

TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 56 ~~PRACTICE—LICENSURE OF DENTISTRYS AND DENTAL~~  
~~HYGIENISTS~~

~~56-001 SCOPE AND AUTHORITY: These regulations apply to licensure of Dentists and Dental Hygienists pursuant to Neb. Rev. Stat. §§ 71-183 to 71-193.35, and the Uniform Licensing Law.~~

56-001 SCOPE AND AUTHORITY: These regulations govern the credentialing of dentists and dental hygienists under Neb. Rev. Stat. §§ 38-1101 to 38-1151 and the Uniform Credentialing Act (UCA).

56-002 DEFINITIONS:

Accredited or approved school means a school or college which maintains the standards approved by the American Dental Association and is approved by the Department upon recommendation of the Board.

Act means Neb. Rev. Stat. §§ 71-18338-1101 thru 71-193.35 38-1151, known as the Practice of Dentistry Practice Act.

Active addiction means current physical or psychological dependence on alcohol or a substance, which develops following the use of alcohol or a substance on a periodic or continuing basis.

Alcohol or substance abuse means a maladaptive pattern of alcohol or substance use leading to clinically significant impairment or distress as manifested by one or more of the following occurring at any time during the same 12-month period:

1. Recurrent alcohol or substance use resulting in a failure to fulfill major role obligations at work, school, or home;
2. Recurrent alcohol or substance use in situations in which it is physically hazardous;
3. Recurrent legal problems related to alcohol or substance use; or
4. Continued alcohol or substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol or substance use.

Analgesia means the diminution or elimination of pain in the conscious patient.

Attest/Attestation means that the individual declares that all statements on the application/petition are true and complete.

Board means the Board of Dentistry.

Certificate means an authorization issued by the Department that gives a person the right to use a protected title that only a person who has met specific requirements may use.

~~Completed application~~ means an application with all of the information requested on the application filled in, the signature of the applicant verified, fees and all required documentation submitted.

Complete application means an application that contains all of the information requested on the application, with attestation to its truth and completeness, and that is submitted with the required fees and all required documentation.

Confidential information means information protected as privileged under applicable law.

Consumer means a person receiving health or health-related services or environmental services and includes a patient, client, resident, customer, or person with a similar designation.

Continuing Education ~~education~~ means the offering of instruction or information to licensees for the purpose of maintaining skills necessary to the safe and competent practice of Dentistry or Dental Hygiene. The continuing education may be offered under such names as "scientific school", "clinic", "forum", "lecture", "course of study" or "educational seminar". In order for continuing education to be recognized for licensure renewal, it must meet the criteria for acceptance established by the Board.

Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere or non vult contendere made to a formal criminal charge, or a judicial finding of guilt irrespective of the pronouncement of judgment or the suspension thereof, and includes instances in which the imposition or the execution of sentence is suspended following a judicial finding of guilt and the defendant is placed on probation.

Course of study means a program of instruction necessary to obtain a credential meeting the requirements set out for each profession in the appropriate practice act and rules and regulations and includes a college, a professional school, a vocational school, hours of training, or a program of instruction with a similar designation.

Credential means a license, certificate, or registration.

Department means the Division of Public Health of the Department of Health and Human Services.

Dependence means a maladaptive pattern of alcohol or substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:

1. Tolerance as defined by either of the following:
  - a. A need for markedly increased amounts of alcohol or the substance to achieve intoxication or desired effect; or

- b. A markedly diminished effect with continued use of the same amount of alcohol or the substance;
2. Withdrawal as manifested by either of the following:
  - a. The characteristic withdrawal syndrome for alcohol or the substance as referred to in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association; or
  - b. Alcohol or the same substance or a closely related substance is taken to relieve or avoid withdrawal symptoms;
3. Alcohol or the substance is often taken in larger amounts or over a longer period than was intended;
4. A persistent desire or unsuccessful efforts to cut down or control alcohol or substance use;
5. A great deal of time is spent in activities necessary to obtain alcohol or the substance, to use alcohol or the substance; or to recover from the effects of use of alcohol or the substance;
6. Important social, occupational, or recreational activities are given up or reduced because of alcohol or substance use; or
7. Alcohol or substance use continues despite knowledge of having had a persistent or recurrent physical or psychological problem that was likely to have been caused or exacerbated by alcohol or the substance.

~~Director means the Director of Public Health of the Division of Public Health or the Chief Medical Officer if one has been appointed.~~

Director means the Director of Public Health of the Division of Public Health or his/her designee.

General anesthesia means a controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, and produced by a pharmacologic or nonpharmacologic method or a combination thereof.

Hour means a period of 50 minutes of formal instruction, otherwise known as a "contact hour."

~~Inactive status means the voluntary termination of the right or privilege to practice dentistry or dental hygiene. The licensee retains the right or privilege to represent himself/herself as having an inactive license.~~

Inactive credential means a credential which the credential holder has voluntarily placed on inactive status and by which action has terminated the right to practice or represent him/herself as having an active credential.

Incident means a definite, distinct occurrence; an event which results in death or physical or mental injury requiring hospitalization of a patient which occurs in the outpatient facilities of a dentist during, or as a direct result of, inhalation analgesia (nitrous oxide), parenteral sedation, or general anesthesia.

Inhalation analgesia (nitrous oxide) means the administration of nitrous oxide and oxygen to diminish or eliminate pain in a conscious patient.

Lapsed status means the voluntary termination of the right or privilege to represent oneself as a licensed person and to practice dentistry or dental hygiene.

License means an authorization issued by the Department to an individual to engage in a profession or to a business to provide services which would otherwise be unlawful in this state in the absence of such authorization.

Military service means full-time duty in the active military service of the United States, 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. Military service may also include any period during which a servicemember is absent from duty on account of sickness, wounds, leave, or other lawful cause. (From the Servicemembers Civil Relief Act, 50 U.S.C. App. 501 et seq., as it existed on January 1, 2007)

NAC means the Nebraska Administrative Code, the system for classifying State agency rules and regulations. These regulations are 172 NAC 56.

Official transcript means issued by and under the original seal of the educational institution.

Parenteral means administration other than through the digestive tract, including, but not limited to, intravenous administration.

Pattern of incompetent or negligent conduct means a continued course of incompetent or negligent conduct in performing the duties of the profession.

Practical examination means an examination, which evaluates candidates of their psychomotor skills.

Profession means any profession or occupation named in subsection (1) or (2) of Neb. Rev. Stat. § 38-121.

~~Provider means an institution or individual that presents continuing education programs to licensees and may request approval from the Department of those programs.~~

Sedation means a depressed level of consciousness in which the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command is retained and which is produced by a pharmacologic or nonpharmacologic method or a combination thereof.

Served in the regular armed forces has the same meaning as "military service" in these regulations.

~~Verified means sworn to before a Notary Public.~~

~~56-003 REQUIREMENTS FOR ISSUANCE OF LICENSE: Any person, except those listed in Neb. Rev. Stat. §§ 71-183.01 and 71-184, who wishes to practice and or represent himself /herself as a Dentist or Dental Hygienist must be licensed as a Dentist or Dental Hygienist. The criteria for issuance of a license and the documentation required by the Department and the Board are set forth below.~~

~~56-003.01 Licensure of a Dentist/Dental Hygienist~~

~~56-003.01A Procedures for Licensure as a Dentist by Examination: An applicant for a license to practice Dentistry on the basis of an examination must:~~

- ~~1. Graduate from an accredited school or college of Dentistry;~~
- ~~2. Pass the licensure examination Part I and Part II given by the Joint Commission on National Dental Examinations (JCNDE) with a score of 75 or above on each part of this examination;~~
- ~~3. Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent;~~
- ~~4. Scores from any of the licensure practical examinations referenced in 172 NAC 56-003.01A item 3 may be accepted for up to five years from the date the examination was passed.~~
- ~~5. Any applicant who has failed on two occasions to pass a regional or state practical examination will be required to complete a remedial course in clinical dentistry approved by the Board before the Department will consider the results of a third examination as valid qualification for a license to practice dentistry in the State of Nebraska. An approved remedial course must meet the following criteria:
  - ~~a. Be conducted by an accredited dental college;~~
  - ~~b. Subject matter for the remedial course must cover the content included in the section(s) of the regional or state practical examination that the applicant failed;~~
  - ~~c. Supervision must be provided by a qualified faculty member;~~
  - ~~d. Include at least 15 hours of didactic and clinical instruction, of which ten hours must be under the direct supervision of the faculty member referenced in 172 NAC 56-003.01A item 5c; and~~
  - ~~e. Contain a written plan for evaluation;~~
  - ~~f. An application requesting approval of a remedial course may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:
    - ~~(1) Legal name;~~
    - ~~(2) Mailing address;~~
    - ~~(3) Date, location and section(s) failed for each regional or state practical examination failure;~~
    - ~~(4) A signed statement from the applicant that the statements on the application are true and complete.~~~~
  - ~~g. Remedial course information (to be completed by the faculty member providing the remedial instruction):
    - ~~(1) Name of institution providing remedial course;~~
    - ~~(2) Description of subject matter of the remedial course. Subject matter for the remedial course must cover the content included in the section(s) of the regional or state practical examination that the applicant failed;~~
    - ~~(3) Name and qualifications of faculty member providing remedial instruction;~~~~~~

- ~~\_\_\_\_\_ (a) Name;~~
- ~~\_\_\_\_\_ (b) Title;~~
- ~~\_\_\_\_\_ (c) Attach vitae or resume outlining the qualifications of the faculty member.~~

- ~~(4) Number of hours of didactic instruction;~~
- ~~(5) Number of hours of clinical instruction;~~
- ~~(6) Number of hours under direct supervision;~~
- ~~(7) Total number of hours in remedial course;~~
- ~~(8) Written plan of evaluation for the remedial course, indicating the method of evaluation;~~
- ~~(9) Signed statement bearing the school seal from the faculty member providing the remedial instruction that the remedial course meets the criteria in 172 NAC 56-003.01A item 5.a. through e.~~

- ~~6. Pass a jurisprudence examination that relates to the statutes that govern dentistry with an average score of 75% or above;~~
- ~~7. Have good moral character and have attained at least the age of majority (pursuant to Neb. Rev. Stat. § 43-2101. All persons under 19 years of age are declared to be minors, but in case any person marries under the age of 19 years, his/her minority ends); and~~

~~\_\_\_\_\_ 8. Submit to the Department:~~

- ~~\_\_\_\_\_ a. An application for a license to practice dentistry may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:~~

- ~~\_\_\_\_\_ (1) Legal name;~~
- ~~\_\_\_\_\_ (2) Place and date of birth;~~
- ~~\_\_\_\_\_ (3) Social Security Number;~~
- ~~\_\_\_\_\_ (4) Mailing address;~~
- ~~\_\_\_\_\_ (5) Telephone number (optional);~~
- ~~\_\_\_\_\_ (6) E-mail address/fax number (optional);~~
- ~~\_\_\_\_\_ (7) Permanent address;~~
- ~~\_\_\_\_\_ (8) Name and location of accredited dental college attended by applicant;~~
- ~~\_\_\_\_\_ (9) Date of graduation from accredited dental college;~~
- ~~\_\_\_\_\_ (10) Whether you are applying for licensure by examination or by reciprocity;~~
- ~~\_\_\_\_\_ (11) Answer the following questions either yes or no:~~

- ~~\_\_\_\_\_ (a) Have you taken a practical examination? If yes, list the name(s) of the examination(s), location(s) and date(s);~~
- ~~\_\_\_\_\_ (b) Have you ever failed on two occasions to pass a regional or state practical examination? If yes, list name(s) of the examination(s), location(s) and date(s);~~

- ~~(c) Have you contacted the Joint Commission on National Dental Examinations to send your examination scores directly to the Department?~~
- ~~(d) Have you requested that a certified transcript showing graduation be sent directly from your college or school of dentistry to the Department (transcripts marked "issued to student" are unacceptable)?~~
- ~~(e) Have you ever been licensed as a dentist in another state? If yes, list all other states where you have been or are currently licensed, including license number, issuance date and expiration date;~~
  
- ~~(12) Answer the following questions either yes or no; if you answer yes, explain the circumstances and the outcome:~~
  - ~~(a) Has any state or territory ever taken any of the following actions against your license?  
\_\_\_\_ Denied \_\_\_\_ Suspended \_\_\_\_ Revoked \_\_\_\_ Limited~~
  - ~~(b) Has any licensing or disciplinary authority ever taken any of the following actions against your license?  
\_\_\_\_ Limited \_\_\_\_ Suspended \_\_\_\_ Restricted \_\_\_\_ Revoked~~
  - ~~(c) Has any licensing or disciplinary authority placed your license on probation?~~
  - ~~(d) Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?~~
  - ~~(e) Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?~~
  - ~~(f) Have you ever been requested to appear before any licensing agency?~~
  - ~~(g) Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?~~
  - ~~(h) Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs, which may cause physical and/or psychological dependence?~~
  - ~~(i) During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?~~
  - ~~(j) During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?~~
  - ~~(k) Have you ever been convicted of a felony?~~
  - ~~(l) Have you ever been convicted of a misdemeanor?~~
  - ~~(m) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?~~
  - ~~(n) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~

- ~~(o) Have you ever surrendered your state or federal controlled substances registration?~~
- ~~(p) Have you ever had your state or federal controlled substances registration restricted in any way?~~
- ~~(q) Have you ever been notified of any malpractice claim against you?~~

