

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

Effective: 06/23/2012 Revised: 03/05/2021
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Print or type application and mail to address on the left
APPLICATION MUST BE PRINTED ONE-SIDED ONLY AND MUST BE ACTUAL SIZE.

APPLICATION FOR REINSTATEMENT TO PRACTICE AS A PHYSICAL THERAPIST (Non-disciplinary Revocation, Expired, Inactive, Lapsed or Voluntary Surrender unrelated to Discipline)												
SECTION A – FEE												
Reinstatement Application fee: The Physical Therapist Reinstatement application fee is \$168.00. If your license is reinstated within 180 days prior to the expiration date of November 1 st of odd-numbered years, the reinstatement fee is prorated and will be \$68.25. Make your check payable to “Licensure Unit” and mail it with your application. (All physical therapist licenses expire November 1 st of odd-numbered years.)												
Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168	\$168
Odd	\$168	\$168	\$168	\$168	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$68.25	\$168	\$168
SECTION B – Personal Information: All applicants must complete this section. Section A 1 thru 2 is public information and will be displayed on the INTERNET at https://www.dhhs.ne.gov/lookup												
1	Legal Name	Last:					First:			Middle:		
	Maiden Name	Name:					License number:					
2	Present Address	Street/Box/Route:										
		City:					State:			Zip:		
3	Other Info	Other names you are known as:					Phone # :					
		Email Address:					Fax#: Optional					
Additional Information requested:												
4	Check the Appropriate Box(s):	Social Security Number (SSN);					SSN#:					
		Alien Registration Number (“A#”); or					A#:					
		Form I-94 (Arrival-Departure Record) number					I-94#:					
<i>If you have a SSN and an A#, 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.</i>												

THIS BOX IS FOR OFFICIAL USE ONLY		
BACKGROUND CHECK		
BOARD REVIEW		
REINSTATEMENT # AND DATE		

SECTION C – 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, including, but not limited to payment of a civil penalty.

Answer each of the following questions with regard to the time period since your license was last renewed. Answer each of the following questions by placing a check mark in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation. (Continue on reverse side or use additional sheet if space is inadequate.)

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking Action
1	Have you ever been convicted in any jurisdiction of a misdemeanor or felony?					

If you answered YES to the question above, you must submit the following documents with your application:

- Copy of the court record(s), which includes charges and disposition;
- Written explanation from you of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.

The following questions relate to credential(s) that you hold or have held in health services, health related services or environmental services in Nebraska or another jurisdiction

#	Question	Yes	No	State(s)/Jurisdiction(s)	Type of credential	
2	Are you or have you been credentialed in any state or jurisdiction? <i>(Current and expired credentials must be listed.)</i>			If yes, what States(s)/Jurisdiction(s) are you credential in?	What type of credential do you hold?	
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had disciplinary measures taken against it?			Type of Credential	Date of Action	Name of Entity taking action

If you answered YES to questions 2 and/or 3 above, you must request a certification of your credentials(s) (current or expired) to be sent to Nebraska. Submit Attachment A (Certification in Another Jurisdiction) to the appropriate licensing agency(s).

Section D – Practice Prior to Reinstatement: An individual who practices prior to reinstatement 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	Have you practiced as a Physical Therapist in Nebraska since your license was placed on expired, inactive, non-disciplinary revocation, lapsed or following voluntary surrender unrelated to discipline?	Yes	No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location (address) and telephone number of the practice.	Number of days:	
		Name of Business:	
		Location/Address of Business	
		Phone Number of Business:	
3	Did you supervise a physical therapist assistant while your license was expired?	Yes	No

