

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 PUBLIC HEALTH AUTHORIZATION

License Expires 03/01/2025

Your renewal application and fee (if applicable) must be POSTMARKED ON OR BEFORE 03/01/2025 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.

Fail 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:

License #:			
Name: <input type="checkbox"/> If this is a CHANGE in name, check the box	First:	Middle:	Last:
	Name Changes: If your name has changed, submit a photocopy of your marriage certificate, court order, etc., so we can change your name on our records.		
Address: <input type="checkbox"/> If this is a NEW address, check the box			
City/State/Zip:	City:	State:	Zip:
Phone/E-mail: (optional)	Phone: _____	E-mail: _____	
To renew your license , you must have a valid Social Security Number or Alien Registration Number.			
Social Security Number:			
Alien Registration Number:			
SS#: 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):

- Yes **Active (\$0):** I choose active status for my public health authorization.
- Yes **Active-Military:** I choose Active-Military status. **We encourage you to check with your employer before choosing active-military.** Since **03/01/2023**, 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 fee or continuing education requirement for military status.
- Yes **Inactive Status (\$0):** I choose inactive status for my license. I cannot practice my profession in Nebraska after **03/01/2025**. There is no fee or continuing education requirement for inactive status.

You must complete page 2 of this renewal notice

Renewal Questions:

Other License(s):	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have renewed my dental hygiene license.
Liability Insurance:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hold current liability insurance. Please note: Holders of Public Health Authorizations for Treating Children and Adults are required to hold current professional liability insurance coverage. If you are using the liability insurance coverage offered through your employer, you must have a letter from the insurance company that indicates the insurance policy covers the services you provide under the Public Health Authorization, as described in Neb. Rev. Stat. §38-1130(3), without the supervision of a licensed dentist. This is not required for Public Health Authorization for treating just children.
Citizenship/Lawful Presence (Select ONLY One):	
<input type="checkbox"/> Yes	I am a citizen of the United States.
<input type="checkbox"/> Yes	I am not 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 not 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
Not a Citizen: If you are NOT 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:

<p>I Attest that:</p> <ol style="list-style-type: none"> I have read the renewal application or have had the renewal application read to me; and I am of good character and all statements on this renewal application are true and complete. <p>Signature: _____ Date: _____</p> <p>We NO LONGER send the paper renewed license card; to PRINT YOUR RENEWED CARD go to: dhhs.ne.gov/lookup</p>

We will process your renewal as quickly as possible, but it may take up to a week if no additional documentation is required. You can check your renewal status at 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.