~~(13) A signed statement from the applicant that s/he is of good moral character and that the statements on the application are true and complete.~~

- ~~b. An official transcript from an accredited school or college of dentistry showing graduation from the school or college;~~
- ~~c. Official documentation of the scores obtained on Parts I and II of the licensure examination given by the JCNDE;~~
- ~~d. Official documentation of the scores obtained on a regional or state practical examination;~~
- ~~e. A completed jurisprudence examination;~~
- ~~f. The required licensure fee;~~
- ~~g. A copy of a birth certificate, marriage license, driver's license, or other valid verification of age.~~

~~56-003.01B The Department will act within 150 days upon all completed applications for licensure.~~

~~56-003.01C Procedures for Licensure as a Dental Hygienist by Examination: An applicant for a license to practice Dental Hygiene on the basis of an examination must:~~

- ~~1. Graduate from an accredited dental hygiene program that requires a course of not less than two academic years;~~
- ~~2. Pass the licensure examination given by the Joint Commission on National Dental Examinations (JCNDE) with a score of 75 or above;~~
- ~~3. Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent;~~
- ~~4. Scores from any of the licensure practical examinations referenced in 172 NAC 56-003.01C item 3 may be accepted for up to five years from the date the examination was taken.~~
- ~~5. Any applicant who has failed on two occasions to pass a regional or state practical examination will be required to complete a remedial course in clinical dental hygiene approved by the Board before the Department will consider the results of a third examination as valid qualification for a license to practice dental hygiene in the State of Nebraska. An approved remedial course must meet the following criteria:
  - ~~a. Be conducted by an accredited dental hygiene program;~~~~

- ~~b. Subject matter for the remedial course must cover the content included in the section(s) of the regional or state practical examination that the applicant failed;~~
- ~~c. Supervision must be provided by a qualified faculty member;~~
- ~~d. Include at least 15 hours of didactic and clinical instruction, of which ten hours must be under the direct supervision of the faculty member referenced in 172 NAC 56-003.01C item 5.c.; and~~
- ~~e. Contain a written plan for evaluation;~~
- ~~f. An application requesting approval of a remedial course may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:
  - ~~(1) Applicant information pursuant to 172 NAC 56-003.01A item 5.f. and g.;~~~~
- ~~6. Pass a jurisprudence examination that relates to the statutes that govern dentistry with an average score of 75% or above.~~
- ~~7. Have good moral character and have attained the age of 18 years; and~~
- ~~8. Submit to the Department:
  - ~~a. An application for a license to practice dental hygiene may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:
    - ~~(1) Legal name;~~
    - ~~(2) Place and date of birth;~~
    - ~~(3) Social Security Number;~~
    - ~~(4) Mailing address;~~
    - ~~(5) Telephone number (optional);~~
    - ~~(6) E-mail address/fax number (optional);~~
    - ~~(7) Permanent address;~~
    - ~~(8) Name and location of accredited dental hygiene school attended by applicant;~~
    - ~~(9) Date of graduation from accredited dental hygiene school;~~
    - ~~(10) Whether you are applying for licensure by examination or by reciprocity;~~
    - ~~(11) Answer the following questions either yes or no:
      - ~~(a) Have you taken a practical examination? If yes, list the name(s) of the examination(s), location(s) and date(s);~~
      - ~~(b) Have you ever failed on two occasions to pass a regional or state practical examination? If yes, list name(s) of the examination(s), location(s) and date(s);~~
      - ~~(c) Have you contacted the Joint Commission on National Dental Examinations to send your examination scores directly to the Department?~~~~~~~~

- ~~(d) Have you requested that a certified transcript showing graduation be sent directly from your college or school of dental hygiene to the Department (transcripts marked "issued to student" are unacceptable)?~~
- ~~(e) Have you ever been licensed as a dental hygienist in another state? If yes, list all other states where you have been or are currently licensed, including license number, issuance date and expiration date;~~
- ~~(12) Answer the following questions either yes or no; if you answer yes, explain the circumstances and the outcome:~~
  - ~~(a) Has any state or territory ever taken any of the following actions against your license?  
Denied      Suspended      Revoked      Limited~~
  - ~~(b) Has any licensing or disciplinary authority ever taken any of the following actions against your license?  
Limited      Suspended      Restricted      Revoked~~
  - ~~(c) Has any licensing or disciplinary authority placed your license on probation?~~
  - ~~(d) Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?~~
  - ~~(e) Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?~~
  - ~~(f) Have you ever been requested to appear before any licensing agency?~~
  - ~~(g) Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?~~
  - ~~(h) Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs, which may cause physical and/or psychological dependence?~~
  - ~~(i) During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?~~
  - ~~(j) During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?~~
  - ~~(k) Have you ever been convicted of a felony?~~
  - ~~(l) Have you ever been convicted of a misdemeanor?~~
  - ~~(m) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~
  - ~~(n) Have you ever been notified of any malpractice claim against you?~~
- ~~(13) A signed statement from the applicant that s/he is of good moral character and that the statements on the application are true and complete.~~

- ~~b. An official transcript from an accredited dental hygiene program showing graduation from the school;~~
- ~~c. Official documentation of the scores obtained on the licensure examination given by the JCNDE;~~
- ~~d. Official documentation of the scores obtained on a regional or state practical examination;~~
- ~~e. A completed jurisprudence examination;~~
- ~~f. The required licensure fee;~~
- ~~g. A copy of a birth certificate, marriage license, driver's license or other valid verification of age.~~

~~56-003.01D The Department will act within 150 days upon all completed applications for licensure.~~

~~56-003.01E Procedure for Licensure as a Dentist Based on a License in Another Jurisdiction~~

~~56-003.01E1 An applicant who is licensed as a Dentist in another jurisdiction is eligible for licensure as a Dentist by examination if the applicant meets the requirements of 172 NAC 56-003.01A item 3 and 56-003.01A item 4.~~

~~56-003.01E2 An applicant who is licensed as a Dentist in another jurisdiction based upon an examination of that jurisdiction or a regional examination who does not meet the conditions listed in 172 NAC 56-003.01E1 must have:~~

- ~~1. Graduated from an accredited or an approved College/School of Dentistry with a Doctorate of Dental Surgery (DDS) or Doctorate of Dental Medicine (DMD);~~
- ~~2. Passed the licensure examination Part I and Part II given by the Joint Commission on National Dental Examinations (JCNDE) with a score of 75 or above on each part of this examination;~~
- ~~3. Passed a practical examination requiring demonstration of the applicant's skill in clinical dentistry;~~
- ~~4. Passed a jurisprudence examination that relates to the statutes that govern dentistry with an average score of 75% or above;~~
- ~~5. Attained at least the age of majority and have good moral character; and~~
- ~~6. Submitted to the Department:
  - ~~a. An application for a license to practice dentistry may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:
    - ~~(1) Applicant information pursuant to 172 NAC 56-003.01A item 8.a.(1) through (12);~~
    - ~~(2) Name and address of the agency that issued the applicant's license to practice dentistry in another jurisdiction;~~~~~~

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- ~~(3) License number from other jurisdiction and date of issuance;~~
  - ~~(4) Location, address and dates actively engaged in the practice of dentistry. If you have been in a residency or graduate training program, submit official documentation of dates of attendance;~~
  - ~~(5) Answer the following questions either yes or no:
    - ~~(a) Have you submitted proof that you have been actively engaged in the practice of dentistry or in dental residency or graduate training program for at least three years?~~
    - ~~(b) Have you submitted proof that one of these years has been within the three years immediately preceding the date of this application?~~
    - ~~(c) Have you requested to have certification of your dental license sent to Nebraska?~~
    - ~~(d) Have you submitted evidence of completion of 15 hours of continuing education earned in the 12-month period preceding this application?~~~~
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- ~~(6) A signed statement from the applicant that s/he is of good moral character and that the statements on the application are true and complete.~~
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- ~~b. An official transcript from an accredited school or college of dentistry showing graduation from the school or college;~~
  - ~~c. Official documentation of the scores obtained on Parts I and II of the licensure examination given by the JCNDE;~~
  - ~~d. A completed jurisprudence examination;~~
  - ~~e. The required licensure fee;~~
  - ~~f. A copy of a birth certificate, marriage license, driver's license or other valid verification of age;~~
  - ~~g. The following documentation from the licensing agencies of all jurisdictions where the applicant is or has ever been licensed:
    - ~~(1) A certification may be submitted on a form provided by the Department or on an alternate format. The certification must reflect that the applicant is duly licensed, that his/her license was based on an examination, that his/her license has never been suspended or revoked, and that so far as the record of the agency is concerned, the applicant is entitled to its endorsement and should contain the following information:
      - ~~(a) Applicant's name;~~
      - ~~(b) License number;~~~~~~
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- ~~(c) Date of license issuance and date of license expiration;~~
- ~~(d) Name of examination(s) taken, including examination score(s) information if available;~~
- ~~(e) Answer the following questions either yes or no; if you answer yes, explain the circumstances and outcome:
  - ~~[1] Has the applicant's license ever been suspended?~~
  - ~~[2] Has the applicant's license ever been revoked?~~
  - ~~[3] Has the applicant's license ever had any other disciplinary action taken against it?~~
  - ~~[4] As far as the licensing agency's records are concerned, is the applicant entitled to your endorsement?~~~~
- ~~(f) Date certification was prepared;~~
- ~~(g) Signature of official from licensing agency;~~
- ~~(h) Printed name and title of official from licensing agency;~~
- ~~(i) Name and address of licensing agency; and~~
- ~~(j) Seal of the licensing agency.~~
- ~~(2) The nature of disciplinary actions, if any, taken against the applicant's license or certificate;~~
- ~~(3) A copy of the standards for licensure that were in effect at the time the applicant was originally licensed and the Laws and rules relating thereto;~~
- ~~h. Documentation that the applicant has been actively engaged in the practice of Dentistry under such license or in an accepted residency or graduate training program for at least three years, one of which must be within the three years immediately preceding the date of the application for Nebraska licensure;~~
- ~~i. Evidence of completion of 15 hours of continuing education that meets the criteria for approval by the Board during the 12-month period preceding the application.~~

~~56-003.01F The Board will review the documents submitted to determine if the applicant's license issued by the other jurisdiction was based upon requirements which are comparable to those maintained in Dentistry in Nebraska and will recommend to the Department to issue or deny the license.~~

~~56-003.01G The Department will act within 150 days upon all completed applications for licensure.~~

~~56-003.01H Temporary License: An applicant for a temporary license to practice Dentistry must:~~

- ~~1. Have graduated from an accredited school or college of Dentistry;~~
- ~~2. Have passed the licensure examination Part I and Part II given by the Joint Commission on National Dental Examinations (JCNDE) with a score of 75 or above on each part of this examination;~~
- ~~3. Be licensed in another state, territory, or District of Columbia under conditions which the Board finds comparable to the requirements of the State of Nebraska for obtaining a license to practice dentistry;~~
- ~~4. Be enrolled in an accredited school or college of dentistry for the purpose of completing a postgraduate or residency program in dentistry; and~~
- ~~5. Have attained at least the age of majority and have good moral character; and~~
- ~~6. Submit to the Department:~~

~~a. An application for a license to practice dentistry may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:~~

~~(1) Applicant information pursuant to 172 NAC 56-003.01A item 8.a.(1) through (12);~~

~~(2) Name and location of accredited dental college where postgraduate or residency program was completed;~~

~~(3) Answer the following questions either yes or no:~~

~~(a) Have you requested two individuals who can attest to your moral character to provide affidavits of moral character on your behalf?~~

~~(b) Have you requested to have the postgraduate/residency affidavit completed?~~

~~(c) Have you contacted the Joint Commission on National Dental Examinations to send your examination scores directly to the Department?~~

~~(d) Have you requested that a certified transcript showing graduation be sent directly from your college or school of dentistry to the Department (transcripts marked "issued to student" are unacceptable)?~~

~~(e) Have you ever been licensed as a dentist in another state? If yes, list all other states where you have been or are currently licensed, including license number, issuance date and expiration date.~~

~~(4) Answer the questions pursuant to 172 NAC 56-003.01A item 8.a.(12)(a) through (q) either yes or no; if you answer yes, explain the circumstances and the outcome:~~

~~(5) Name and address of the agency that issued the applicant's initial license to practice dentistry in another jurisdiction;~~

