

Medical Nutrition Therapy Reinstatement Information

If your license was revoked or suspended for disciplinary reasons, contact the Licensure Unit for the appropriate application

To reinstate your license, you must:

1. Complete the attached application for reinstatement.
2. Have a valid Social Security #.
3. Be lawfully present in the U.S.
4. **Have already completed at least 30 hours** of continuing education within the previous 24 months before submitting this application.
5. Pay the renewal and reinstatement fees. (see page 1 of the application)
We do not accept credit/debit card payment.

If you reinstate your license at this time, the expiration date will be September 1st of the odd numbered year.

If you are NOT a U.S. Citizen, you must submit:

1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card.
2. Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.
3. Employment Authorization Document (EAD) (unexpired) **AND** at one of the following documents under the Federal REAL ID Act:
 - 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;
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States; or
4. Other document that shows current immigration status.

NOTE: Documents are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

Practice After Expiration Date:

If you practiced after the expiration date of your license and prior to reinstatement, you are subject to an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations governing your profession (such as probation, limitation, censure, etc.).

Additionally, if you committed any other violation of the statutes or regulations governing your practice, the Department may deny the application for reinstatement or reinstate your license to active status and impose limitation(s) or other disciplinary actions on your license.

Questions:

If you have any questions regarding the procedure for reinstatement, please contact the Licensure Unit, at (402) 471-2117 or DHHS.licensure2117@nebraska.gov

If your license is reinstated, you will receive an e-mail or mail notice so you can print your wallet card from our website:
TO PRINT YOUR WALLET CARD GO TO: <http://www.nebraska.gov/LISSearch/search.cgi>



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2117
DHHS.Licensure2117@nebraska.gov

MEDICAL NUTRITION THERAPY
REINSTATEMENT APPLICATION

This section for Office Use Only

Expiration Date: _____

Date of License: _____

FEE: The fee due is listed by month and year.

Make payable by check or money order to "Licensure Unit"
We do not accept credit/debit card payment

Table with 13 columns: Year (Jan-Dec) and two rows: Even Numbered Year, Odd Numbered Year. Fees range from \$149 to \$63.50.

You must complete ALL sections of this application

SECTION A: PERSONAL INFORMATION

Form with fields for: 1. Legal Name, 2. Mailing Address, 3. Date of Birth, 4. Phone #, 5. License Number, 6. Social Security Number, 7. Denial of examination.

MILITARY SERVICE: If you meet the following definition of 'military', you are NOT required to pay the renewal fee or meet the continuing education requirements. (You must check the box and submit the requested document)

Military checkbox and definition: I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial renewal date.

SECTION B: CONVICTION AND LICENSE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), could result in disciplinary action against your license.

Conviction Information: 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 and felony convictions.

1	Were you convicted of a misdemeanor or felony in any state/jurisdiction since your license was last renewed (or since you received your initial license if such was within the past 24 months).	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p style="color: red;">If you answer YES to this question, you must submit the following documents to the Licensure Unit:</p> <ul style="list-style-type: none"> 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; 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 A letter from your probation officer addressing the terms and current status of the probation, if you are currently on probation. <p><u>DRUG OR ALCOHOL RELATED CONVICTIONS.</u> If you have drug or alcohol related conviction(s), to aid in the application review, you may submit evaluation and discharge summaries where drug or alcohol treatment was obtained or required. Evaluations and discharge summaries may be submitted by the provider directly to the department.</p> <p>List below misdemeanor or felony convictions</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Conviction</th> <th style="width: 30%;">Date of Conviction</th> <th style="width: 30%;">Name of Court</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name of Conviction	Date of Conviction	Name of Court									
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NOTE: If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential discipline, you must report such actions to the Office of Investigation <http://dhhs.ne.gov/Pages/Investigations.aspx> 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.

Licensure Information: The following questions relate to a license, certificate, or registration that you currently **hold or have held** to provide health related services in a state or jurisdiction **other** than Nebraska.

		Yes	No											
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you hold or have you held a license in any state?	If yes, what State(s) are you licensed in? What type of license do you hold?									
				If you answer 'yes' to this question, you must respond to question 2a										
2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Type of Licensure Action</th> <th style="width: 33%;">Date of Action</th> <th style="width: 34%;">Name of Entity taking Action</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of Licensure Action	Date of Action	Name of Entity taking Action						
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If you answered YES to 2a, you must submit Official Documents from the State Board in which the disciplinary action was taken.

SECTION C: CONTINUING EDUCATION

You must have already completed **30** hours of continuing education credit within the previous 24 months before submitting this application for reinstatement.

CONTINUING EDUCATION HOURS:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you met the continuing education requirements for your profession? If no, you may qualify for a waiver under the 'waiver' section below.
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ACCEPTABLE SUBJECT MATTER.

The subject matter for each continuing education program must clearly relate to maintaining skills necessary for the safe and competent practice of medical nutrition therapy as defined in Neb. Rev. Stat. § 38-1809.

