

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

Dear Applicant:

Our office is in receipt of your request to reinstate your license to practice veterinary medicine and surgery after disciplinary action.

In order to reinstate your license after discipline, you must submit the following:

1. A complete application for reinstatement (form enclosed).
2. The reinstatement fee:

If you have not paid the license renewal fee within the last 24 months please submit the renewal fee of \$168.

If you have paid the license renewal fee within the last 24 months there is no fee due for reinstatement.

Please be advised that should you reinstate your license at this time, the expiration date will be April 1, 2020. At least 30 days prior to that date you will be sent notification of the need to submit a completed renewal application, the renewal fee payment and evidence of the required continuing competency, on or before the expiration date.

If you have any questions regarding the procedure for reinstatement, please contact me at (402) 471-2118.

Sincerely,

Jan Gadeken-Harris  
Health Licensing Coordinator

Attachments

## VETERINARIAN REINSTATEMENT AFTER DISCIPLINE APPLICATION

I hereby apply for reinstatement of my license to practice as a Veterinarian, License # \_\_\_\_\_ in the State of Nebraska. The reason I believe my license should be reinstated is:

---



---



---

### SECTION A – PERSONAL INFORMATION (All applicants must complete this section)

1	Legal Name (last, first, middle)			
2	Other Names Known As (maiden, etc)			
3	Mailing Address (city/state/zip)			
4	Phone # (optional)	Fax #: (optional)	E-Mail Address: (optional)	
5	Date of Birth	Place of Birth		
6	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 #	
<b>NOTE:</b> If you have both a SSN and an A# or I-94 number, you must report both. <b>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.</b>				

### SECTION B – LICENSURE INFORMATION

**Licensure Information:**

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

	Yes	No	If yes, what State(s) are you credentialed in?		What type of credential do you hold?
			State	Credential #	
Do you hold a credential to provide health services, health-related services, or environmental services in another jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, has any credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Action		Name of Entity taking Action

If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.

**SECTION C: CONTINUING COMPETENCY REQUIREMENTS**

You must have earned ONE of the following within the 24 months immediately preceding the date of application for reinstatement (See 172 NAC 180-008 for complete information):

- 32 Hours of acceptable continuing education.
- Initial Board Certification of Re-Certification by an AVMA-recognized veterinary specialty organization.
- Professional Certification as approved in advance by the Nebraska Board of Veterinary Medicine & Surgery.
- Refresher Courses as approved in advance by the Nebraska Board of Veterinary Medicine & Surgery.
- In-service Training as approved in advance by the Nebraska Board of Veterinary Medicine & Surgery.
- Clinical Rotations as approved in advance by the Nebraska Board of Veterinary Medicine & Surgery.

**All applicants for reinstatement must answer the following question by placing a (✓) in the appropriate box (yes or no):**

Have you met the continuing competency requirements as outlined?

**Yes**

**No**

**WAIVER OF CONTINUING COMPETENCY:** If you **have not** completed the continuing competency requirement, and wish to apply for a waiver of the continuing competency requirement, check the appropriate reason below:

**Military:** I have served in the regular armed forces of the United States during part of the 24 months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.

**Initial License:** I was first licensed within the 24 months immediately preceding my date of application for active status.

**SECTION D – CONVICTION AND LICENSURE INFORMATION:** Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, include, but not limited to, payment of a civil penalty. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

**Section I**

1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Section II**

1	Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3	Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Section III</b>			
1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Section IV</b>			
1	Have you ever been convicted of a felony? <b>Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been convicted of a misdemeanor? <b>Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Section V</b>			
1	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever surrendered your state or federal controlled substances registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Section VI</b>			
1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SECTION E – PRACTICE PRIOR TO CREDENTIAL:** An individual who practices prior to issuance 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	I have practiced as a Veterinary Medicine and Surgery in Nebraska before issuance of the Nebraska license.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	<p>If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:</p> <p><i>Students of medicine and surgery enrolled in an accredited college of medicine who gratuitously practice medicine and surgery under the supervision of a licensed physician are exempt from needing a Permit or License in the State of Nebraska, pursuant to <u>Neb. Rev. Stat. 38-2025(4)</u>. Once an individual has graduated from medical school, however, a Permit or License is required in the State of Nebraska in order to practice medicine and surgery. The question above, therefore, refers to the time since you have graduated from medical school until such time as you have received a Permit or License to practice medicine and surgery in the State of Nebraska.</i></p>	<p># of days: _____</p> <p>Name of Business: _____</p> <p>City: _____</p> <p>Telephone #: _____</p>	

**ATTESTATION:** For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check only **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 (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**
- I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**
- Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal

Immigration and Nationality Act. **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

**NOTE:** You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.(i.e.: DACA, pending asylum, pending refugee, etc.)

**Signature and Application Attestation: I attest that:**

- I have read the reinstatement application or have had the reinstatement application read to me; and
- All statements on this reinstatement application are true and complete.

Print Name: \_\_\_\_\_

Original Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email (Optional): \_\_\_\_\_