

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee and temporary license fee **may be waived**.

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

APPLICATION PROCESS - To apply for a License:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be and original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. **US Citizenship/Lawful Presence (must be at least 19 years old):**
U.S. Citizens, a PHOTOCOPY of one of the following:
- _____ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted)
 - _____ U.S. Passport (unexpired or expired).
 - _____ Certificate of Naturalization.
 - _____ Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:

- _____ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- _____ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- _____ Employment Authorization Card **AND one of the following**
 - _____ An approved deferred action status (DACA);
 - _____ A pending application for asylum in the United States;
 - _____ A pending or approved application for temporary protected status in the United States; or
 - _____ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of

Homeland Security. This process may take 4-6 weeks.

- 3. **Other State License Information:** If you hold or have held a health related license in any state you must contact that state and request a verification of your license (**do not send a copy of your license**).
- 4. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

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), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none">• MIP• DUI / DWI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear in Court• False Information or Reporting• Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Parks Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks• Bad Check• Not Wearing Seat Belt
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NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone at 402-471-0175.

- 5. **Qualifications** Must meet the qualifications for Physical Agent Modalities.

STEP 2: Complete all pages and questions on the Application

Submit your application to the Licensure Unit

- | | |
|---|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> License Certifications (if licensed in another state) |
| <input type="checkbox"/> Citizenship or Lawful Presence Document | <input type="checkbox"/> Must be licensed as OT or OTA and meet PAMs qualifications |
| <input type="checkbox"/> Education Documents | <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). |
| <input type="checkbox"/> Conviction Records (if you have convictions) | Pay by check/money order; debit or credit card is not accepted. |

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

APPLICATION FOR PHYSICAL AGENT MODALITY CERTIFICATION

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299
Michelle.humlicek@nebraska.gov

Print or type

LICENSE FEES:

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **may be waived**. **Check only one box:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:

THE CERTIFICATION FEE TO APPLY PHYSICAL AGENT MODALITIES IS AS FOLLOWS:

- | | | |
|----|---|-------|
| A. | Superficial Thermal Agents Modality Certification | \$120 |
| B. | Deep Thermal Agents Modality Certification | \$120 |
| C. | Electrotherapeutic Agents Modality Certification | \$120 |
| D. | Combination of Modalities Certification | \$120 |

Pay by check or money order to: Licensure Unit. If the correct amount is not included with the application, the application will be returned.
 Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

SECTION A – PERSONAL INFORMATION - All Applicants Must Complete This Section. This section is public information and will be displayed on the INTERNET at <https://www.nebraska.gov/LISSearch/search.cgi> **NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office.**

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name:		Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:

****Due to changes in our regulations; evidence of citizenship, lawful presence, and/or immigration status are now required. Be sure to include one of the required documents listed in number 5 on page 4. This will not be displayed on the internet.**

3	Date of Birth:	Place of Birth:	
Social Security Number (SSN)			
Check the appropriate box (s)		Alien Registration Number ("A#"):	
		*I-94#:	
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.			
4	**Phone #:	**Fax #: (Optional)	
**E-Mail Address:			
Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			

SECTION B – All Applicants Must Complete This Section			
1	Nebraska License # _____	(Check the appropriate license type) OT <input type="checkbox"/> OTA <input type="checkbox"/>	
2	As a practicing occupational therapist in Nebraska, have you administered physical agent modalities prior to completing this application?	Yes	No
	OR As a practicing occupational therapy assistant in Nebraska, have you set up and implemented superficial thermal agent modalities prior to completing this application?	<input type="checkbox"/>	<input type="checkbox"/>
**If yes , you must provide us with <u>an actual number of days</u> , that you have administered PAMs since you completed the training course or we will be unable to complete the processing of your application. You do not need to count the days spent in a training program listed on page 2.		Actual Number of Days	

SECTION C – CERTIFICATION APPLICATION CATEGORY- All Applicants Must Complete This Section.

