

Department of Health and Human Services
 Division of Public Health – Licensure Unit
 PO Box 94986
 Lincoln NE 68509-4986 Telephone: 402/471-2299

RESPIRATORY CARE RENEWAL NOTICE

<p>ONLINE RENEWAL: You may renew your license online at https://nebraska.mylicense.com/ To register you will need your license number, your social security number and a credit or debit card with a MasterCard or Visa logo.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">License #:</td> <td style="width: 40%;"></td> <td style="width: 30%; padding: 5px;"> <input type="checkbox"/> ✓ box if name changed <input type="checkbox"/> ✓ box if address </td> </tr> <tr> <td style="padding: 5px;">Name: (first/last)</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td colspan="2"></td> </tr> </table>	License #:		<input type="checkbox"/> ✓ box if name changed <input type="checkbox"/> ✓ box if address	Name: (first/last)			Address:									<p>Fees Check requested status below:</p> <p><input type="checkbox"/> ACTIVE \$118.00</p> <p><input type="checkbox"/> INACTIVE (no fee)</p> <p><input type="checkbox"/> ACTIVE/MILITARY WAIVER No fee</p> <p style="text-align: center;">Make Payable to: DHHS/Licensure Unit</p> <p>You will not receive a receipt</p>
License #:		<input type="checkbox"/> ✓ box if name changed <input type="checkbox"/> ✓ box if address														
Name: (first/last)																
Address:																
<p>NAME & ADDRESS CHANGES: If your name or address has changed, check the appropriate box(s) above. For name changes, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the license will be issued in the name in our records.</p>																

ONLINE CREDENTIAL RENEWAL: You may renew credential online at: <https://nebraska.mylicense.com/> To register you will need your credential number, your social security number and a credit or debit card with a MasterCard or Visa logo.

INACTIVE STATUS - No Fee Required

If you choose inactive status for my license. You cannot practice in your profession after 12.31.2020.

ACTIVE MILITARY STATUS: If you choose Active-Military status. **We encourage you to check with your employer before choosing active-military.** If you served for 30 consecutive days on full-time active duty or approved leave after 6.2.2018. 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 required.

YOU MUST ANSWER THE FOLLOWING QUESTIONS: If you fail to answer these questions, your renewal will **not** be processed and will be returned to you as incomplete. Answer each of the following questions with regards to the time period since your last renewal or since you were for licensed in Nebraska.

1	<p>To renew your credential, you must have a valid Social Security Number, Alien Registration Number, and/or I-94 Number. Enter your number below. If you have both a SSN and an A# or I-94 number, you must report both.</p> <p><u>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.</u></p> <table style="width: 100%;"> <tr> <td style="width: 40%;">Social Security #</td> <td style="width: 60%;"></td> </tr> <tr> <td>Alien Registration #</td> <td></td> </tr> <tr> <td>Form I-94 (Arrival-Departure Record) #</td> <td></td> </tr> </table>	Social Security #		Alien Registration #		Form I-94 (Arrival-Departure Record) #		
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2	<p>I was convicted of a misdemeanor or felony after 6.2.2018</p> <p>If you have a conviction, You must submit the following:</p> <ol style="list-style-type: none"> 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; 3. If currently on probation, a letter from your probation officer addressing the terms and current status of your probation. <p>NOTE: 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						

3a	I was licensed by another state(s) to provide health-related or environmental services after 6.2.2018	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b	<p>If you are licensed in another state, has it been denied, refused renewal, or disciplined after 6.2.2018</p> <p>Disciplinary Action: If your license from a different state (NOT NEBRASKA) 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.</p> <p>NOTE: 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony convictions or credential discipline, you must report such actions to this department within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/credential discipline could result in disciplinary action.

DO NOT SUBMIT CONTINUING COMPETENCY CERTIFICATES TO THIS OFFICE UNLESS THEY ARE REQUESTED

CONTINUING COMPETENCY REQUIREMENTS – RESPIRATORY CARE PRACTITIONER (Answer YES to only ONE of the questions below:

<input type="checkbox"/> YES	CE Completed: Yes, I have met or will meet the continuing education requirements. I have completed my continuing education requirements as of the date of submission of this renewal
<input type="checkbox"/> YES	<p>Military Service: After 6.2.2018 I have served full-time duty in the active military service 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. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. If you meet this waiver, you are not required to pay the renewal fee or meet the continuing education requirements. You must submit verifying documentation.</p> <p>Fax: Attn. Respiratory Care 402/742-1152</p> <p>E-mail: Attn. Respiratory Care to dhhs.rehaboffice@nebraska.gov</p>
<input type="checkbox"/> YES	First Licensed: I was first licensed after 6.1.2018. If you met this waiver, you are not required to meet continuing education requirement, but you must pay the fee. (ONLY CREDENTIAL NUMBERS 2922 THRU 4000 QUALIFY FOR THIS WAIVER.)
<input type="checkbox"/> YES	Illness/Disability: I have been suffering from a serious or disabling illness or physical disability which prevented me from completing the required continuing education hours after 6.2.2018. (Submit a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education programs during this period.)
<input type="checkbox"/> YES	<p>Circumstanced Beyond My Control: 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, please provide the following information, you can respond by return email:</p> <ol style="list-style-type: none"> 1. List the reason(s) you were not able to complete the required continuing education. 2. Did this last longer than 30 consecutive days? 3. Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are your requesting be waived? <p>Additional information relating to CE waivers and continuing education can be found at: http://dhhs.ne.gov/licensure/Documents/ContCompWaiverInfo.pdf</p>

If you are requesting a waiver above, documentation (if required) must be provided to support your request for waiver of continuing education. **If the specified documentation is not submitted, review and processing of your license renewal cannot occur.**

Note: The types of acceptable continuing education courses can be viewed online at:
<http://dhhs.ne.gov/licensure/Documents/RespCareAcceptContEd.pdf>

Citizenship/Lawful Presence (Answer yes to only ONE of the question below:

<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.

Attestation

I Attest that:

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: _____

**We NO LONGER send the paper renewed license card; to PRINT YOUR RENEWED CARD go to:
dhhs.ne.gov/lookup**

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. 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.