

Reinstatement Information for Nebraska Dialysis Patient Care Technician

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet the following waiver option, your reinstatement application license fee **is waived**, (this does not waive the fee for criminal background checks):

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>

STEP 1: Get copies of the following documents:

Application Section A – Personal Information

1. **US Citizenship/Lawful Presence**

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
- Other document that shows current immigration status

*****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.

2. According to the Uniform Credentialing Act of Nebraska §38-129(1) you must be at least 19 years old.

Application Section B – Conviction and Licensure/Registration/Certification Information

1. **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction or pardon or set aside, you are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions. 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.

You must submit:

- (a) A copy of the entire/complete court record related to all misdemeanor and felony convictions;
- (b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

*****NOTE: To aid the registry in evaluation of your drug and/or alcohol conviction(s), please submit all evaluation/discharge summaries where drug and/or alcohol treatment was obtained or required. All evaluations/discharge summaries must be submitted by the provider directly to the registry.**

The following provides SOME examples of convictions; this is NOT a complete 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 402-471-0175.

2. **Other State License/Registration/Certification Information:** If you hold or have held a health related license/certification/registration (such as nursing, massage therapist, paramedic, nurse aide, cosmetology, etc.) in any state **other than Nebraska**, you must contact that state and request a verification of your license/certification/registration that includes your name, license #, date issued, date expires, and if any disciplinary action has been taken against your credential.
Do not send a copy of your license/certification/registration.

Application Section C - Education

1. **Education/Examination:**
- Verification of Dialysis Patient Care Technician work setting training.
 - Proof of successful completion of the National Certification examination. (A photocopy of Certificate).

*****NOTE:** The verification of Dialysis Patient Care Technician work setting training and proof of successful completion of the National Certification examination are required when completed.

STEP 2: Application

- You must complete **ALL SECTIONS** of the application, pages 4-7.

STEP 3: Submit your application and fee to the Licensure Unit

You must submit:

1. Completed application
2. Copies of all documents requested
3. Applicant non-refundable fee. In order to prevent a delay in processing, submit an individual check/money order for each application.

Pay by check/money order – Payable to DHHS Licensure Unit

You must submit the exact amount needed or your application and payment will be returned

(Your cancelled check is your proof of receipt)

Debit or credit cards are not accepted at this time

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

- If your application **is missing information** your application and fee will be returned to you with a cover memo identifying what is needed. This will delay your application process and may affect your ability to practice as a dialysis patient care technician.

Contact Information

Telephone: 402-471-4322

E-Mail: DHHS.Nursingsupport@nebraska.gov

Physical Address:

DHHS, Division of Public Health
Licensure Unit- 1st Floor
301 Centennial Mall South,
Lincoln, Nebraska 68508

Mailing Address:

DHHS, Division of Public Health
Licensure Unit – 1st Floor
P.O. Box 94986
Lincoln, Nebraska 68509-4986

For Office Use Only

BU # 25550134

Registration

Division of Public Health /Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986

**NEBRASKA
Dialysis Patient Care Technician Reinstatement Application**

LICENSE FEES:

A. Fee Waiver:

If you meet the following fee waiver, your reinstatement application license fee **is waived**. **Check the box next to the waiver:**

- 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

YEAR	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Odd Number Year	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$25	\$25
Even Numbered Year	\$25	\$25	\$25	\$25	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95

Dialysis Patient Care Technician registration expires 5/31 of even-numbered years. Fee is based on month and year your license will be issued.

Pay by check or money order to: DHHS Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted

You must complete all sections of this application

SECTION A – PERSONAL INFORMATION			
1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names, including maiden and your last name on your birth certificate, you are or have been known as (AKA)		
2	Address: (where we can send registry information)	Street/PO/Route:	
	City:	State or Country:	Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):

4	Phone #:*	Additional Phone #:*	
	E-Mail Address*: * phone number and e-mail are optional, but providing this information will speed up communication with you		
5	Social Security Number (SSN):		
	If you have an A# or I-94# check the correct box(s) and provide your number.	<input type="checkbox"/> Alien Registration Number (A#):	
		<input type="checkbox"/> I-94#	
Neb. Rev. Stat. §38-123 and §38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.			