Please check the box or boxes for the type(s) of physical agent modality for which you are applying: (Note - Occupational Therapy Assistants may only apply for Superficial Thermal Agents):

Superficial Thermal Agents

Deep Thermal Agents

Electrotherapeutic Agents

I am applying for physical agent modality certification by one of the following means: (Please check the appropriate box below)

Training Course

If applying for physical agent modality certification by completing a training course, you will need to submit the transcript or certification from one of the Board-approved courses or its equivalent. See our website, <https://dhhs.ne.gov/licensure/Pages/Occupational-Therapy.aspx> for a listing of Board-approved courses.

Five Years Experience and Passage of Written Examination

If applying for physical agent modality certification by five years of experience, you will need to complete Attachment D1 and submit the Nebraska Physical Agent Modalities Testing Service Examination results to us. You will need to have the provider submit your scores directly to our office. To take the examination, you will need to register online at www.pampca.org for the Nebraska Physical Agent Modalities Testing Service and select the appropriate physical agent modality test.

Education through Basic Occupational Therapy Degree Program

If applying for physical agent modality certification by education, you will need to submit Attachment D2 demonstrating competencies for application of the physical agent modality.

Hand Therapist Certification

If applying for physical agent modality certification by certification as a hand therapist, you will need to provide your Hand Therapy Certification Commission Certificate number. Any Occupational Therapist who bases their certificate on their hand therapist certification will receive certification for all three levels of physical agent modalities.

Hand Therapy Certification Commission Certificate # _____ (Please write in certificate number)

Be sure to include all requested documentation.

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION D – CONVICTION AND LICENSURE INFORMATION – (All applicants must complete this section)

Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action.

You must list ALL misdemeanor or felony convictions (regardless of when they occurred)

Question		Yes	No	Type of Crime or Licensure Action	Date of Action	Name of court / Entity taking action
1	Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

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

NOTE:

If you have disciplinary charges pending on your license/registration/certification in another state or if your license/registration/certification has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

SECTION E - ATTESTATION

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below):

I attest that:

- I am a citizen of the United States.
- 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.
- 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.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

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;

Print Name: _____

Signature: _____ Date: _____

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

**OCCUPATIONAL THERAPY
PHYSICAL AGENT MODALITY SPECIALITY CERTIFICATION
WITH 5 YEARS OF EXPERIENCE USING PHYSICAL AGENT MODALITIES**

INSTRUCTIONS: Applicant must complete this form listing each employment situation where you have physical agent modality experience.			Check the agent(s) used during this employment		
START & END DATES OF EMPLOYMENT USING PHYSICAL AGENT MODALITIES	NAME OF EMPLOYER, ADDRESS & PHONE NUMBER	NAME OF CLINIC SUPERVISOR OR MANAGER	Superficial Thermal	Deep Thermal	Electrotherapeutic

I, _____ hereby certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Physical Agent Modalities Certification application could be rejected or my certificate revoked by the Nebraska Board of Occupational Therapy.

Signature of Applicant

Date

RETURN Attachment D1 to:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
(402) 471-2299,
michelle.humliece@nebraska.gov

**OCCUPATIONAL THERAPY
PHYSICAL AGENT MODALITY SPECIALITY CERTIFICATION
FROM BASIC OCCUPATIONAL THERAPY DEGREE PROGRAM**

TO BE FILLED OUT BY APPLICANT: (Please Print)

Name: _____ SSN: _____
 Name when enrolled in degree program: _____
 Name of College or University: _____
 Dates of attendance: _____ to _____
 Date of graduation: _____ Check the appropriate box: OT OTA
 Name of course(s) to be verified for Physical Agent Modality Content:

Please check all types of physical agent modality content you wish to have verified by a school official:

- [] Superficial Thermal Agent Modalities
 [] Deep Thermal Agent Modalities
 [] Electrotherapeutic Agent Modalities

TO BE COMPLETED BY UNIVERSITY OR COLLEGE OFFICIAL: (Please Print)

Name of University/College Official: _____
 Title: _____
 Name of Institution: _____
 Phone Number: _____ Date: _____

The above named therapist is applying for a certificate to administer physical agent modalities in the state of Nebraska as indicated above. They are applying based on their having taken a course(s) during their basic occupational therapy degree program at your institution and you are being asked to verify that those courses meet the objectives listed below and the above named applicant successfully completed this course.