~~(6) License number from other jurisdiction and date of issuance;~~

~~(7) Answer the following questions either yes or no:~~

- ~~(a) Have you requested to have certification of your dental license sent to Nebraska?~~
- ~~(b) Have you requested that the licensing agency in the state of your initial license send to the Department copies of the standards for licensure at the time you were licensed?~~
- ~~(8) A signed statement from the applicant that s/he is of good moral character and that the statements on the application are true and complete.~~
- ~~b. An official transcript from an accredited school or college of dentistry showing graduation from the school or college;~~
- ~~c. Official documentation of the scores obtained on Part I and II of the licensure examination given by the JCNDE;~~
- ~~d. The following documentation from the licensing agencies of all jurisdictions where the applicant is or has ever been licensed:
  - ~~(1) A certification which includes information pursuant to 172 NAC 56-003.01E2, item 6.g.(1) through (3). The certification may be submitted on a form provided by the Department or on an alternate format. The certification must reflect that the applicant is duly licensed, that his/her license was based on an examination, that his/her license has never been suspended or revoked, and that so far as the record of the agency is concerned, the applicant is entitled to its endorsement; and~~
  - ~~(2) The nature of disciplinary actions, if any, taken against the applicant's license or certificate.~~~~
- ~~e. A verified postgraduate residency affidavit may be submitted on a form provided by the Department or on an alternate format. The affidavit must include the following information:
  - ~~(1) Applicant's name;~~
  - ~~(2) Name and address of instructional facility where applicant is currently enrolled in a postgraduate/resident dental training program;~~
  - ~~(3) Date program began;~~
  - ~~(4) Expected completion date;~~
  - ~~(5) Signed statement bearing the school seal from the Dean or authorized person from the instructional facility that the applicant is currently enrolled in a postgraduate/resident dental training program at that instructional facility; and~~
  - ~~(6) A signed statement from the applicant that s/he is of good moral character and that the statements on the affidavit are true and complete.~~~~
- ~~f. The required fee; and~~
- ~~g. A copy of a birth certificate, marriage license, driver's license or other valid verification of age;~~

- ~~7. The temporary licensee will be entitled to practice dentistry, including prescribing legend drugs and controlled substances, only under the auspices of the postgraduate or residency program in which s/he is enrolled.~~

~~56-003.011 Procedures for Renewal of Temporary License: All temporary licenses issued by the Department under the Act and these regulations will expire one year from the date of issuance, or when the postgraduate/residency program ends.~~

~~56-003.0111 Renewal process: Any temporary licensee who wishes to renew his/her temporary license must:~~

- ~~1. Provide documentation that s/he is currently enrolled in a postgraduate/residency program;~~
- ~~2. Respond to the following questions:~~

- ~~a. Has your license in any profession in another state been revoked, suspended, limited or disciplined in any manner?~~
  - ~~b. Have you been convicted of a misdemeanor or felony?~~
- ~~These questions relate to the time period since the last renewal of the license or during the time period since initial licensure in Nebraska if such occurred within the two years prior to the license expiration date.~~

- ~~3. Cause to be submitted to the Department:~~

- ~~a. The renewal notice;~~
- ~~b. Documentation that s/he is currently enrolled in a postgraduate/residency program;~~
- ~~c. If any disciplinary action was taken against the applicant's license by another state, an official copy of the disciplinary action, including charges and disposition;~~
- ~~d. If the temporary licensee has been convicted of a felony or misdemeanor:~~

- ~~(1) Official Court Record, which includes charges and disposition;~~
- ~~(2) Copies of arrest records;~~
- ~~(3) A letter from the temporary licensee explaining the nature of the conviction;~~
- ~~(4) 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~~
- ~~(5) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.~~

~~56-003.0112 First Notice: At least 30 days before the temporary license is due to expire, the Department will send a renewal notice and a postgraduate~~

~~residency affidavit by means of regular mail to each temporary licensee at the temporary licensee's last place of residence as noted in the records of the Department. It is the responsibility of the temporary licensee prior to the renewal period to notify the Department of any name and/or address changes.~~

~~56-003.0112A The renewal notice must specify:~~

- ~~1. The name of the temporary licensee;~~
- ~~2. The temporary licensee's last known address of record;~~
- ~~3. The temporary license number; and~~
- ~~4. The expiration date of the temporary license;~~

~~56-003.0112B The temporary licensee must apply for renewal by submitting to the Department:~~

- ~~1. The renewal notice;~~
- ~~2. The temporary licensee's social security number;~~
- ~~3. Documentation that s/he is currently enrolled in a postgraduate/residency program; and~~
- ~~4. Documentation relating to misdemeanor or felony conviction(s) or licensure revocation, suspension, limitation or disciplinary action (if applicable).~~

~~56-003.0113 Second Notice: The Department will send to each temporary licensee who fails to renew his/her temporary license in response to the first notice, a second notice of renewal pursuant to 172 NAC 56-003.0111 that specify:~~

- ~~1. That the temporary licensee failed to renew his/her temporary license;~~
- ~~2. That the temporary license has expired;~~
- ~~3. That the temporary licensee is subject to an administrative penalty pursuant to 172 NAC 56-012 if s/he practices after the expiration date;~~
- ~~4. That upon receipt of the renewal notice and documentation that s/he is currently enrolled in a postgraduate/residency program, no order of revocation will be entered; and~~
- ~~5. That upon failure to receive the renewal notice and documentation that s/he is currently enrolled in a postgraduate/residency program, the temporary license will be revoked pursuant to 172 NAC 56-005.~~

~~56-003.0113A The temporary licensee must apply for renewal by submitting to the Department:~~

- ~~1. The renewal notice;~~
- ~~2. The temporary licensee's social security number;~~
- ~~3. Attestation by the temporary licensee:~~
  - ~~a. That s/he has not practiced in Nebraska since the expiration of his/her temporary license; or~~

~~b. To the actual number of days practiced in Nebraska since the expiration of his/her temporary license;~~

~~4. Documentation relating to misdemeanor or felony conviction(s) or licensure revocation, suspension, limitation or disciplinary action (if applicable).~~

~~56-003.0114 When any temporary licensee fails, within 30 days of expiration of a temporary license, to submit documentation that s/he is currently enrolled in a postgraduate/residency program, the Department will automatically revoke the temporary license without further notice or hearing and make proper record of the revocation.~~

~~56-003.0115 The Department may refuse to renew a temporary license for falsification of any information submitted for renewal of a temporary license. The refusal must be made pursuant to Neb. Rev. Stat. §§ 71-149 to 71-155 and 184 NAC 1, Rules of Practice and Procedure of the Department.~~

~~56-003.0116 An individual who practices after expiration of his/her credential is subject to assessment of an Administrative Penalty pursuant to 172 NAC 56-012 or such other action as provided in the statutes and regulations governing the credential.~~

~~56-003.01J Procedure for licensure as a Dental Hygienist based on a License in Another Jurisdiction~~

~~56-003.01J1 An applicant who is licensed as a Dental Hygienist in another jurisdiction is eligible for licensure as a Dental Hygienist by examination if the applicant meets the requirements of 172 NAC 56-003.01C3 and 56-003.01C4.~~

~~56-003.01J2 An applicant who is licensed as a Dental Hygienist in another jurisdiction based upon an examination of that jurisdiction or a regional examination who does not meet the conditions listed in 172 NAC 56-003.01J1 must have:~~

- ~~1. Graduated from an accredited dental hygiene program that requires a course of not less than two academic years;~~
- ~~2. Passed the licensure examination given by the Joint Commission on National Dental Examinations (JCNDE) with a score of 75 or above;~~
- ~~3. Passed an examination requiring demonstration of the applicant's skill in clinical dental hygiene procedures;~~
- ~~4. Passed a jurisprudence examination that relates to the statutes that govern dentistry with an average score of 75% or above;~~
- ~~5. Have good moral character and have attained the age of 18 years; and~~
- ~~6. Submitted to the Department:~~

~~a. An application for a license to practice dental hygiene may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:~~

- ~~(1) Applicant information pursuant to 172 NAC 56-003.01C item 8.a.(1) through (12);~~
- ~~(2) Name and address of the agency that issued the applicant's initial license to practice dental hygiene in another jurisdiction;~~
- ~~(3) License number from other jurisdiction and date of issuance;~~
- ~~(4) Location, address and dates actively engaged in the practice of dental hygiene. If you have been in a residency or graduate training program, submit official documentation of dates of attendance;~~
- ~~(5) Answer the following questions either yes or no;~~
  - ~~(a) Have you submitted proof that you have been actively engaged in the practice of dental hygiene or in a dental hygiene residency or graduate training program for at least three years?~~
  - ~~(b) Have you submitted proof that one of these years has been within the three years immediately preceding the date of this application?~~
  - ~~(c) Have you requested to have certification of your dental hygiene license sent to Nebraska?~~
  - ~~(d) Have you submitted evidence of completion of 15 hours of continuing education earned in the 12 month period preceding this application?~~
- ~~(6) A signed statement from the applicant that the statements on the application are true and complete;~~
  - ~~b. An official transcript from an accredited dental hygiene program showing graduation from the school;~~
  - ~~c. Official documentation of the scores obtained on the licensure examination given by the JCNDE;~~
  - ~~d. A completed jurisprudence examination;~~
  - ~~e. The required licensure fee;~~
  - ~~f. A copy of a birth certificate, marriage license, driver's license or other valid verification of age;~~
  - ~~g. The following documentation from the licensing agencies of all jurisdictions where the applicant is or has ever been licensed:~~
    - ~~(1) A certification which includes information pursuant to 172 NAC 56-003.01E2 item 6.g.(1) through (3). The certification may be submitted on a form provided by the Department or on an alternate format. The certification must reflect that the applicant is duly licensed, that his/her license was based on an examination, that his/her license has never been suspended or revoked, and that so far as the record of the agency is concerned, the applicant is entitled to its endorsement;~~
    - ~~(2) The nature of disciplinary actions, if any, taken against the applicant's license or certificate;~~

~~(3) A copy of the standards for licensure that were in effect at the time the applicant was originally licensed and the laws and rules relating thereto;~~

- ~~h. Documentation that the applicant has been actively engaged in the practice of Dental Hygiene under such license or in an accepted residency or graduate training program for at least three years, one of which must be within the three years immediately preceding the date of the application for Nebraska licensure; and~~
- ~~i. Evidence of completion of 15 hours of continuing education that meets the criteria for approval by the Board during the 12 month period preceding the application.~~

~~56-003.01K The Board will review the documents submitted to determine if the applicant's license issued by the other jurisdiction was based upon requirements which are comparable to those maintained in Dental Hygiene in Nebraska.~~

~~56-003.01L The Department will act within 150 days upon all completed applications for licensure.~~

#### 56-003 INITIAL CREDENTIAL

##### 56-003.01 Dentist Licensure:

56-003.01A Qualifications: To receive a credential to practice dentistry, an individual must meet the following qualifications:

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/**Lawful Presence** Information: **For purposes of Neb. Rev. Stat. §§4-108 to 4-114, be a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act;**
3. Education: Graduate from an accredited school or college of Dentistry with a Doctorate of Dental Surgery (DDS) or Doctorate of Dental Medicine (DMD);
4. Experience: Applicants that are applying on the basis of licensure in another state must have engaged in the active practice of dentistry or in a dental residency or graduate training program for at least three years and one of the three years must have been within the three years immediately preceding the date of application;
5. Examination:
  - a. Pass the licensure examination Part I and Part II given by the Joint Commission on National Board Dental Examinations (JCNBDE) with a score of 75 or above on each part of this examination;
  - b. Pass the practical examination administered by the Central Regional Dental Testing Service or any other regional or state

practical examination that the Board of Dentistry determines is comparable to such practical examination **with the score determined by the testing agency**. Scores from any of the licensure practical examinations approved by the Board are accepted for up to five years from the date the examination was passed. If an applicant has failed on two occasion to pass a regional or state practical examination, that applicant is required to complete a remedial course in clinical dentistry approved by the Board before the Department will consider the results of the third examination as valid; and

- c. Pass a jurisprudence examination that relates to the statutes that govern dentistry and dental hygiene with an average score of 75% or above.

56-003.02 Dental Hygienist Licensure:

56-003.02A Qualifications: To receive a credential to practice dental hygiene, an individual must meet the following qualifications:

1. Age and Good Character: Be at least 19 years old and of good character;
2. **Citizenship/Lawful Presence Information: For purposes of Neb. Rev. Stat. §§4-108 to 4-114, be a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act;**
3. Education: Graduate from an accredited dental hygiene program;
4. Experience: Applicants that are applying on the basis of licensure in another state must have engaged in the active practice of dental hygiene or in a dental hygiene residency or graduate training program for at least three years and one of the three years must have been within the three years immediately preceding the date of application;
5. Examination:
  - a. Pass the licensure examination given by the Joint Commission on National Board Dental Hygiene Examinations (JCNBDHE) with a score of 75 or above;
  - b. Pass the practical examination administered by the Central Regional Dental Testing Service or any other regional or state practical examination that the Board of Dentistry determines is comparable to such practical examination **with the score determined by the testing agency**. Scores from any of the licensure practical examinations approved by the Board are accepted for up to five years from the date the examination was passed. If an applicant has failed on two occasion to pass a regional or state practical examination, that applicant is required to complete a remedial course in clinical dental hygiene approved by the Board before the Department will consider the results of the third examination as valid; and

- c. Pass a jurisprudence examination that relates to the statutes that govern dentistry and dental hygiene with an average score of 75% or above.