- ACADEMIC CREDIT. If using academic credit hours, the hours must be completed through an undergraduate or graduate college or university program.
- CONTINUING EDUCATION PROGRAM. 60 minutes of participation equals 1 continuing education hour when completing workshops, seminars, conferences, or electronic interactive presentations for purposes of obtaining continuing education credit.
- PRESENTER. A presenter may receive continuing education credit for only the initial presentation during a renewal period. Credit will not be given for subsequent presentations of the same program or activity.
- GENERAL NUTRITION PROGRAM. A maximum of 10 hours of continuing education relating to general nutrition, defined in Neb. Rev. Stat. § 38-1807, may be used as credit for each renewal period.
- EXHIBITS. 25 exhibits equal 1 continuing education hour. A maximum of 3 continuing education hours may be used as credit per renewal period.
- POSTER SESSIONS. 6 poster sessions equal 1 continuing education hour; a maximum of 3 continuing education hours may be used as credit each renewal period.
- HOME STUDY PROGRAM. A maximum of 15 hours of continuing education hours may be used as credit for each renewal period. The provider of the program must have a system to monitor knowledge obtained by the licensee completing a home study program, such as, but not limited to a final examination or program evaluation.
- VIDEO OR AUDIO MEDIA OR JOURNAL CLUB. A maximum of 15 hours of continuing education hours may be used as credit for obtained each renewal period. The provider of a video or audio media must issue a certificate of completion. A journal club must be an organized activity, with a pre-determined discussion topic and must be conducted in a monitored environment by another licensed medical nutrition therapist.
- CERTIFICATE PROGRAMS. 20 hours of continuing education, unless noted otherwise, may be used for completing a certificate program as follows:
 1. Certified Nutrition Support Clinician sponsored by the National Board of Nutrition Support Certification, Inc.
 2. Certified Diabetes Educator sponsored by the National Certification Board for Diabetes Educators.
 3. Certified Lifestyle and Weight Management Consultant sponsored by the American Council on Exercise.
 4. Certificate programs sponsored by the Commission on Dietetic Registration, such as:
 - a. Board Certification as a Specialist in Pediatric Nutrition.
 - b. Board Certification as a Specialist in Renal Nutrition.
 - c. Board Certification as a Specialist in Gerontological Nutrition.
 - d. Board Certification as a Specialist in Oncology Nutrition.
 - e. Board Certification as a Specialist in Sports Dietetics.
 5. International Board of Lactation Consultant Examiners.
 6. Certificate Programs approved through the Academy of Nutrition and Dietetics, such as:
 - a. Certificate of Training in Childhood and Adolescent Weight Management sponsored by the Commission on Dietetic Registration, 29 hours are acceptable.
 - b. Certificate Training in Adult Weight Management sponsored by the Commission on Dietetic Registration, 28 hours are acceptable.

NONACCEPTABLE SUBJECT MATERIAL.

The following topic areas do not count towards continuing education for renewal or reinstatement:

1. Menu planning.
2. Dietetic association business meeting or delegate report.
3. Cooking or baking demonstrations.
4. Food service sanitation.
5. Catering.
6. Garnishing techniques.
7. Publishing an employee training manual.
8. Sales presentation on a company's new product.
9. Marketing self as dietitian or medical nutrition therapist.
10. Language training.
11. Health service administration, such as management, grant writing, and human resources.

WAIVER OF CONTINUING EDUCATION:

If you **have not** completed the continuing education and you qualify for a waiver, check the appropriate reason below:

<input type="checkbox"/>	Initial License: I was first licensed within the previous 24 months before submitting this application for reinstatement.
<input type="checkbox"/>	<p>Circumstances Beyond My Control: I was not able to complete my continuing education requirement due to circumstances beyond my control.</p> <p><u>Waivers</u> of continuing education may be considered for circumstances lasting longer than 30 consecutive days that DHHS determines are beyond your control. Such circumstances can include, but are not limited to, a shortage of available continuing competency courses resulting from an officially declared state of emergency.</p> <p>Submit the following information:</p> <ol style="list-style-type: none"> List the reason(s) you were not able to complete the required continuing education. Did this last longer than 30 consecutive days? Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are you requesting be waived?

Documentation (if requested above) 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 reinstatement cannot occur.

SECTION D: PRACTICE AFTER EXPIRATION OR INACTIVE STATUS		
If you practice after the expiration date and prior to reinstatement of your license, you are 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 your profession.		
1	Have you practiced medical nutrition therapy in Nebraska since your license expired or was placed on inactive status?	<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: _____ Telephone #: _____

SECTION E: ATTESTATION	
For the purpose of meeting <u>Neb. Rev. Stat.</u> §4-108 through §4-114 and §38-129, I attest that:	
<i>(check only ONE of the boxes below)</i>	
<input type="checkbox"/> I am a citizen of the United States.	
OR	
<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act.	
<input type="checkbox"/> I am a nonimmigrant lawfully present in the United States.	
<input type="checkbox"/> 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.	
I further attest that:	
<ol style="list-style-type: none"> I have read the application or have had the application read to me; and All statements on this application are true and complete. 	
Print Name: _____	
Signature: _____	Date: _____