SECTION B – CONVICTION AND LICENSURE/REGISTRATION/CERTIFICATION INFORMATION:
Failure to list any conviction(s) or disciplinary action(s), since your DPCT registration last became active, could result in disciplinary action.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions since your DPCT registration last became active; you are NOT required to list infractions. 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 and felony convictions. You must submit:

- (a) A copy of the entire/complete court record related to all misdemeanor and felony convictions;
- (b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

*****NOTE: To aid the registry in evaluation of your drug and/or alcohol conviction(s), please submit all evaluation/discharge summaries where drug and/or alcohol treatment was obtained or required. All evaluations/discharge summaries must be submitted by the provider directly to the registry.**

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court / Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides **SOME** examples of convictions; this is **NOT** a complete 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 • Bad Check • Fireworks • Not Wearing Seatbelt
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NOTE:

If you have any criminal charges or license/registration/certification disciplinary actions pending that result in a conviction or license/registration/certification discipline, you are required to report such action to the Public Health Investigations Unit **within 30 days of the conviction or disciplinary action**. **Reporting forms can be obtained at:** <https://dhhs.ne.gov/pages/Investigations.aspx> or by calling **402-471-0175**.

LICENSE/REGISTRATION/CERTIFICATION INFORMATION: The following questions relate to a license/registration/certification that you currently hold or have held to provide health related services (such as nursing, massage therapist, paramedic, nurse aide, etc.) in a state **other** than Nebraska.

1	Have you ever been denied the right to take a license/registration/certification examination in any State?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	Do you hold or have you held a license/registration/certification in any other state(s)?	If yes, what state(s)?	What type of license/registration/certification?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES , has your license/registration/certification ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

3	<p>Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If checked yes and you are applying for a temporary registration you must include all documentation identified in instructions.</p>
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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 C – EDUCATION	
<p>1. Have you completed Dialysis Patient Care Technician training which follows national recommendations and is conducted in the work setting?</p>	<p>Yes <input type="checkbox"/> Please include Verification Form with Application.</p>
<p>2. Have you successfully passed a National Certification Examination?</p>	<p>Yes <input type="checkbox"/> Please include a photocopy of your most recent Exam Completion Certificate with Application.</p>

SECTION D – PRACTICE PRIOR TO BEING PLACED ON REGISTRY	
<p>An individual who practices prior to being issued a registry number is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations.</p>	
<p><input type="checkbox"/> No. I have not practiced as a Dialysis Patient Care Technician in Nebraska without being active on the registry.</p> <p><input type="checkbox"/> Yes. I have practiced as a Dialysis Patient Care Technician in Nebraska WITHOUT being active on the registry. **This does not apply if you were practicing prior to May 1, 2018.</p>	
<p>If yes, what are the actual number of days you practiced in Nebraska without being on the Nebraska Dialysis Patient Care Technician Registry and what is the business name, location and telephone number of where you practiced:</p>	<p>Number of days:</p>
	<p>Name of Business:</p>
	<p>City:</p>
	<p>Telephone #:</p>

SECTION E – ATTESTATION

For the purpose of meeting 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.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

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.

Application Attestation and Signature: I further attest that:

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

Print Name: _____

Signature: _____ Date: _____

Contact Information:

Telephone: 402-471-4322

Email: DHHS.nursingsupport@nebraska.gov

Mailing Address:

DHHS, Division of Public Health
Licensure Unit – 1st Floor
P.O. Box 94986
Lincoln, Nebraska 68509-4986

Physical Address:

DHHS, Division of Public Health
Licensure Unit- 1st Floor
301 Centennial Mall South,
Lincoln, Nebraska 68508