NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

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

APPLICATION FOR REINSTATEMENT OF A LICENSE TO PRACTICE
(Revoked, Expired, Placed on Inactive Status, or Lapsed)

I hereby apply for reinstatement of my license to practice as a medical/limited radiographer, License # _____ in the State of Nebraska and submit the required fee of $**181.00**.

Name: _____

Address: _____

_____

_____

DOB: _____

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) (***This information is not displayed on the internet)***

1	Phone #:		E-Mail Address:
2	Check the Appropriate Box(s):	☐ Social Security Number (SSN); ☐ Alien Registration Number ("A#"); or ☐ Form I -94 (Arrival-Departure Record) number:	SSN# A# I-94 #
	If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.		

SECTION B – 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.

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 https://dhhs.ne.gov/Pages/Investigations.aspx or by telephone at 402-471-0175.

Answer each of the following questions by placing a (□) 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.

Conviction Information:

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you been convicted of a misdemeanor or felony since your license was active?	☐	☐			

If you **answered YES**, you must submit the following documents:

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;

Licensure Information:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction. You must request a certificate of licensure from each state be sent to the department no matter the status of your license in the states in which you have held or hold a license.

		Yes	No			
2	Are you licensed in any state?	☐	☐	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?	☐	☐	Type of Licensure Action	Date of Action	Name of Entity taking Action

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.

SECTION C - CONTINUING COMPETENCY:

CONTINUING COMPETENCY REQUIREMENTS		
You must have earned the following within the 24 months immediately preceding that date of application for reinstatement: ☐ 24 hours of acceptable continuing competency requirements in the 24 months preceding the expiration date of the credential. Except for Medical Radiographer, a copy of their current ARRT registration card, such registration must not be on CE probation.		
All applicants for reinstatement must answer the following question by placing a (□) in the appropriate box (yes or no):	**Yes**	**No**
Have you met the continuing competency requirements as outlined above?	☐	☐

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.
☐	**Circumstances Beyond My Control:** I was not able to complete my continuing education requirement due to circumstances beyond my control. Waivers 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. **Submit** the following information: 1. List the reason(s) you were not able to complete the required continuing education. 2. Did this last longer than 30 consecutive days? 3. Are you requesting a waiver of the total hours of continuing education, or a partial waiver? If partial waiver, how many hours are your requesting be waived?

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:

SECTION I	**Yes**	**No**
1. Has any credential you hold in the other jurisdiction(s) been denied, refused renewal, or disciplined by another jurisdiction(s) since the license was last active that has not been previously reported? (If NOT credentialed in another jurisdiction answer "NO".) If "YES", please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and dispositions.	☐	☐
2. Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	☐	☐
3. Have you ever been requested to appear before any licensing agency?	☐	☐
4. Have you ever 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 ever 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. Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	☐	☐
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?	☐	☐
3. Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	☐	☐
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	☐	☐
5. Have you practiced your profession while your ability to do so was impaired by alcohol, controlled substance, drugs, mind-altering substance, physical disability, mental disability, or emotional disability?	☐	☐
SECTION III	**Yes**	**No**
1. Have you ever been convicted of a felony? **Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of $500 civil fine.**	☐	☐
2. Have you ever been convicted of a misdemeanor? **Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of $500 civil fine.**	☐	☐
3. Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	☐	☐

SECTION IV	Yes	No
1. Have you committed any immoral or dishonorable acts that would evidence unfitness to practice medical radiography as a Radiographer?	☐	☐
2. Have you practiced as a Radiographer: • Fraudulently? • Beyond your authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct?	☐	☐
3. Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	☐	☐
4. Have you used untruthful, deceptive, or misleading advertising?	☐	☐
5. Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	☐	☐
6. Have you unlawfully distributed intoxication liquors, controlled substances, or drugs?	☐	☐
7. Have you violated: • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act?	☐	☐
8. Have you invaded a field of practice for which you are not credentialed?	☐	☐
9. Have you committed any acts of unprofessional conduct relating to radiography? (Refer to the Practice Act and Regulations for Medical Radiography.)	☐	☐
10. Have you been denied the right to take a Credentialing Examination?	☐	☐

SECTION E – ATTESTATION

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 radiographer in Nebraska since I last held an active credential?	☐ Yes ☐ 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:

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest as follows: *Please check the appropriate box below:*

I am a citizen of the United States; or

I am a qualified alien under the Federal Immigration and Nationality Act. I have provided my immigration status and alien number and agree to provide a copy of my United States Citizenship and Immigration Services (USCIS) documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

☐ 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.

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;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).
5. I have met the continuing competency requirement for renewal or have applied for a waiver of the continuing competency requirements.

Print Name: _____

Signature: _____ Date: _____