuing education requirements and renewal fee be waived. (You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I was first licensed within the twenty-four months immediately preceding the date of my application for reinstatement.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately proceeding this reinstatement application. (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 the certificate holder was unable to attend continuing education programs during that period.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I was not able to complete my continuing education requirement due to circumstances beyond my control. (You must submit documentation to support this waiver request.)</p>	<p>Yes No</p>
<p>3 Continuing Education: Have you complete 20 hours of acceptable continuing education and the Nebraska Law Tutorial within the 24 months immediately preceding your application to reinstate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>If you have not completed the continuing education requirement and wish to apply for a waiver of the twenty (20) hours of continuing education, submit the documentation required for the waiver you check below.</p>															
<p>I AM REQUESTING A WAIVER continuing education hours. Check applicable reason(s) for waiver below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Number of hours: _____</p>														
<p>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 this licensure reinstatement application and request both my continuing education requirements and renewal fee be waived. (You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>I was first licensed within the twenty-four months immediately preceding the date of my application for reinstatement.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately proceeding this reinstatement application. (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 the certificate holder was unable to attend continuing education programs during that period.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>I was not able to complete my continuing education requirement due to circumstances beyond my control. (You must submit documentation to support this waiver request.)</p>	<p>Yes No</p>														

SECTION F – YOU MUST COMPLETE THE FOLLOWING QUESTIONS/INFORMATION: Answer each of the following questions with regard to the time period since your license was last 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 your profession?	<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 your profession 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 physical therapy? (Refer to the practice act and regulations for physical therapy)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION G – Attestation

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.

Print Name: _____

Signature: _____ Date: _____

NOTE:

The applicant must submit the following documentation:

1. **Other Credentialing Info:** If you are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s), you must have the other jurisdiction(s) submit to the Department a certification/verification of your credential;
2. **Conviction Information:** If you have been convicted of a felony or misdemeanor during the time period since your license was last renewed, you must submit:
 - (a) A copy of the court record, which includes charges and disposition;
 - (b) 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;
 - (c) 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
 - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
3. **Citizenship/non-citizenship information: You must submit a copy of at least one of the following documents:**

If you are a U.S. Citizen, provide one of the following documents as proof of U.S. Citizenship:

- A U.S. Passport (unexpired or expired);
- A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- An American Indian Card (I-872);
- A Certificate of Naturalization (N-550 or N-570);
- A Certificate of Citizenship (N-560 or N-561);
- Certification of Report of Birth (DS-1350);
- A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- Certification of Birth Abroad (FS-545 or DS-1350);
- A United States Citizen Identification Card (I-197 or I-179);
- A Northern Mariana Card (I-873).

If you are NOT a U.S. Citizen, you must submit a copy of one of the following:

If you are a Qualified Alien under the Federal Immigration and Nationality Act:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa.

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

Employment Authorization Card

AND

- 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.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

If an applicant has practiced while his/her credential was revoked, 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.

STATE OF NEBRASKA
 DEPARTMENT OF HEALTH & HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH
 LICENSURE UNIT
 PHYSICAL THERAPY

**CERTIFICATION OF CREDENTIAL
 IN ANOTHER JURISDICTION**

All applicants applying for reinstatement of his/her Nebraska Physical Therapist credential who are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s) (state), must have those jurisdiction(s) complete and submit this form directly to our office. Section A must be filled out by the applicant and forwarded to the appropriate jurisdiction(s) to complete Sections B, C and D.

SECTION A – Section A must be filled out by the applicant.

Applicant's Name:					
Credential Type:		Credential Number:		Credential Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other _____
Date of Issue:		Date of Expiration:			

SECTION B – This section must be completed only if it is a certification of a Physical Therapist Credential.

Credential was issued on the basis of:

National Physical Therapist Examination (NPTE) Date of Examination: _____ Score: _____

State Examination Date of Examination: _____ Score: _____

Other. Please explain: _____

Graduation from an accredited Physical Therapist Program:

Name of Physical Therapy School: _____

Degree: _____ Date of graduation: _____

SECTION C – This section must be completed

Based on the records of this Department, the applicant's credential:

Is in good standing.

Has been disciplined.
 Please explain any disciplinary action: _____
 Submit supporting document of disciplinary action.

Does the applicant have any pending complaints?

No

Yes. If yes, please explain:

SECTION D – This section must be completed

SIGNATURE:	AGENCY SEAL
DATE:	
NAME (PRINT)	
TITLE:	
LICENSING AGENCY NAME AND ADDRESS:	

RETURN THIS FORM TO:
 Licensure Unit
 Attn: Physical Therapy
 P.O. Box 94986
 Lincoln, NE 68509-4986