

**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/ Osteopathic Physician & Surgeon

### License Expires **10/01/2022**

**Your renewal application and fee (if applicable) must be POSTMARKED ON OR BEFORE  
10/01/2022 to avoid expiration of your license.**

**Online License Renewal:** You may renew your license online at <https://nebraska.mylicense.com/>. To register on-line you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.

**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.

**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.			

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

<input type="checkbox"/>	Yes	<b>Active \$171.00:</b> I choose active status for my license. The renewal fee is <b>\$121.00</b> plus the Patient Safety Cash Fund Fee is <b>\$50.00</b> Make check/money order <b>payable to:</b> DHHS, Licensure Unit. <b>We do not accept</b> electronic payments for paper renewals.
<input type="checkbox"/>	Yes	<b>Active-Military (\$50.00):</b> I choose Active-Military status. <b>We encourage you to check with your employer before choosing active-military.</b> Since <b>10/02/2020</b> , 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. <b>The \$50.00 Patient Safety Cash Fund Fee cannot be waived.</b>
<input type="checkbox"/>	Yes	<b>Inactive Status (\$0):</b> I choose inactive status for my license. I cannot practice my profession in Nebraska after <b>10/01/2022</b> . There is no fee or continuing education requirement for inactive status.

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

**Renewal Questions:**

<b>Continuing Education (Select ONLY One):</b>	
I prescribe controlled substances <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes	I have completed my continuing education requirement, or will complete it by <b>10/01/2022</b> .
<input type="checkbox"/> Yes	I was first licensed in Nebraska after <b>10/01/2020</b> , so continuing education is not required.
<input type="checkbox"/> Yes	I chose Active-Military status, so continuing education is not required.
<p>On March 15, 2022, Governor Pete Ricketts extended Executive Order 21-18 which suspends the Continuing Competency/Continuing Education requirements as a requirement for renewal for the following professions: medicine and surgery (MD), advanced practice nursing, emergency medical services, mental health, drug and alcohol counselors, nursing, osteopathic medicine and surgery (DO), pharmacy, perfusion, psychology, respiratory care, surgical assistants, occupational therapy, physical therapy, nursing home administration, audiology and speech language pathology, medical radiography, and medical nutrition therapy. The Continuing Competency/Education questions remain on the renewal application and will be processed regardless of how you answer the questions.</p>	
<b>Conviction:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Since <b>10/02/2020</b> , I was convicted of a misdemeanor or felony.
<p><b>Conviction:</b> If you had a misdemeanor or felony conviction during the past year and haven't reported it yet, we need:</p> <ol style="list-style-type: none"> <li>1. A list of all convictions;</li> <li>2. A copy of the court record for each conviction;</li> <li>3. An explanation of each conviction, including what happened (what, when, where, why), and a summary of what action you have taken to address the behavior that caused each conviction;</li> <li>4. All addiction/mental health evaluations and proof of treatment, if the conviction involved drugs or alcohol and if treatment was received/required; and</li> <li>5. A letter from your probation office addressing conditions and current status, if you are currently on probation.</li> </ol> <p><b>NOTE:</b> ALL misdemeanor convictions and felony convictions must be reported within 30 days of the conviction/action. Failure to report may result in disciplinary action against your Nebraska license.</p>	
<b>Other License(s):</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Since <b>10/02/2020</b> , I have been licensed by another state(s) to provide health-related or environmental Services.
<input type="checkbox"/> Yes <input type="checkbox"/> No	This license(s) has been denied, refused renewal, or disciplined since <b>10/02/2020</b> .
<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 year, 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 (Select ONLY One):</b>	
<input type="checkbox"/> Yes	I <b>am a citizen</b> 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.
<p><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.</p>	

**Attestation:**

<b>I Attest that:</b>	
<ol style="list-style-type: none"> <li>1. I have read the renewal application or have had the renewal application read to me; and</li> <li>2. I am of good character and all statements on this renewal application are true and complete.</li> </ol>	
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>	