

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

January 31, 2017

Dear Applicant:

Our office is in receipt of your request to reinstate your license to practice as a veterinary technician. Our records indicate that your license was revoked, expired, placed on inactive status, or lapsed.

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

1. A complete application for reinstatement (form enclosed).
2. The renewal and reinstatement fees.

The breakdown of the specific renewal fees now due are as follows:

License Renewal Fee	\$ 63.00
Reinstatement Fee	\$ 35.00
Total fee due	\$ 98.00

Please be advised that should you reinstate your license at this time, the expiration date will be April 1, 2018. 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 (16 hours), on or before the expiration date.

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

Sincerely,

Office of Medical & Specialized Health, Licensure Unit

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 E-mail: dhhs.medicaloffice@nebraska.gov
 Telephone #: 402-471-2118

Date Reinstated:

 Office Use Only
 Revised 01/2017

**VETERINARY TECHNICIAN
 APPLICATION FOR REINSTATEMENT OF A LICENSE TO PRACTICE
 Fee \$98.00**

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 #	
NOTE: If you have both a SSN and an A# or I-94 number, you must report both. 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.				

SECTION B LICENSURE INFORMATION

Licensure Information:

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

	Yes	No			
Do you hold or have you held a license in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
If 'yes', has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action

SECTION C CONTINUING COMPETENCY**CONTINUING COMPETENCY REQUIREMENTS**

You must have earned ONE of the following within the 24 months immediately preceding the date of application for reinstatement:

- 16 Hours of acceptable continuing education.

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 above?

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 QUESTIONS**QUESTIONS**

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

The questions pertain to the time period since the license was last active, unless otherwise specified. For any yes answers, explain the circumstances and outcome. The applicant will be notified of any additional documentation which is required by the Board/Department:

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://dhhs.ne.gov/Pages/investigations.aspx> or by telephone at 402-471-0175.

SECTION I

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.

Yes

No

1. Have you had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?

2. Have you voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?

3. Have you been requested to appear before any licensing agency?

4. Have you been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?

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?

6. Have you been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?

7. Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?

SECTION II		Yes	No
1. Are you currently, or have you 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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
3. Within the past 5 years, have you 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"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
SECTION III		Yes	No
1. Have you 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 veterinary or veterinarian technician school or postgraduate training?		<input type="checkbox"/>	<input type="checkbox"/>
SECTION IV		Yes	No
<p>If you answer YES, you must submit the following documents:</p> <ul style="list-style-type: none"> a) The court record, which includes charges and disposition; b) Arrest records; c) A letter from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions; d) All addiction/mental health evaluations and proof of any treatment obtained; and e) A letter from the probation officer addressing probationary conditions and current status if the applicant is currently on probation; 			
1. Have you ever been convicted of a felony?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a misdemeanor?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?		<input type="checkbox"/>	<input type="checkbox"/>
SECTION V		Yes	No
1. Have you 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"/>	<input type="checkbox"/>
2. Are you aware of any professional liability claims currently pending against you?		<input type="checkbox"/>	<input type="checkbox"/>

SECTION F 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 technician in Nebraska since I last held an active credential.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	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:	# of days: _____
		Name of Business: _____
		City: _____

SECTION G ATTESTATION

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check only one of the boxes below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-Immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131, an applicant for an initial license to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Department of Health and Human Services (DHHS) with whom I am applying for licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for licensure.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name _____ Signature _____ Date _____
ORIGINAL SIGNATURE REQUIRED