SECTION E - CONTINUING COMPETENCY REQUIREMENTS – PHYSICAL THERAPIST

1	<p>To reinstate your physical therapist license you must successfully complete the Nebraska Law Tutorial. The Nebraska Law Tutorial is a free, online open book tutorial developed by the Board of Physical Therapy for the purpose of assuring that all physical therapists understand the Physical Therapy Practice Act and the Regulations Relating to the Practice of Physical Therapy – 172 NAC 137. You must receive a score of \$100%. The Physical Therapy Statutes and Physical Therapy Regulation are located the Physical Therapy Webpage under ‘Rules & Regulations & Statutes’ at: https://www.dhhs.ne.gov/licensure/pages/physical-therapy.aspx</p> <p>The NE Law Tutorial is located on the Physical Therapy Webpage under ‘Renewal Information’ at: https://www.dhhs.ne.gov/licensure/pages/physical-therapy.aspx</p>		
	Have you completed the NE Law Tutorial with a score of 100%?	Yes	No
2	Physical Therapists are required to have completed at least twenty (20) hours of acceptable continuing education programs within the 24 months immediately preceding submission of this reinstatement application.		
	<p>In order for a learning experience to be accepted for renewal or reinstatement of a physical therapist license or physical therapist assistant certificate, the learning experience must relate to physical therapy and it may focus on research, treatment, documentation, management or education. The Board may accept continuing education for the following learning experiences:</p> <ol style="list-style-type: none"> 1. Programs at State and National meetings which relate to the theory or clinical application of theory pertaining to the practice of physical therapy for example, a meeting of the Nebraska Physical Therapy Association and/or the American Physical Therapy Association; or 2. Formal education courses or presentations in which: <ol style="list-style-type: none"> a. The courses or presentations are formally organized and planned instructional experiences that have: (1) A date; (2) Location; (3) Course title; (4) Number of contact hours; (5) A signed certificate of attendance; and (6) Are open to all licensees and certificate holders; b. The objectives relate to the theory or clinical application of theory pertaining to the practice of physical therapy; and c. The instructor has specialized experience or training to meet the objectives of the course; 3. University sponsored courses relating to the theory or clinical application of theory pertaining to the practice of physical therapy; 4. Home study relating to the theory or clinical application of theory pertaining to the practice of physical therapy: A Licensee or certificate holder may complete a maximum of ten hours of continuing education by home study each 24 month renewal period. The home study program must have a testing mechanism; 5. Management courses which relate to the theory or clinical application of theory pertaining to the practice of physical therapy. A Licensee or certificate holder may complete a maximum of four hours of continuing education utilizing management courses each 24 month renewal period; 6. Videotapes or satellite programs that meet the following criteria: <ol style="list-style-type: none"> a. There is a sponsoring group or agency; b. There is a facilitator or program official present each time the videotapes or satellite programs are presented to monitor attendance of licensees; c. Any program official who wishes to receive credit for a videotape or satellite program may not self-monitor attendance; and d. The objectives of the program must relate to the theory or clinical application of theory pertaining to the practice of physical therapy. A Licensee or certificate holder may complete a maximum of ten hours of continuing education utilizing videotape presentations or satellite programs each 24 month renewal period; 7. Completion and publication of a scientific review of a research paper for a professionally recognized database as approved by the Board for example, APTA <i>Hooked on Evidence</i>, Physiotherapy Evidence Database (PEDro). A Licensee or certificate holder will be awarded a maximum of five hours each 24 month period. One contact hour will be awarded for each article published. Documentation must include a certificate of completion or a copy of the published review; 		

<p>8. Participation in research or other scholarly activities that result in professional publication or acceptance for publication that relates to physical therapy and is intended for an audience of health care professionals: A Licensees or certificate holders will be awarded a maximum of ten hours each 24 month period. These include:</p> <ul style="list-style-type: none"> a. Primary author of an article in a non-refereed journal. Earn five hours per article: Documentation required – a copy of the article; b. Primary or secondary author of an article in a refereed journal. Earn ten hours per article: Documentation required – a copy of the article; c. Primary, secondary or contributing author of a published textbook. Earn ten hours per book: Documentation required – A copy of the title page; d. Primary or secondary author of a poster presentation. Five hours per presentation: Documentation required – Letter of acknowledgement; e. Primary author of a home study course. Earn five hours per course: Documentation - Letter of approval; <p>9. Completion of the Jurisprudence (NE LAW) Examination: Five hours of continuing education will be awarded for passing the Jurisprudence (NE LAW) examination with a scaled score that is greater than or equal to 600;</p> <p>10. Completion of a residency and/or fellowship program approved by the American Physical Therapy Association: A Licensee or certificate holder will be awarded one hour for each month of participation. Documentation required – Letter verifying participation from the agency providing the program. The dates of participation must be included in the letter;</p> <p>11. Obtaining the initial Certified Strength and Conditioning Specialist (CSCS) certificate issued by the National Strength and Conditioning Association (NSCA). Four hours of continuing education will be awarded for the Certified Strength and Conditioning Specialist (CSCS) certificate during the twenty hour months prior to the reinstatement application or license expiration date; or</p> <p>12. Direct supervision of students for clinical education:</p> <ul style="list-style-type: none"> a. The physical therapist or physical therapist assistant who is supervising the student must be an American Physical Therapy Association Credentialed Clinical Instructor of record at the Basic Level; b. The student being supervised must be from an accredited physical therapist or physical therapist assistant program and participating in a full-time clinical experience of varying length. Full time is defined as clinical experiences with durations of approximately 40 hours per week ranging from 1-18 weeks; c. One hour will be awarded for every 160 contact hours of supervision of full-time physical therapist student or physical therapist assistant student; d. A maximum of eight hours for physical therapist and four hours for physical therapist assistant per 24 month renewal period may be awarded to each individual for supervision of a physical therapist student or physical therapist assistant student; and e. The physical therapist or physical therapist assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student. <p>13. Two hours of credit will be awarded for a current Cardiopulmonary Resuscitation (CPR) certificate.</p> <p>14. One hour credit will be awarded for each hour of scientific presentation by a licensee or certificate holder acting as an essayist or lecturer to licensed physical therapists and physical therapist assistants if the program relates to the theory or clinical application of theory pertaining to physical therapy: A licensee or certificate holder may receive continuing education credit for only the initial presentation during a renewal period, with a maximum of four hours of continuing education for presentations in a 24 month renewal period.</p> <p>*One hour of credit will be awarded for each hour of attendance. Credit will not be awarded for breaks or meals. *Maximum of ten hours of continuing education by home study each 24 month renewal period.</p>		
<p>3 Continuing Education: Have you complete 20 hours of acceptable continuing education within the 24 months immediately preceding your application to reinstate?</p>	<p>Yes</p>	<p>No</p>
<p>If you have not completed the continuing education requirement and wish to apply for a waiver of the twenty (20) hours of continuing education, submit the documentation required for the waiver you check below.</p>		
<p>I AM REQUESTING A WAIVER continuing education hours. Check applicable reason(s) for waiver below:</p>	<p>Yes</p>	<p>No Number of hours:</p>
<p>I have served full-time duty in the active military service of the United States, or a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration during part of the 24 months immediately preceding this licensure reinstatement application and request both my continuing education requirements and renewal fee be waived. (You MUST provide official documentation of Armed Forces Service, such as Active Duty Orders to claim this exemption.)</p>	<p>Yes</p>	<p>No</p>
<p>I was first licensed within the twenty-four months immediately preceding the date of my application for reinstatement.</p>	<p>Yes</p>	<p>No</p>
<p>I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty-four (24) months immediately proceeding this reinstatement application. (Attach a statement from treating physician(s) stating that you were injured or ill, the duration of the illness or injury and of the recovery period, and that the certificate holder was unable to attend continuing education programs during that period.)</p>	<p>Yes</p>	<p>No</p>
<p>I was not able to complete my continuing education requirement due to circumstances beyond my control. (You must submit documentation to support this waiver request.)</p>	<p>Yes</p>	<p>No</p>