56-003.03 Temporary Dentist Licensure:

56-003.03A Qualifications: To receive a credential to practice dentistry under the auspices of the postgraduate or residency program in which s/he is enrolled, **an individual must meet the following qualifications:**

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/Lawful Presence Information: **For purposes of Neb. Rev. Stat. §§4-108 to 4-114, be a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act;**
3. Education: Graduate from an accredited school or college of Dentistry with a Doctorate of Dental Surgery (DDS) or Doctorate of Dental Medicine (DMD);
4. Postgraduate or Residency Program: Be enrolled in a postgraduate or residency program **in dentistry;**
5. Experience: Be licensed in another state, territory, or District of Columbia under conditions which the Board finds comparable to the requirements of the State of Nebraska for obtaining a license to practice dentistry;
6. Examination: **Pass the licensure examination Part I and Part II given by the Joint Commission on National Board Dental Examinations (JCNBDE) with a score of 75 or above on each part of this examination;**

56-003.04 Application: To apply for a credential to practice dentistry/dental hygiene, the individual must submit a complete application to the Department. The applicant may obtain an application from the Department or construct an application that must contain the following information:

1. Written Application:
  - a. Personal Information:
    - (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
    - (2) Date of birth (month, day, and year);
    - (3) Place of birth (city and state or country if not born in the United States);
    - (4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
    - (5) The applicant's:
      - (a) Social Security Number (SSN);
      - (b) Alien Registration Number ("A#"); or

- (c) Form I-94 (Arrival-Departure Record) number.  
Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
- (6) The applicant's telephone number including area code (optional);
- (7) The applicant's e-mail address (optional); and
- (8) The applicant's fax number (optional);
- b. Indication as to whether the applicant is applying for a:
- (1) Dentist license based examination or licensure in another state;
- (2) Dental Hygienist license based on examination or licensure in another state; or
- (3) Temporary dentist license;
- c. Education: Name and location of the applicant's accredited dental/dental hygiene program or postgraduate/residency program;
- d. Indicate whether or not the applicant holds a Federal Drug Enforcement Administration (DEA) Registration (dentists only);
- e. Practice Before Application: The applicant must state:
- (1) That s/he has not practiced dentistry/dental hygiene in Nebraska before submitting the application; or
- (2) If s/he has practiced dentistry/dental hygiene in Nebraska before submitting the application, the actual number of days practiced in Nebraska before submitting the application for a credential and the name and location of practice;
- f. Answer the following questions either yes or no. For any yes answers, explain the circumstances and outcome. Applicant will be notified of any additional documentation which is required by the Board/Department:

Section I

- (1) Have you ever had any disciplinary or adverse action imposed against a professional ~~license~~ credential or permit in any state or jurisdiction?
- (2) Have you ever voluntarily surrendered or voluntarily limited in any way a ~~license~~ credential 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~~ credential or permit in any jurisdiction?
- (6) Have you ever been asked to and/or permitted to withdraw an application for ~~license~~ credential or permit with any Board or jurisdiction?
- (7) Has any state or jurisdiction refused to issue, refused to renew or denied you a ~~license~~ credential or permit to practice?

Section II

- (1) Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol,

- narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?
- (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?

Section III

- (1) Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during dental/dental hygiene school or postgraduate training?
- (2) Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?
- (3) Have you ever voluntarily resigned or suspended hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other dental/dental hygiene related employment?
- (4) Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?
- (5) Have you ever been allowed to withdraw your staff privileges from a hospital or institution?
- (6) Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?

Section IV

- (1) Have you ever been convicted of a felony?
- (2) Have you ever been convicted of a misdemeanor?
- (3) Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?

Section V (dentists only)

- (1) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?
- (2) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?
- (3) Have you ever surrendered your state or federal controlled substances registration?

- (4) Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?

Section VI

- (1) Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?
- (2) Are you aware of any professional liability claims currently pending against you?

g. Attestation: The applicant must attest that:

- (1) S/he has read the application or has had the application read to him/her;
- (2) All statements on the application are true and complete;
- (3) S/he is of good character;
- (4) S/he has not committed any act that would be grounds for denial under 172 NAC 56-007 or if an act(s) was committed, provide an explanation of all such acts; and
- (5) S/he is:

(a) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and

(b) For purposes of Neb. Rev. Stat §38-129:

(i) A citizen of the United States;

(ii) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or

(iii) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act; and

2. Documentation: The applicant must submit the following documentation with the application:

a. Evidence of age, such as:

- (1) Driver's license;
- (2) Birth certificate;
- (3) Marriage license that provides date of birth;
- (4) Transcript that provides date of birth;
- (5) U.S. State identification card;
- (6) Military identification; or
- (7) Other similar documentation;

b. Evidence of good character, including:

- (1) Other Credential Information: If the applicant holds or has held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential. The applicant must have the licensing agency submit to the Department a certification of his/her credential;

- (2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
- (3) Denial: If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;
- (4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:
  - (a) A list of any misdemeanor or felony convictions;
  - (b) A copy of the court record, which includes charges and disposition;
  - (c) Explanation 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 conviction;
  - (d) 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;
  - (e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
  - (f) Any other information as requested by the Board/Department;
- c. Evidence that the applicant is:
  - (1) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
  - (2) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
- d. Evidence of citizenship, lawful presence, and/or immigration status may include a copy of:
  - (1) A U.S. Passport (unexpired or expired);
  - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
  - (3) An American Indian Card (I-872);
  - (4) A Certificate of Naturalization (N-550 or N-570);
  - (5) A Certificate of Citizenship (N-560 or N-561);
  - (6) Certification of Report of Birth (DS-1350);
  - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - (8) Certification of Birth Abroad (FS-545 or DS-1350);
  - (9) A United States Citizen Identification Card (I-197 or I-179);
  - (10) A Northern Mariana Card (I-873);
  - (11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;

- (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (13) A document showing an Alien Registration Number ("A#"). **An Employment Authorization Card/Document is not acceptable;** or
- (14) A Form I-94 (Arrival-Departure Record);
- e. If applying for a dentist license, a dental hygienist license, or a temporary dentist license, official transcript showing graduation from an accredited dental/dental hygiene program sent directly from the educational institution;
- f. If applying for a temporary dentist license, proof of enrollment in a postgraduate/residency program sent directly from the program;
- fg. If applying for a dentist license or a temporary dentist license, official documentation of the scores obtained on Parts I and II of the **NBDE** licensure examination **sent directly from Joint Commission on National Dental Examinations;**
- h. If applying for a dental hygienist license, official documentation of the scores obtained on the **NBDHE** licensure examination sent directly from Joint Commission on National **Dental Examinations;** and
- gi. If applying for a dentist license or a dental hygienist license, official documentation of the scores obtained on a regional or state practical examination sent directly from the testing agency.

3. Fee: The applicant must submit the required license fee along with the application and all required documentation.

56-003.04A Prorated Fee: When a credential will expire within 180 days after its initial issuance date and the initial credentialing fee is \$25 or more, the Department will collect \$25 or one-fourth of the initial credentialing fee, whichever is greater, for the initial credential, and the credential will be valid until the next subsequent renewal date.

56-003.04B Remedial Course Application: To apply for approval of a remedial course, the individual must submit a complete application to the Department. The applicant may obtain an application from the Department or construct an application that must contain the following information:

- 1. Written Application:
  - a. Personal Information:
    - (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
    - (2) Date of birth (month, day, and year);
    - (3) Place of birth (city and state or country if not born in the United States);
    - (4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
    - (5) The applicant's:
      - (a) Social Security Number (SSN);
      - (b) Alien Registration Number (A#); or
      - (c) Form I-94 (Arrival-Departure) number.

Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.

- (6) The applicant's telephone number including area code (optional);
- (7) The applicant's e-mail address (optional);
- (8) The applicant's fax number (optional);
- (9) Name of the institution providing the remedial course;
- (10) Description of the subject matter of the remedial course. Subject matter for the remedial course must cover the content included in the section(s) of the regional or state practical examination that the applicant failed;
- (11) Name, title, and qualifications (vitae or resume) of faculty member providing the remedial instruction;
- (12) Number of hours of didactic instruction; number of hours of clinical instruction; number of hours under direct supervision, and total number of hours in the remedial course. The remedial course must include at least 15 hours of didactic and clinical instruction, of which 10 hours must be under the direct supervision of the faculty member providing the remedial instruction;
- (13) Written plan of evaluation for the remedial course, indicating the method of evaluation;
- (14) Statement bearing the school seal from the institution providing the remedial instruction indicating that the remedial course meets the criteria for approval; and
- (15) Signature of the faculty member providing the remediation and date; and

b. Attestation: The applicant must attest that:

- (1) S/he has read the application or has had the application read to him/her;
- (2) All statements on the application are true and complete;
- (3) S/he is of good character; and
- (4) S/he has not committed any act that would be grounds for denial under 172 NAC 56-007 or if an act(s) was committed, provide an explanation of all such acts.

56-003.04C Criminal Background Checks: An applicant for a dental and a temporary dental credential must:

1. Obtain two fingerprint cards from the Department or from any State Patrol office or law enforcement agency;
2. Print the following information on the fingerprint cards:
  - a. Name;
  - b. Address;
  - c. Social Security Number;
  - d. Date of birth;
  - e. Place of birth;
  - f. Any physical identifiers; and
  - g. In the space on the fingerprint cards marked "Reason Fingerprinted", print "Credential";

3. Report to any State Patrol office, law enforcement agency, or other entity that offers the service of fingerprinting to provide their fingerprints on the fingerprint cards; and
4. Forward the completed fingerprint cards and payment for the criminal background check as specified in 172 NAC 56-003.04C1 to the Nebraska State Patrol, CID Division, P.O. Box 94907, Lincoln, NE 68509.

56-003.04C1 Payment for criminal background checks is the responsibility of the individual and can be made by personal check, money order or cashier's check, payable to the Nebraska State Patrol. The fee for criminal background checks is established by the Nebraska State Patrol and can be found on the web site of the Department at [www.hhs.state.ne.us/crl/backgroundchecks.pdf](http://www.hhs.state.ne.us/crl/backgroundchecks.pdf).

56-003.04C2 Submission by the individual of completed fingerprint cards and the appropriate payment to the Nebraska State Patrol authorizes the release of the results of the criminal background check to the Department. The results will be forwarded by the Nebraska State Patrol directly to the Department for consideration with the application for licensure.

56-003.05 Department Review: The Department will act within 150 days upon all completed applications for initial credentialing.

56-003.06 Denial of Initial Credential: If an applicant for an initial credential does not meet all of the requirements for a credential, the Department will deny issuance of a credential. If the applicant is found to have committed any act which would be grounds for denial of a credential as listed in 172 NAC 56-007, the Department may deny issuance of a credential. To deny a credential, the Department will notify the applicant in writing of the denial and the reasons for the determination. The denial will become final 30 days after mailing the notice unless the applicant, within that 30-day period, requests a hearing in writing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

56-003.07 Withdrawn Applications: An applicant for a credential who withdraws his/her application or whose application is rejected by the Department prior to being reviewed by the Board will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department.

56-003.08 Practice Prior to Credential: An individual who practices prior to issuance of a credential is subject to assessment of an administrative penalty under 172 NAC 56-012 or such other action as provided in the statutes and regulations governing the credential.

56-003.09 Confidentiality: Social Security Numbers obtained under this section 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.

56-003.10 Address Information: Each dentist, dental hygienist, or temporary dentist credential holder must notify the Department of any change to the address of record.

56-003.11 Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation in the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

56-004 DENTAL LOCUM TENENS: A dental locum tenens may be issued by the Department, with the recommendation of the Board, to an individual who holds an active license to practice dentistry in another state when circumstances indicate a need for the issuance of a dental locum tenens in the State of Nebraska.

A Dental locum tenens may be issued for a period not to exceed 90 days in any 12-month period.

56-004.01 Circumstances for which a dental locum tenens license may be issued:

1. The unavailability of a Nebraska dentist due to vacation, sickness or hospitalization or other similar leaves of absence;
2. A public health emergency in the State of Nebraska such as one arising from incidents of widespread disease, natural or manmade disaster or similar causes; or
3. For volunteer dental services such as the Mission of Mercy Program.

56-004.02 To receive a dental locum tenens, an individual must meet the following qualifications:

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/Lawful Presence Information: **For purposes of Neb. Rev. Stat. §§4-108 to 4-114, be a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.**
3. Holds an active license to practice dentistry in another state if the requirements regarding education and examination for licensure in that state are equal to or exceed the requirements regarding education and examination for licensure in Nebraska.

56-004.03 Application: To apply for a dental locum tenens, the individual must submit a complete application to the Department. The applicant may obtain an application from the Department or construct an application that must contain the following information:

1. Written Application:
  - a. Personal Information:
    - (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;



- (1) Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?
- (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.

### Section III

- (1) Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during dental school or postgraduate training?
- (2) Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?
- (3) Have you ever voluntarily resigned or suspended hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other dental related employment?
- (4) Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?
- (5) Have you ever been allowed to withdraw your staff privileges from a hospital or institution?
- (6) Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?

### Section IV

- (1) Have you ever been convicted of a felony?
- (2) Have you ever been convicted of a misdemeanor?
- (3) Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?

### Section V

- (1) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?
- (2) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?

(3) Have you ever surrendered your state or federal controlled substances registration?

(4) Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?

Section VI

(1) Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?

(2) Are you aware of any professional liability claims currently pending against you?

f. Attestation: The applicant must attest that:

(1) S/he has read the application or has had the application read to him/her;

(2) All statements on the application are true and complete;

(3) S/he is of good character;

(4) S/he has not committed any act that would be grounds for denial under 172 NAC 56-007 **or if an act(s) was committed, provide an explanation of all such acts;** and

(5) S/he is:

(a) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and

(b) For purposes of Neb. Rev. Stat. §38-129:

(i) A citizen of the United States;

(ii) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or

(iii) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Documentation: The applicant must submit the following documentation with the application:

a. Evidence of age, such as:

(1) Driver's license;

(2) Birth certificate;

(3) Marriage license that provides date of birth;

(4) Transcript that provides date of birth;

(5) U.S. State identification card;

(6) Military identification; or

(7) Other similar documentation;

b. Evidence of good character, including:

(1) Other Credential Information: If the applicant holds **or has held** a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential.

