

# RENEWAL NOTICE

DHHS – DIVISION OF PUBLIC HEALTH  
LICENSURE UNIT  
PO Box 94986  
Lincoln NE 68509-4986  
PH: (402) 471-2118

**YOUR DELEGATED DISPENSING PERMIT FOR A PUBLIC HEALTH CLINIC EXPIRES JULY 1, 2025. THE RENEWAL FEE OF \$75.00 AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE JULY 1, 2025 TO RENEW THIS LICENSE.**

Name:  
Address:  
City/State/ Zip:

Delegating Pharmacist:

LICENSE#:

## ANNUAL RENEWAL

MAKE CHECK PAYABLE TO "DHHS LICENSURE UNIT" (YOU WILL NOT RECEIVE A RECEIPT). PLEASE ALLOW THREE WEEKS TO PROCESS YOUR RENEWAL.

**\*\*ONLINE RENEWAL IS NOT AVAILABLE FOR THIS LICENSE TYPE\*\***

**A Final Renewal Notice will be sent if payment is not received by July 1, 2025. Payment must be received by August 1, 2025, to avoid expiration of the permit.**

**CHANGE OF LOCATION** – A change of location terminates the license.

**AMENDMENTS** - If you have had or will have a change in the name of the facility or a change of the delegating pharmacist, you are required to complete an Application for Amendment. These changes will not be shown on the renewed license until the Application for Amendment has been processed. Contact our office at (402) 471-2118 to request the amendment form. You do not have to wait until the license has been amended in order to submit your renewal.

**Questions about this license renewal can be sent to the Office of Medical and Specialized Health at [dhhs.medicaloffice@nebraska.gov](mailto:dhhs.medicaloffice@nebraska.gov) or you can call (402) 471-2118.**