SECTION G – 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; or
- I am a qualified alien under the Federal Immigration and Nationality Act.

- Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. 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.

Application Attestation: I 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: _____

NOTE:

The applicant must submit the following documentation:

1. Other Credentialing Info: If you are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s), you must have the other jurisdiction(s) submit to the Department a certification/verification of your credential;
2. Conviction Information: If you have been convicted of a felony or misdemeanor during the time period since your license was last renewed, you must submit:
 - (a) A copy of the court record, which includes charges and disposition;
 - (b) Explanation from the applicant 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 convictions;
 - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
3. **Citizenship/non-citizenship information: You must submit a copy of at least one of the following documents:**

If you are a U.S. Citizen, provide one of the following documents as proof of U.S. Citizenship:

- A U.S. Passport (unexpired or expired);
- A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- An American Indian Card (I-872);
- A Certificate of Naturalization (N-550 or N-570);
- A Certificate of Citizenship (N-560 or N-561);
- Certification of Report of Birth (DS-1350);
- A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- Certification of Birth Abroad (FS-545 or DS-1350);
- A United States Citizen Identification Card (I-197 or I-179);
- A Northern Mariana Card (I-873).

If you are NOT a U.S. Citizen, you must submit a copy of one of the following:

If you are a Qualified Alien under the Federal Immigration and Nationality Act:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa.

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

Employment Authorization Card

AND

- 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.

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.

If an applicant has practiced while his/her credential was revoked, expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

1. Assess an administrative penalty, in which case a separate notice of opportunity for hearing will be sent to the applicant;
2. Deny the application to reinstate the credential;
3. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
4. Reinstate the credential.

If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

1. Deny the application for reinstatement of the credential;
2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or
3. Reinstate the credential.

The Department will act within 150 days on all completed applications. The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
PHYSICAL THERAPY

**CERTIFICATION OF CREDENTIAL
IN ANOTHER JURISDICTION**

All applicants applying for reinstatement of his/her Nebraska Physical Therapist credential who are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s) (state), must have those jurisdiction(s) complete and submit this form directly to our office. Section A must be filled out by the applicant and forwarded to the appropriate jurisdiction(s) to complete Sections B, C and D.

SECTION A – Section A must be filled out by the applicant.

Applicant's Name:					
Credential Type:		Credential Number:		Credential Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other
Date of Issue:		Date of Expiration:			

SECTION B – This section must be completed only if it is a certification of a Physical Therapist Credential.

Credential was issued on the basis of:

- National Physical Therapist Examination (NPTE) Date of Examination: _____ Score: _____
- State Examination Date of Examination: _____ Score: _____
- Other. Please explain: _____

Graduation from an accredited Physical Therapist Program:

Name of Physical Therapy School: _____
Degree: _____ Date of graduation: _____

SECTION C – This section must be completed

Based on the records of this Department, the applicant's credential:

- Is in good standing.
- Has been disciplined.
Please explain any disciplinary action: _____
Submit supporting document of disciplinary action.

Does the applicant have any pending complaints?

- No
- Yes. If yes, please explain: _____

SECTION D – This section must be completed

SIGNATURE:	AGENCY SEAL
DATE:	
NAME (PRINT)	
TITLE:	
LICENSING AGENCY NAME AND ADDRESS:	

RETURN THIS FORM TO:

Licensure Unit
Attn: Physical Therapy
P.O. Box 94986 Lincoln,
NE 68509-4986