The applicant must have the licensing agency submit to the Department a certification of his/her credential;

(2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;

(3) Denial: If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;

(4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:

(a) A list of any misdemeanor or felony convictions;

(b) A copy of the court record, which includes charges and disposition;

(c) Explanation 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 behaviors/actions related to the conviction;

(d) 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;

(e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and

(f) Any other information as requested by the Board/Department.

c. Evidence that the applicant is:

(1) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and

(2) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

d. Evidence of citizenship, lawful presence, and/or immigration status may include a copy of:

(1) A U.S. Passport (unexpired or expired);

(2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;

(3) An American Indian Card (I-872);

(4) A Certificate of Naturalization (N-550 or N-570);

(5) A Certificate of Citizenship (N-560 or N-561);

(6) Certification of Report of Birth (DS-1350);

(7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);

(8) Certification of Birth Abroad (FS-545 or DS-1350);

(9) A United States Citizen Identification Card (I-197 or I-179);

(10) A Northern Mariana Card (I-873);

- (11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (13) A document showing an Alien Registration Number ("A#"). **An Employment Authorization Card/Document is not acceptable;** or
- (14) A Form I-94 (Arrival-Departure Record);

- e. Certification of license from a state in which applicant holds a current license;
- f. Official Documentation requesting the issuance of a dental locum tenens permit for the purpose of replacing a dentist who will be unavailable for a specific period of time, or for volunteer dental services such as the Mission of Mercy Program.

~~56-004 PROCEDURES FOR RENEWAL OF A LICENSE: All licenses issued by the Department under the Act and these regulations expire on March 1 of each odd-numbered year.~~

~~56-004.01 Renewal process: Any licensee who wishes to renew his/her license must:~~

- ~~1. Meet the continuing competency requirements pursuant to 172 NAC 56-006;~~
- ~~2. Pay the renewal fee pursuant to 172 NAC 56-011;~~
- ~~3. Respond to the following questions:~~
  - ~~a. Has your license in any profession in another state been revoked, suspended, limited or disciplined in any manner?~~
  - ~~b. Have you been convicted of a misdemeanor or felony?  
These questions relate to the time period since the last renewal of the license or during the time period since initial licensure in Nebraska if such occurred within the two years prior to the license expiration date.~~
- ~~4. Cause to be submitted to the Department:~~
  - ~~a. The renewal notice;~~
  - ~~b. The renewal fee;~~
  - ~~c. Attestation of completing 30 hours of continuing education or continuing competency earned within 24 months of the date of expiration or application for waiver of continuing competency. Attestation to meeting continuing competency requirements satisfies the submission of the documentation requirement pursuant to Neb. Rev. Stat. § 71-110;~~
  - ~~d. If any disciplinary action was taken against the applicant's license by another state, an official copy of the disciplinary action, including charges and disposition;~~
  - ~~e. If the licensee has been convicted of a felony or misdemeanor:~~
    - ~~(1) Official Court Record, which includes charges and disposition;~~
    - ~~(2) Copies of arrest records;~~
    - ~~(3) A letter from the licensee explaining the nature of the conviction;~~
    - ~~(4) 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~~

~~(5) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.~~

~~56-004.02 First Notice: At least 30 days before March 1 of each odd-numbered year, the Department will send a renewal notice by means of regular mail to each licensee at the licensee's last place of residence as noted in the records of the Department. It is the responsibility of the licensee prior to the renewal period to notify the Department of any name and/or address changes.~~

~~56-004.02A The renewal notice must specify:~~

- ~~1. The name of the licensee;~~
- ~~2. The licensee's last known address of record;~~
- ~~3. The license number;~~
- ~~4. The expiration date of the license;~~
- ~~5. The renewal fee pursuant to 172 NAC 56-011;~~
- ~~6. The number of continuing education hours or type of continued competency required for renewal; and~~
- ~~7. The option to place the license on either inactive or lapsed status.~~

~~56-004.02B The licensee must apply for renewal by submitting to the Department:~~

- ~~1. The renewal notice;~~
- ~~2. The renewal fee;~~
- ~~3. The licensee's social security number;~~
- ~~4. Attestation of completing 30 hours of continuing education or continuing competency earned within 24 months of the date of expiration or application for waiver of continuing competency; and~~
- ~~5. Documentation relating to misdemeanor or felony conviction(s) or licensure revocation, suspension, limitation or disciplinary action (if applicable).~~

~~56-004.02C If the licensee wishes to place his/her license on either inactive or lapsed status s/he must:~~

- ~~1. Request that his/her license be placed on inactive status by submitting to the Department:
  - ~~a. The renewal notice with a check in the box marked inactive; and~~
  - ~~b. The fee of \$25; or~~~~
- ~~2. Request that his/her license be placed on lapsed status by submitting to the Department:
  - ~~a. The renewal notice with a check in the box marked lapsed.~~~~

~~56-004.02D The Department will notify the licensee in writing of the acceptance or denial of the request to allow the license to be placed on lapsed or inactive status.~~

~~56-004.03 Second Notice: The Department will send to each licensee who fails to renew his/her license or place the license on inactive or lapsed status in response to the first notice, a second notice of renewal pursuant to 172 NAC 56-004.01 that specify:~~

- ~~1. That the licensee failed to pay the renewal fee;~~
- ~~2. That the license has expired;~~
- ~~3. That the licensee is subject to an administrative penalty pursuant to 172 NAC 56-012 if s/he practices after the expiration date;~~
- ~~4. That upon receipt of the renewal fee, together with an additional late fee of \$25, and documentation of continuing competency hours within that time, no order of revocation will be entered; and~~
- ~~5. That upon failure to receive \$25 in addition to the regular renewal fee, and documentation of continuing competency hours, the license will be revoked pursuant to 172 NAC 56-005.~~

~~56-004.04 The licensee must apply for renewal by submitting to the Department:~~

- ~~1. The renewal notice;~~
- ~~2. The renewal fee and the additional late fee of \$25;~~
- ~~3. The licensee's social security number;~~
- ~~4. Attestation by the licensee:
  - ~~a. That s/he has not practiced in Nebraska since the expiration of his/her license; or~~
  - ~~b. To the actual number of days practiced in Nebraska since the expiration of his/her license;~~~~
- ~~5. Attestation of completing 30 hours of continuing education or continuing competency earned within 24 months of the date of expiration or application for waiver of continuing competency; and~~
- ~~6. Documentation relating to misdemeanor or felony conviction(s) or licensure revocation, suspension, limitation or disciplinary action (if applicable).~~

~~56-004.04A If the licensee wishes to place his/her license on either inactive or lapsed status s/he must:~~

- ~~1. Request that his/her license be placed on inactive status by submitting to the Department:
  - ~~a. The renewal notice with a check in the box marked inactive; and~~
  - ~~b. The fee of \$25; or~~~~
- ~~2. Request that his/her license be placed on lapsed status by submitting to the Department:
  - ~~a. The renewal notice with a check in the box marked lapsed.~~~~

~~56-004.04B The Department will notify the licensee in writing of the acceptance or denial of the request to allow the license to be placed on lapsed or inactive status.~~

~~56-004.05~~ When any licensee fails, within 30 days of expiration of a license, to pay the renewal fee, to submit documentation of continuing competency, and/or to pay an additional late fee of \$25, the Department will automatically revoke the license without further notice or hearing and make proper record of the revocation.

~~56-004.06~~ Failure to meet the continuing competency requirement for renewal within 30 days of expiration of his/her license will constitute non-renewal of a license, unless a waiver of continuing competency is granted or the license is placed on inactive or lapsed status. When any licensee fails, within 30 days of expiration of a license, to meet the continuing competency requirements for renewal and pay an additional late fee of \$25, the Department revokes the license after notice and opportunity for hearing. Hearings held before the Department will be conducted pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920, Administrative Procedure Act and 184 NAC 1, Rules of Practice and Procedure of the Department.

~~56-004.07~~ When the licensee has given notification to the Department that s/he desires to have the license lapse or be placed on inactive status upon expiration, 172 NAC 56-004.05 and 172 NAC 56-004.06 will not apply.

~~56-004.08~~ The Department may refuse to renew a license for falsification of any information submitted for renewal of a license. The refusal must be made pursuant to Neb. Rev. Stat. §§ 71-149 to 71-155 and 184 NAC 1, Rules of Practice and Procedure of the Department.

~~56-004.09~~ An individual who practices after expiration of his/her credential is subject to assessment of an Administrative Penalty pursuant to 172 NAC 56-012 or such other action as provided in the statutes and regulations governing the credential.

~~56-005 LICENSURE/PERMIT REVOCATION FOR FAILURE TO MEET RENEWAL REQUIREMENTS:~~ The Department will revoke a license/permit 30 days after its expiration when the licensee fails to meet the renewal requirements.

~~56-005.01~~ Revocation for Non-payment of Renewal Fee

~~56-005.01A~~ When a licensee/permit holder fails to pay the required renewal fee or fails to request that his/her license/permit holder be placed on either inactive or lapsed status within 30 days of its expiration, the Department will automatically revoke the license/permit holder without further notice or a hearing.

~~56-005.01A1~~ The revocation notice will specify:

- ~~1.~~ That the licensee/permit holder was given first and second notice of renewal requirements and the respective dates for the notices;
- ~~2.~~ That the licensee/permit holder failed to renew the license/permit or to request that his/her license/permit be placed on inactive or lapsed status;
- ~~3.~~ That the Department has revoked the license/permit;
- ~~4.~~ That the licensee/permit holder has a right to appeal the revocation; and
- ~~5.~~ That the licensee/permit holder has a right to reinstatement of the license/permit.

~~56-005.02 Revocation for Failure to Meet Continuing Competency Requirements~~

~~56-005.02A When a licensee fails within 30 days of the expiration of his/her license to meet the continuing competency requirement for licensure renewal, the Department will revoke his/her license after notice and opportunity for a hearing.~~

~~56-005.02A1 The revocation notice for failure to meet continuing competency requirements will specify:~~

- ~~1. That the licensee was given first and second notice of failure to meet the continuing competency requirement and the respective dates of each notice;~~
- ~~2. That the licensee either failed to renew the license or to have his/her license placed on inactive or lapsed status;~~
- ~~3. That the Department will revoke the license within 15 days of date of receipt of the notice unless the licensee requests in writing a hearing;~~
- ~~4. That the licensee has a right to appeal the revocation; and~~
- ~~5. That the licensee has a right to reinstatement of the license.~~

~~56-006 CONTINUING COMPETENCY~~

~~56-006.01 General Requirements for Licensee: On or before March 1, 1987, and on or before March 1 of each odd-numbered year thereafter, each Dentist or Dental Hygienist who is licensed in the State of Nebraska must as a condition for renewal of his/her license:~~

~~56-006.01A Complete 30 hours of acceptable continuing education during the preceding 24 month period; no more hours than the total number of acceptable hours offered in Nebraska will be required during this period;~~

~~56-006.01B Submit to the Department an affidavit of continuing education hours. The affidavit may be submitted on a form provided by the Department or on an alternate format. The completed affidavit must include the following information:~~

- ~~1. The topic of the program;~~
- ~~2. Name of provider;~~
- ~~3. Location of continuing education;~~
- ~~4. The date(s) of the program; and~~
- ~~5. The number of hours received for the program.~~

~~56-006.01C Be responsible for:~~

~~56-006.01C1 Maintaining in his/her personal files such certificates or records of credit from acceptable continuing education activities attended. Types of programs acceptable for continuing education credit include:~~

- ~~1. State and National meetings, i.e., a meeting of the local, state, or American Dental Association, local, state, or American Dental Hygiene Association, National Dental Association, and/or~~

~~educational programs sponsored by the recognized specialty groups in dentistry of the American Dental Association;~~

~~\_\_\_\_\_ a. One hour credit for each hour of attendance, and only the portion of such meeting, which meets the definition of continuing education, can be accepted for credit.~~

~~2. District meetings and Study Clubs. In order to qualify as a Study Club in the State of Nebraska, the Dental Study Club must have a charter or constitution, officers, and consist of at least four licensed members. The Study Club must submit a list of meetings, including length, date and topics by March 1 of the reporting period;~~

~~\_\_\_\_\_ a. One hour credit for each hour of attendance, and only the portion of such meeting, which meets the definition of continuing education, is acceptable for credit.~~

~~\_\_\_\_\_ 3. Formal education courses which relate directly to the practice of Dentistry or Dental Hygiene;~~

~~\_\_\_\_\_ a. One hour credit for each hour of attendance.~~

~~\_\_\_\_\_ 4. University sponsored courses in continuing education in dentistry or dental hygiene;~~

~~\_\_\_\_\_ a. One hour credit for each hour of attendance.~~

~~\_\_\_\_\_ 5. Licensee acting as table clinician or lecturer to licensed dentists, licensed dental hygienists or dental auxiliaries or licensee attending table clinics; and~~

~~\_\_\_\_\_ a. One hour credit for each hour of presentation or attendance; and~~

~~\_\_\_\_\_ b. Allowable credit for table clinics limited to two hours per 24-month renewal period.~~