Please check the box that indicates whether or not each content area or type of assessment was included in the course(s).

SUPERFICIAL THERMAL AGENTS	YES	NO
A written or equivalent examination covering superficial thermal agents was completed		
The following competencies were included in the education dedicated to superficial thermal agents:		
Biophysical and biophysiological changes which occur with cryotherapy		
Indications, contraindications and precautions for the application of cold agents		
Clinical reasoning involved in the application of cold agents		
Commonly used types of cold agents		
Application procedures for each cold modality		
Definition of the term superficial thermal agent		
Differentiation between the two commonly used methods of heat transfer: Conduction and Convection		
The four biophysical effects of heat		
The physiologic response to tissue secondary to temperature elevation		
Differentiation between mild, moderate and vigorous dosages of heat		
Indications, precautions, and contraindications that should be considered when using superficial thermal agents		
Proper clinical applications for hot packs, paraffin bath, fluidotherapy, whirlpool, and contrast bath		
Guidelines for educating the client and/or family in the purpose, benefit and potential risk(s) of the modality		
Universal precautions, sterile techniques, infection control, and the use of modalities		

DEEP THERMAL AGENTS	YES	NO
A written or equivalent exam and practical testing of deep thermal agents was completed		
The following competencies were included in the education dedicated to deep thermal agents:		
Theory and rationale for the application of therapeutic ultrasound		
Differentiation between the parameters for therapeutic ultrasound		
Current research trends in the utilization of ultrasound		
Clinical decision making in the determination of the appropriate treatment parameters for ultrasound		
Clinical procedures for the application of ultrasound		
Safe use of ultrasound, contraindications and precautions for treatment		
Methods for maximizing therapeutic effect in the use of phonophoresis as a physical agent modality		

ELECTROTHERAPEUTIC AGENTS	YES	NO
A written or equivalent exam and practical testing of electrotherapeutic agents was completed		
The following competencies were included in the education dedicated to electrotherapeutic agents		
Available parameters of electrical stimulation devices and the principles and concepts of electricity		
Physiological effects of electrical stimulation		
Therapeutic goals of electrical therapy		
Physiological events associated with electrical stimulation		
Therapeutic relationship of electrotherapy with other therapeutic procedures		
Distinguishing characteristic and indications and contraindications of electrical stimulation		
Physiological effects of various parameters of electrical stimulation (voltage, type, dosage, duty cycle, etc.)		
Clinical application of electrical stimulation in rehabilitation		
Clinical reasoning process used to determine selection of Neuromuscular Electrical Stimulation (NMES) and appropriate parameters		
Parameters of therapeutic electrical currents		
Biophysiological responses to electrical currents		
Indications and contraindications for NMES use		
Appropriate electrode placement for treatment protocols		
Clinical applications for iontophoresis		
Definition and differentiation of the clinical application of iontophoresis from phonophoresis		
Biophysiology and mechanism related to transdermal delivery of medication		
Common medications used in iontophoresis and their pharmacology		
Clinical decision making regarding iontophoresis, indications and precautions		
The processes in pharmacokinetics: absorption, distribution, and metabolism		
The processes of pharmacodynamics as it pertains to routine drugs used in phonophoresis and iontophoresis		
Effects of physical agents, exercise, and manual techniques on pharmacokinetics		
The aging process as it relates to pharmacokinetics		

Original Signature of University or College Official Required

Phone Number

RETURN Attachment D2 to:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
(402) 471-2299
michelle.humlicek@nebraska.gov