~~\_\_\_\_\_ 6. Home study with testing mechanism. Licensee may complete a maximum of ten hours of the continuing education requirements by home study during each 24 month renewal period. If there is not a testing mechanism or certificate of completion, the licensee must submit an abstract or resume of the material covered to the Board of Dentistry. The abstract or resume must be written by only the licensee and will be reviewed by members of the Board's subcommittee on continuing education;~~

~~\_\_\_\_\_ a. One credit hour for each hour of study; no more than ten credit hours of this type of continuing education may be counted within a 24 month period.~~

~~\_\_\_\_\_ 7. Direct clinical observation;~~

- ~~\_\_\_\_\_ a. Allowable credit limited to two hours per 24 month renewal period.~~
- ~~\_\_\_\_\_ 8. Initial Cardiopulmonary Resuscitation (CPR) certification or CPR re-certification:  
\_\_\_\_\_ a. Allowable credit limited up to ten hours for initial CPR certification per 24 month renewal period; and  
b. Allowable credit limited to four hours for CPR re-certification per 24 month renewal period.~~
- ~~\_\_\_\_\_ 9. Faculty Overseeing Student Dental Clinics:  
\_\_\_\_\_ a. No more than five credit hours of this type of continuing education may be counted within a 24 month period.~~
- ~~\_\_\_\_\_ 10. Dental Public Health continuing education:  
\_\_\_\_\_ a. No more than five credit hours of this type of continuing education may be counted within a 24 month period.~~
- ~~\_\_\_\_\_ 11. Ethics and Professionalism continuing education:  
\_\_\_\_\_ a. No more than five credit hours of this type of continuing education may be counted within a 24 month period.~~
- ~~\_\_\_\_\_ 12. Well-being (Substance Abuse) continuing education;  
\_\_\_\_\_ a. No more than five credit hours of this type of continuing education may be counted within a 24 month period.~~

~~56-006.01C2 Maintaining documentation of presentation of an acceptable continuing education program. A presenter may receive credit for only the initial presentation during a renewal period. Credit will not be given for subsequent presentations of the same program; and~~

~~56-006.01C3 Submission of an application for waiver of the education requirement pursuant to 172 NAC 56-006.04.~~

~~\_\_\_\_\_ 56-006.02 Criteria for Acceptable Continuing Education Programs~~

~~56-006.02A In addition to meeting the specifications for type of program outlined in 172 NAC 56-006.01C, to be acceptable for license renewal, a continuing education program must also meet the following criteria:~~

- ~~\_\_\_\_\_ 1. The program must be at least one hour in duration;~~
- ~~\_\_\_\_\_ 2. The program's topic and/or objectives must relate directly to the theory or clinical application of theory pertaining to the practice of Dentistry or Dental Hygiene;~~

- ~~a. For Dental Hygiene programs related to behavior modification, patient management, competence assurance and standards of practice are acceptable, but these courses may not constitute more than ten credit hours of the total 30 hours required per 24 month renewal period;~~
- ~~b. Examples of non-acceptable subject matter include, but are not limited to, practice management programs.~~
- ~~3. The presenter of the program must be qualified by education, experience or training.~~

~~56-006.03 Approval of Continuing Education Programs: Either a provider or a licensee may apply for approval of a continuing education program. Such approval is granted by the Department and means that the program has been determined by the Board to meet the criteria for acceptable continuing education. Approval prior to the biennial renewal date is optional but is provided by the Board as a service to providers and/or licensees who wish to determine if a program meets the criteria for acceptable continuing education.~~

~~56-006.03A The provider may submit information about the continuing education program to the Board on an application provided by the Department or on an alternate format. Only applications, which are complete, will be considered.~~

~~56-006.03A1 The following information must be included in the application:~~

- ~~1. A description of program content and/or objectives;~~
- ~~2. A general description of the qualifications of each presenter;~~
- ~~3. The number of hours for which approval is requested;~~
- ~~4. The name, address, and telephone number of the provider's program planner;~~
- ~~5. A description of the process the provider uses to verify attendance by the licensee;~~
- ~~6. A sample copy of the documentation the provider issues to the licensee as proof of attendance at the program; and~~
  - ~~a. Certificates verifying attendance at approved courses must contain at least the following information:~~
    - ~~(1) Name of the course;~~
    - ~~(2) Name of the provider;~~
    - ~~(3) Name of the licensee who attended the course;~~
    - ~~(4) Number of credit hours earned (actually attended) by the licensee; and~~
    - ~~(5) Date(s) the course was attended by the licensee.~~
- ~~7. Location of program.~~

~~56-006.03A2 The provider may submit such additional documents or information as considered relevant to the application pursuant to 172 NAC 56.~~

~~56-006.03A3~~ The provider must submit a complete application to the Department at least 45 days prior to the date on which the program is to be given to gain approval before the program is presented.

~~56-006.03A4~~ Once a provider is granted approval for a continuing education program, re-approval will not be required for each subsequent occasion on which the program is administered so long as the program is not changed or the laws and regulations governing continuing education are not changed. If any portion of the program is changed, reapplication must be made pursuant to 172 NAC 56-006.03 if continued approval is desired.

~~56-006.03A5~~ After being granted written approval of the application, the provider is entitled to state upon any publication which advertises or announces the program, the following statement: "This program is approved for \_\_\_ hours of continuing education by the Department."

~~56-006.03A6~~ ~~Post-Program Approval Requested by Provider:~~ Applications for approval of a continuing education program may be made after the program has occurred.

~~56-006.03B~~ A licensee may request approval of a continuing education program before or after the date the program is offered by submitting the information pursuant to 172 NAC 56-006.03A1 items 1 through 7.

~~56-006.03C~~ Denial of Continuing Education Programs:

~~56-006.03C1~~ The Department will, upon the recommendation of the Board, deny an application for approval of a continuing education program or will suspend or revoke approval of a continuing education program on any of the following grounds:

- ~~1.~~ Fraud or misrepresentation of information in an application; or
- ~~2.~~ The program fails to meet the criteria for acceptable continuing education pursuant to 172 NAC 56-006.02.

~~56-006.03C2~~ An application for approval of continuing education programs may be approved or denied. Should an application for a continuing education program be denied, the applicant will be sent a notice setting forth the reasons for the determination by either certified or registered mail to the last address of record in the Department.

~~56-006.03C2a~~ Denial of an application submitted by a provider will become final 15 days after the mailing of the notice unless the provider, within such 15-day period, will give written notice to the Department of a desire for hearing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1 of the Rules of Practice and Procedure for the Department.

~~56-006.04~~ ~~Waiver of Continuing Competency Requirements:~~ The Department, on the recommendation of the Board, may waive the continuing competency requirements, in whole or in part, for any two-year license or for the period of time when a licensee submits

~~documentation that circumstances beyond his/her control prevented the completion of such requirements.~~

~~56-006.04A Such circumstances will include situations in which the licensee:~~

- ~~1. Is a legal resident of another state, territory, or the District of Columbia and has not practiced as a dentist or dental hygienist in the State of Nebraska during the 24 months immediately preceding the license renewal date; or~~
- ~~2. Has been in the service of the regular armed forces of the United States during any part of the 24 months immediately preceding the license renewal date; or~~
- ~~3. Has been suffering from a serious or disabling illness or physical disability which prevented completion of the required number of continuing education hours during the 24 months immediately preceding the license renewal date; or~~
- ~~4. Has been first licensed within 24 months immediately preceding the renewal date.~~

~~56-006.04B Application for Waiver of Continuing Competency Requirements: Any licensee who seeks a waiver of continuing competency, in part or in total, for any two-year licensing period must apply to the Department. The Department, on the recommendation of the Board, may waive continuing competency requirements in part or in total for any two-year period. The licensee must submit:~~

~~56-006.04B1 A verified complete application for waiver of continuing competency on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered, and the application must be received by the Department on or before March 1 of the year the license is subject to renewal. The application must include the following information:~~

- ~~1. Name of the licensee;~~
- ~~2. License number;~~
- ~~3. State and county where the person signing the affidavit is located;~~
- ~~4. Number of continuing education hours requested to be waived;~~
- ~~5. Reason for requesting a waiver; and~~
- ~~6. A signed statement from the applicant that the statements on the application are true and complete.~~

~~56-006.04B2 Documentation of the circumstances beyond the licensee's control which prevented completion of continuing competency requirements pursuant to 172 NAC 56-006.04A must include the following:~~

- ~~1. If the licensee holds a Nebraska license but has not resided in Nebraska or practiced in Nebraska during any part of the preceding 24 months, s/he must indicate this waiver option on the application; or~~
- ~~2. If the licensee has served in the regular armed forces of the United States during part of the 24 months immediately preceding the license renewal date, s/he must indicate this waiver option on~~

~~the application and submit official documentation stating the dates of such service; or~~

- ~~3. If the licensee has suffered from a serious or disabling illness or physical disability which prevented completion of the required number of hours of continuing education during the 24 months immediately preceding the license renewal date, s/he must indicate this waiver option on the application and submit a statement from a treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period; or~~
- ~~4. If the licensee was first licensed within the 24 months immediately preceding the license renewal date, s/he must indicate this waiver option on the application and list the date said license was issued.~~

~~56-006.04C The Department, on recommendation of the Board, may grant or deny, in part or in total, an application for waiver of continuing competency requirements, upon proof that circumstances beyond the applicant's control prevented completion of such requirements.~~

~~56-006.04C1 When the Department determines to deny an application for waiver of continuing competency requirements, it will send to the applicant by certified mail to the last name and address of record in the Department, a notice setting forth the reason for the denial determination.~~

~~56-006.04C1a The applicant has 15 days from the date of receipt of the denial notice to make a written request to the Department for an appeal. The appeal will be conducted in accordance with The Administrative Procedure Act and 184 NAC 1 of the Rules of Practice and Procedure for the Department.~~

~~56-006.04C1b The Department will issue at the conclusion of the appeal under 184 NAC 1, a final order setting forth the results of the appeal.~~

~~56-006.04C2 When the Department determines to grant a waiver of continuing competency, the applicant will be notified within 30 days of receipt of the application.~~

~~56-006.05 Audit of Continuing Competency: The Board may biennially select, in a random manner, a sample of the license renewal applications for audit of continuing competency. Each licensee must be responsible for maintaining in his/her personal files such certificates or records of credit from acceptable continuing competency activities. Licensees selected for audit will be required to produce documentation of his/her attendance at those continuing competency activities listed on his/her renewal application.~~

~~56-006.05A The Department will send to each licensee selected for audit a notice of audit.~~

~~56-006.05B~~ When selected for audit, the licensee must provide satisfactory documentation of attendance at or participation in the acceptable continuing education activities listed on the licensee's sworn affidavit.

~~56-006.05C~~ Failure to comply with the audit may be grounds for non-renewal of the license.

56-005 CONTINUING COMPETENCY REQUIREMENTS: Each dentist and dental hygienist holding an active credential within the state must, on or before the date of expiration of the credential, comply with the continuing competency requirements for his/her profession, unless the requirements are waived in accordance with 172 NAC 56-006.03 and 56-006.04. Individuals that hold a temporary dentist license are not required to comply with continuing competency requirements. Each credentialed individual is responsible for maintaining certificates or records of continuing competency activities.

56-005.01 On or before the expiration date of the credential, the credential holder must complete 30 hours of acceptable continuing competency requirements in the 24-month preceding the expiration date of the credential.

56-005.02 Acceptable Continuing Competency **Activities**:

1. State and National meetings, i.e., a meeting of the local, state, or American Dental Association, local, state, or American Dental Hygiene Association, National Dental Association, and/or educational programs sponsored by the recognized specialty groups in dentistry of the American Dental Association;
  - a. One hour credit for each hour of attendance, and only the portion of such meeting which meets the definition of continuing education can be accepted for credit.
2. District meetings and Study Clubs. In order to qualify as a Study Club in the State of Nebraska, the Dental Study Club must have a charter or constitution, officers, and consist of at least four licensed members. The Study Club must submit a list of meetings, including length, date and topics by March 1 of the reporting period;
  - a. One hour credit for each hour of attendance, and only the portion of such meeting which meets the definition of continuing education **can be accepted** for credit.
3. Formal education courses which relate directly to the practice of **dentistry** or **dental hygiene**;
  - a. One hour credit for each hour of attendance.
4. University-sponsored courses in continuing education in dentistry or dental hygiene;
  - a. One hour credit for each hour of attendance.
5. Licensee acting as table clinician or lecturer to licensed dentists, licensed dental hygienists or dental auxiliaries or licensee attending table clinics;

- a. One hour credit for each hour of presentation or attendance; allowable credit limited to 2 hours within a 24-month renewal period.
6. Home study with testing mechanism. If there is not a testing mechanism or certificate of completion, the licensee must submit an abstract or resume of the material covered to the Board of Dentistry. The abstract or resume must be written by only the licensee and will be reviewed by members of the Board's subcommittee on continuing education;
  - a. One hour credit for each hour of study; allowable credit limited to 10 hours within a 24-month renewal period.
7. Direct clinical observation;
  - a. One hour credit for each hour of direct clinical observation; allowable credit limited to 2 hours within a 24-month renewal period.
8. Initial Cardiopulmonary Resuscitation (CPR) certification or CPR re-certification:
  - a. One hour credit for each hour of study;
  - b. Allowable credit limited to 10 hours for initial CPR certification within a 24-month renewal period; and
  - c. Allowable credit limited to 4 hours for CPR re-certification within a 24-month renewal period.
9. Faculty Overseeing Student Dental Clinics:
  - a. One hour credit for each hour of faculty overseeing student dental clinics; allowable credit limited to 5 hours within a 24-month renewal period.
10. Dental Public Health continuing education:
  - a. One hour credit for each hour of dental public health continuing education; allowable credit limited to 5 hours within a 24-month renewal period.
11. Ethics and Professionalism continuing education:
  - a. One hour credit for each hour of ethics and professionalism continuing education; allowable credit limited to 5 hours within a 24-month renewal period.
12. Well-being (Substance Abuse) continuing education;
  - a. One hour credit for each hour of well-being (substance abuse) continuing education; allowable credit limited to 5 hours within a 24-month renewal period.

56-005.03 Dental Locum Tenens are not required to meet continuing competency requirements.

56-006 RENEWAL: An individual who wants to renew his/her dental or dental hygiene credential must request renewal as specified in 172 NAC 56-006.02. All dental or dental hygiene credentials issued by the Department will expire on March 1 of each odd-numbered year. Except temporary dental license will expire one year from the date of issuance, or when the postgraduate/residency program ends.

56-006.01 Renewal Notice: At least 30 days before the expiration of a credential, the Department will notify each credential holder at the last known address of record. The renewal notice will include:

1. The type of credential;
2. The credential number;
3. The expiration date;
4. Continuing competency requirements for renewal of dentist and dental hygienist credentials only;
5. Proof of enrollment in a postgraduate/residency program for renewal of temporary dentist credentials,
6. The amount of the renewal fee; and
7. Information on how to request renewal and how to place a credential on inactive status.

56-006.02 Renewal Procedures: The request for renewal may be submitted in person, by mail, or by Internet, and must include all required documentation and the renewal fee, which must be paid no later than the expiration date. The applicant may obtain an application from the Department or construct an application **that must contain the following information:**

1. Application: The applicant, **on** his/her application:
  - a. Must provide the following information:
    - (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
    - (2) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
    - (3) The applicant's:
      - (a) Social Security Number (SSN);
      - (b) Alien Registration Number (A#); or
      - (c) Form I-94 (Arrival-Departure Record) number.Certain applicants may have not a SSN and an A# or I-94 number, and if so, must report both.
  - b. May provide the following information about him/herself:
    - (1) The applicant's telephone number including area code;
    - (2) The applicant's e-mail address; and
    - (3) The applicant's fax number;
  - c. **Must attest that s/he:**
    - (1) **Is** of good character;

- (2) Has met the continuing competency requirements specified in 172 NAC 56-005 or has requested a waiver if s/he meets the requirements of 172 NAC 56-006.03 and/or 56-006.04;
- (3) Has not, since the last renewal of the credential, committed any act which would be grounds for action against the credential as specified in 172 NAC 56-007 or if an act(s) was committed, provide an explanation of all such acts; ~~and~~
- (4) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, is a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
- (5) For purposes of Neb. Rev. Stat. §38-129, is a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Documentation: The applicant must submit the following documentation with the application:

- a. Alien or Non-immigrant: Evidence of lawful presence, and/or immigration status may include a copy of:
  - (1) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
  - (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (3) A document showing an Alien Registration Number ("A#"). ~~An employment Authorization Card/Document is not acceptable;~~ or
  - (4) A Form I-94 (Arrival-Departure Record);
- b. Other Credential Information: If the applicant holds or has held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential;
- c. Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
- d. Denial: If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;
- e. Conviction Information: If the applicant has been convicted of a felony or misdemeanor since his/her last renewal or during the time period since initial credentialing if such occurred within the previous two years, the applicant must submit to the Department:
  - (1) A list of any misdemeanor or felony convictions;
  - (2) A copy of court record, which includes charges and disposition;
  - (3) Explanation 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;

- (4) 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;
  - (5) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
  - (6) Any other information as requested by the Board/Department;
- f. Temporary dentists are required to provide proof of enrollment in a postgraduate/residency program;
4. The renewal fee according to 172 NAC 2.

56-006.03 Waivers for Military Service: A credential holder who has served in the regular armed forces of the United States during part of the credentialing period immediately preceding the renewal date, or is actively engaged in military service, as defined in 172 NAC 56-002, is not required to pay the renewal fee or to meet the continuing competency requirements if acceptable documentation is submitted to the Department. The individual must document his/her military service by submitting to the Department:

- 1. Military identification proving that s/he is in active service;
- 2. Military orders; or
- 3. A letter from his/her Commanding Officer indicating that s/he is on active duty.

Upon receipt of acceptable documentation, the Department will waive the fee and the continuing competency requirements and renew the credential. The credential will remain active until the next renewal period.

56-006.04 Waiver of Continuing Competency Requirements: The Department waives continuing competency requirements for individuals who were first credentialed within the 24-month period immediately preceding the renewal date.

56-006.05 Audit Of Continuing Competency Requirements: The Department or the Board may biennially select, in a random manner, a sample of the renewal applications for audit of continuing competency requirements. Each credential holder selected for audit must produce documentation of the continuing competency activities.

56-006.05A The Department will notify each selected credential holder by mail. Failure to notify the Department of a current mailing address will not absolve the credential holder from the requirement for audit.

56-006.05B Within 30 days, each selected credential holder must respond by submitting documentation that s/he has met the requirements for continuing competency. An extension beyond 30 days for submission of the documentation may be granted at the discretion of the Department. Documentation submitted by the credential holder will not be returned.

56-006.05C Acceptable documentation that the credential holder has met the continuing competency requirements includes documentation of attendance at or participation in acceptable continuing education activities;

56-006.05D The Department will review the submitted documentation to determine if the credential holder has met the requirements for continuing competency activities for renewal of the credential. Only documented activities/hours that meet the continuing competency requirements will be counted toward the total requirements for renewal.

56-006.05E The Department will notify the credential holder upon satisfactory completion of the audit.

56-006.05F The credential of any person who fails to comply with the conditions of the audit will expire 30 days after notice and an opportunity for a hearing.

56-006.05G The Board reserves the right to audit continuing competency requirements of any credential holder by notifying the credential holder and requesting that s/he produce the required documentation of attendance at or participation in acceptable continuing competency programs within 30 days of mailing.

56-006.06 Department Review: The Department will act within 150 days upon all completed applications for renewal.

56-006.06A False Information: The Department may refuse to renew a credential for falsification of any information submitted for renewal of a credential. The refusal will be made according to 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

56-006.07 Address Information: Each credential holder must notify the Department of any change to the address of record.

56-006.08 Expiration of a Credential: A credential expires if a credential holder fails to:

1. Notify the Department that s/he wants to place his/her credential on inactive status upon its expiration;
2. Meet the requirements for renewal on or before the date of expiration of his/her credential; or
3. Otherwise fails to renew his/her credential.

56-006.08A Failure to Renew: A credential automatically expires without further notice or opportunity for hearing if a credential holder fails by the expiration date of the credential to either:

1. Submit documentation of continuing competency; or
2. Pay the required renewal fee.

56-006.08B Failure to Meet Continuing Competency Requirements: The Department will refuse to renew a credential, after notice and opportunity for hearing, if a credential holder fails to meet the continuing competency requirements for renewal by the expiration date of the credential.

56-006.08C Right to Practice: When an individual's credential expires, the right to represent him/herself as a credential holder and to practice dentistry or dental hygiene terminates.

56-006.08D Practice After Expiration: An individual who practices after expiration of his/her credential is subject to assessment of an administrative penalty under 172 NAC 56-012 or such other action as provided in the statutes and regulations governing the credential.

56-006.08E Reinstatement of an Expired Credential: If a credential holder wants to resume the practice of dentistry or dental hygiene after failing to renew his/her credential by the expiration date, s/he must apply to the Department for reinstatement as specified in 172 NAC 56-011.

56-006.09 Inactive Status: When an individual wants to have his/her credential placed on inactive status, s/he must notify the Department in writing. There is no fee to have a credential placed on inactive status, and continuing competency is not required.

56-006.09A Request for Inactive Status: When the Department has received notification that an individual wants to have his/her credential placed on inactive status, the Department will notify the credential holder in writing of the acceptance or denial of the request.

56-006.09B Placement on Inactive Status: When an individual's credential is placed on inactive status, the credential holder must not engage in the practice of dentistry or dental hygiene, but may represent him/herself as having an inactive credential.

56-006.09C Return to Active Status: A credential may remain on inactive status for an indefinite period of time. An individual who wants to have his/her credential returned to active status must apply to the Department for reinstatement and meet the requirements specified in 172 NAC 56-011.

56-007 GROUND ON WHICH THE DEPARTMENT MAY DENY, REFUSE RENEWAL OF, OR DISCIPLINE A LICENSE

~~56-007.01 The Department will deny an application for a license when the applicant fails to meet the requirements for licensure pursuant to 172 NAC 56-003 or is found to be in violation of any of the provisions of 172 NAC 56-007.03.~~

~~56-007.02 The Department will refuse renewal of a license if the licensee fails to meet the requirements pursuant to 172 NAC 56-004, 56-006.05C, or 56-007.03.~~

~~56-007.03 The Department may deny, refuse renewal of, limit, suspend, or revoke licenses for any of the following grounds:~~

- ~~1. Fraud, forgery, or misrepresentation of material facts, in procuring or attempting to procure a license or certificate;~~
- ~~2. Grossly immoral or dishonorable conduct evidencing unfitness or lack of proficiency sufficient to meet the standards required for practice of the profession in this state;~~

- ~~3. Habitual intoxication or dependence or failure to comply with a treatment program or an aftercare program entered into under the Licensee Assistance Program (LAP) established pursuant to Neb. Rev. Stat. § 71-172.01;~~
- ~~4. Conviction of a misdemeanor or felony under state law, federal law, or the law of another jurisdiction and which, if committed within this state, would have constituted a misdemeanor or felony under state law and which has a rational connection with the applicant's, or licensee's fitness or capacity to practice the profession;~~
- ~~5. Practice of the profession (a) fraudulently, (b) beyond its authorized scope, (c) with manifest incapacity, (d) with gross incompetence or gross negligence, or (e) in a pattern of negligent conduct. Pattern of negligent conduct means a continued course of negligent conduct in performing the duties of the profession;~~
- ~~6. Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, narcotic drugs, physical disability, mental disability, or emotional disability;~~
- ~~7. Physical or mental incapacity to practice the profession as evidenced by a legal adjudication or a determination thereof by other lawful means;~~
- ~~8. Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a license, certificate, or registration by a person not licensed, certified, or registered to do so;~~
- ~~9. Having had his/her license, certificate, or registration denied, refused renewal, limited, suspended, or revoked or having had such license, certificate, or registration disciplined in any other manner pursuant to Neb. Rev. Stat. § 71-155 by another state or jurisdiction to practice the particular profession involved, based upon acts by the applicant, licensee, certificate holder, or registrant similar to acts described in this section. A certified copy of the record of denial, refusal of renewal, limitation, suspension, or revocation of a license, certificate, or registration or the taking of other disciplinary measures against it by another state or jurisdiction will be conclusive evidence;~~
- ~~10. Unprofessional conduct, which term includes all acts specified in Neb. Rev. Stat. § 71-148 and such other acts as may be defined in rules and regulations adopted and promulgated by the Board with the approval of the Department;~~
- ~~11. Use of untruthful or improbable statements, or flamboyant, exaggerated, or extravagant claims concerning such licensee's or certificate holder's professional excellence or abilities, in advertisements;~~
- ~~12. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act;~~
- ~~13. Distribution of intoxicating liquors, controlled substances or drugs for any other than lawful purposes;~~
- ~~14. Willful or repeated violations of the Uniform Licensing Law or the rules and regulations of the Department relating to the licensee's, certificate holder's, or registrant's profession, sanitation, quarantine, or school inspection;~~
- ~~15. Unlawful invasion of the field of practice of any profession mentioned in the Uniform Licensing Law which the licensee is not licensed or certified to practice;~~
- ~~16. Practicing the profession of Dentistry or Dental Hygiene while his/her license is suspended or in contravention of any limitation placed upon his/her license;~~
- ~~17. Physical or mental illness or physical or mental deterioration or disability which would render the applicant or licensee unqualified to practice Dentistry or Dental Hygiene;~~

- ~~18. Refusal of an applicant for a license or of a licensee to submit to a physical or mental examination request by the Board, pursuant to Neb. Rev. Stat. §§ 71-161.12 thru 71-161.16 to determine his/her qualifications to practice or to continue in the practice of Dentistry or Dental Hygiene;~~
- ~~19. Violation of the Uniform Controlled Substances Act or any rules and regulations adopted pursuant to the act;~~
- ~~20. Failure to file a report pursuant to Neb. Rev. Stat. § 71-168;~~
- ~~21. Practicing the profession of dentistry or dental hygiene without a license; and~~
- ~~22. Administering Inhalation Analgesia (Nitrous Oxide), Parenteral Sedation, or General Anesthesia without a permit.~~

~~56-007.04 If the Department proposes to deny, refuse renewal of, limit, revoke, or suspend the license of any licensee the applicant or licensee will be given an opportunity for a hearing before the Department and will have the right to present evidence on his/her own behalf. Hearings before the Department will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, Rules of Practice and Procedure of the Department.~~

~~56-008 RE CREDENTIALING: This section applies to individuals previously issued a Nebraska credential who have lost the legal authority to practice in total or in part and who seek the authority to return to practice in Nebraska with a valid Nebraska credential.~~

~~56-008.01 Eligibility~~

~~56-008.01A An individual whose credential has been previously:~~

- ~~1. Placed on lapsed status;~~
- ~~2. Placed on inactive status;~~
- ~~3. Revoked for failure to meet the renewal requirements;~~
- ~~4. Suspended or limited for disciplinary reasons; or~~
- ~~5. Voluntarily surrendered or voluntarily limited for an indefinite period of time;~~

~~may request, at any time, to be re-credentialed and re-authorized to practice under the credential, in accord with these regulations.~~

~~56-008.01B An individual whose credential has been revoked for disciplinary reasons may apply for reinstatement only after a period of two years has elapsed from the date of revocation.~~

~~56-008.01C An individual who practices prior to re-credentialing, is subject to:~~

- ~~1. Assessment of an Administrative Penalty pursuant to 172 NAC 56-012, and~~
- ~~2. Limitation or other sanction on the credential, or denial of the request to be re-credentialed and re-authorized to practice under the credential, and referral for prosecution for uncredentialed practice, as provided in the statutes and regulations governing the credential.~~

~~56-008.02 Requirements for Restoration from Lapsed Status: A person whose credential has been placed on lapsed status may have their credential restored from lapsed to active~~

~~status by the Department upon proof to the Department that they meet the requirements pursuant to 172 NAC 56-003.~~

~~56-008.02A If the Department has evidence that an applicant has practiced while his/her credential was lapsed, the Department may:~~

- ~~1. Assess an Administrative Penalty pursuant to 172 NAC 56-012;~~
- ~~2. Initiate disciplinary action against the lapsed credential;~~
- ~~3. Deny the request to restore the credential from lapsed to active status;~~  
~~or~~
- ~~4. Restore the credential to active status and impose limitation(s) or other sanctions on the credential.~~

~~56-008.02B If the Department has evidence that an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:~~

- ~~1. Initiate disciplinary action against the lapsed credential;~~
- ~~2. Deny the request to restore the credential from lapsed to active status; or~~
- ~~3. Restore the credential to active status and impose limitation(s) or other sanctions on the credential.~~

~~56-008.02C The Department will act within 150 days on all completed applications.~~

~~56-008.02D The applicant will be provided with notice and the opportunity for hearing pursuant to the Department's Rules of Practice and Procedure and Neb. Rev. Stat. §§ 84-901 to 84-920 before any of the actions pursuant to 172 NAC 56-008.02A and 56-008.02B are final.~~

~~56-008.03 Requirements to Move a Credential from Inactive to Active Status: A person whose credential has been placed on inactive status may have his/her credential moved from inactive to active status upon proof to the Department that they meet the following requirements:~~

- ~~1. Meet renewal requirements, including:
  - ~~a. The continuing competency requirements;~~
  - ~~b. Paying the renewal fee and any other applicable fees; and~~
  - ~~c. Meet one of the following within the three years immediately preceding the date of the request to move the credential from inactive to active status:
    - ~~(1) Have practiced dentistry/dental hygiene for at least 1,000 hours;~~  
~~or~~
    - ~~(2) Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.~~~~~~

~~2. Attest:~~

- ~~\_\_\_\_\_ a. That s/he has not practiced in Nebraska since s/he last held an active credential; or~~
- ~~\_\_\_\_\_ b. To the actual number of days practiced if the applicant has practiced in Nebraska since s/he last held an active credential.~~

~~\_\_\_\_\_ 56-008.04 Procedures for Moving from Inactive to Active Status: To move a credential from inactive status to active status, the applicant must submit the following to the Department:~~

~~\_\_\_\_\_ 1. A written application which contains the following information about the applicant:~~

- ~~\_\_\_\_\_ a. Name;~~
- ~~\_\_\_\_\_ b. Address;~~
- ~~\_\_\_\_\_ c. Social security number;~~
- ~~\_\_\_\_\_ d. If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;~~
- ~~\_\_\_\_\_ e. Answer the following questions either yes or no; if you answer yes, explain the circumstances and the outcome. These questions pertain to the time period since your credential was active.~~

~~\_\_\_\_\_ (1) Has any state or territory ever taken any of the following actions against your license?  
Denied \_\_\_\_\_ Suspended \_\_\_\_\_ Revoked \_\_\_\_\_ Limited~~

~~\_\_\_\_\_ (2) Has any licensing or disciplinary authority ever taken any of the following actions against your license?  
Limited \_\_\_\_\_ Suspended \_\_\_\_\_ Restricted \_\_\_\_\_ Revoked~~

~~\_\_\_\_\_ (3) Has any licensing or disciplinary authority placed your license on probation?~~

~~\_\_\_\_\_ (4) Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?~~

~~\_\_\_\_\_ (5) Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?~~

~~\_\_\_\_\_ (6) Have you ever been requested to appear before any licensing agency?~~

~~\_\_\_\_\_ (7) Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?~~

~~\_\_\_\_\_ (8) Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs, which may cause physical and/or psychological dependence?~~

~~\_\_\_\_\_ (9) During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?~~

~~\_\_\_\_\_ (10) During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?~~

~~\_\_\_\_\_ (11) Have you ever been convicted of a felony?~~

~~\_\_\_\_\_ (12) Have you ever been convicted of a misdemeanor?~~

~~(13) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?~~

~~(14) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~

~~(15) Have you ever surrendered your state or federal controlled substances registration?~~

~~(16) Have you ever had your state or federal controlled substances registration restricted in any way?~~

~~(17) Have you ever been notified of any malpractice claim against you?~~

~~f. Indicate that you meet one of the following within the three years immediately preceding the date of the request to move the credential from inactive to active status:~~

~~(1) Have practiced dentistry/dental hygiene for at least 1,000 hours; or~~

~~(2) Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.~~

~~g. List your professional practice activities for the time period since your credential was active.~~

~~h. A statement describing all:~~

~~(1) Felony or misdemeanor convictions during the time period since the credential was active;~~

~~(a) If the applicant has been convicted of a felony or misdemeanor, provide copies of:~~

~~[1] Official Court Record, which includes charges and disposition;~~

~~[2] Arrest records;~~

~~[3] A letter from the applicant explaining the nature of the conviction;~~

~~[4] 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~~

~~[5] A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.~~

~~(2) Revocations, suspensions, or other disciplinary actions against any professional credential held by the applicant during the time period since the credential was active;~~

~~(a) If any disciplinary action was taken against the applicant's credential by another state, submit an official copy of the disciplinary action, including charges and disposition; and~~

~~\_\_\_\_\_ (3) Disciplinary charges pending against any professional credential held by the applicant.~~

~~\_\_\_\_\_ i. Attestation that the continuing competency requirements for renewal have been met;~~

~~\_\_\_\_\_ 2. The renewal fee and any other applicable fees.~~

~~\_\_\_\_\_ 3. Attestation by applicant:~~

~~\_\_\_\_\_ a. That s/he has not practiced in Nebraska since s/he last held an active credential; or~~

~~\_\_\_\_\_ b. To the actual number of days practiced if the applicant has practiced in Nebraska since s/he last held an active credential.~~

~~\_\_\_\_\_ 4. Official documentation of meeting one of the provisions of 172 NAC 56-008.03 item 1.c.~~

~~\_\_\_\_\_ 56-008.04A If an applicant has practiced while her/his credential was inactive, the Department may:~~

~~\_\_\_\_\_ 1. Assess an Administrative Penalty pursuant to 172 NAC 56-012;~~

~~\_\_\_\_\_ 2. Initiate disciplinary action against the credential;~~

~~\_\_\_\_\_ 3. Deny the request to move the credential from inactive to active status; or~~

~~\_\_\_\_\_ 4. Move the credential to active status and impose limitation(s) or other sanctions on the credential.~~

~~\_\_\_\_\_ 56-008.04B If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:~~

~~\_\_\_\_\_ 1. Initiate disciplinary action against the credential;~~

~~\_\_\_\_\_ 2. Deny the request to move the credential from inactive to active status; or~~

~~\_\_\_\_\_ 3. Move the credential to active status and impose limitation(s) or other sanctions on the credential.~~

~~\_\_\_\_\_ 56-008.04C In either event pursuant to 56-008.04A or 56-008.04B, a notice and the opportunity for hearing will be given to the applicant.~~

~~\_\_\_\_\_ 56-008.04D The Department will act within 150 days on all completed applications.~~

~~\_\_\_\_\_ 56-008.05 Requirements for Reinstatement Within One Year Following Revocation for Failure to Meet the Renewal Requirements: An applicant for reinstatement who applies not more than one year following revocation for failure to meet renewal requirements must:~~

~~\_\_\_\_\_ 1. Meet the renewal requirements, including:~~

~~\_\_\_\_\_ a. The continuing competency requirements;~~

- ~~\_\_\_\_\_ b. Paying the renewal fee, the late fee of \$35 and any other applicable fees;~~
- ~~\_\_\_\_\_ c. Meet one of the following within the three years immediately preceding the date of the application for reinstatement:
  - ~~\_\_\_\_\_ (1) Have practiced dentistry/dental hygiene for at least 1,000 hours; or~~
  - ~~\_\_\_\_\_ (2) Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.~~~~

~~\_\_\_\_\_ 2. Attest:~~

- ~~\_\_\_\_\_ a. That s/he has not practiced in Nebraska since s/he last held an active credential, or~~
- ~~\_\_\_\_\_ b. To the actual number of days practiced if the applicant has practiced in Nebraska since s/he last held an active credential.~~

~~\_\_\_\_\_ 56-008.06 Procedures for Reinstatement Within One Year Following Revocation for Failure to Meet the Renewal Requirements: To reinstate a credential not more than one year following revocation for failure to meet renewal requirements, the applicant must submit the following to the Department:~~

- ~~\_\_\_\_\_ 1. A written application which contains the following information about the applicant:
  - ~~\_\_\_\_\_ a. Name;~~
  - ~~\_\_\_\_\_ b. Address;~~
  - ~~\_\_\_\_\_ c. Social security number;~~
  - ~~\_\_\_\_\_ d. If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;~~
  - ~~\_\_\_\_\_ e. Answer the following questions either yes or no; if you answer yes, explain the circumstances and the outcome. These questions pertain to the time period since your credential was active.
    - ~~\_\_\_\_\_ (1) Has any state or territory ever taken any of the following actions against your license?  
Denied \_\_\_\_\_ Suspended \_\_\_\_\_ Revoked \_\_\_\_\_ Limited~~
    - ~~\_\_\_\_\_ (2) Has any licensing or disciplinary authority ever taken any of the following actions against your license?  
Limited \_\_\_\_\_ Suspended \_\_\_\_\_ Restricted \_\_\_\_\_ Revoked~~
    - ~~\_\_\_\_\_ (3) Has any licensing or disciplinary authority placed your license on probation?~~
    - ~~\_\_\_\_\_ (4) Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?~~
    - ~~\_\_\_\_\_ (5) Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?~~
    - ~~\_\_\_\_\_ (6) Have you ever been requested to appear before any licensing agency?~~~~~~

- ~~(7) Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?~~
- ~~(8) Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs, which may cause physical and/or psychological dependence?~~
- ~~(9) During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?~~
- ~~(10) During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?~~
- ~~(11) Have you ever been convicted of a felony?~~
- ~~(12) Have you ever been convicted of a misdemeanor?~~
- ~~(13) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?~~
- ~~(14) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~
- ~~(15) Have you ever surrendered your state or federal controlled substances registration?~~
- ~~(16) Have you ever had your state or federal controlled substances registration restricted in any way?~~
- ~~(17) Have you ever been notified of any malpractice claim against you?~~

~~f. Indicate that you meet one of the following within the three years immediately preceding the date of the request to move the credential from non-disciplinary revocation to active status:~~

- ~~(1) Have practiced dentistry/dental hygiene for at least 1,000 hours; or~~
- ~~(2) Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.~~

~~g. List your professional practice activities for the time period since your credential was active.~~

~~h. A statement describing all:~~

- ~~(1) Felony or misdemeanor convictions during the time period since the credential was active;~~

~~(a) If the applicant has been convicted of a felony or misdemeanor, provide copies of:~~

- ~~[1] Official Court Record, which includes charges and disposition;~~
- ~~[2] Arrest records;~~
- ~~[3] A letter from the applicant explaining the nature of the conviction;~~

~~[4] 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~~

~~[5] A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.~~

~~(2) Revocations, suspensions, or other disciplinary actions against any professional credential held by the applicant during the time period since the credential was revoked;~~

~~(a) If any disciplinary action was taken against the applicant's credential by another state, submit an official copy of the disciplinary action, including charges and disposition; and~~

~~(3) Disciplinary charges pending against any professional credential held by the applicant.~~

~~i. Attestation that the continuing competency requirements for renewal have been met;~~

~~2. The renewal fee, the late fee of \$35 and any other applicable fees.~~

~~3. Attestation by the applicant:~~

~~a. That s/he has not practiced in Nebraska since s/he last held an active credential; or~~

~~b. To the actual number of days practiced if the applicant has practiced in Nebraska since s/he last held an active credential.~~

~~(1) If an applicant has practiced after his/her credential was revoked the Department may assess an Administrative Penalty pursuant to 172 NAC 56-012 in which case a notice and opportunity for hearing will be sent to the applicant.~~

~~(2) If an applicant has practiced after his/her credential was revoked, or has committed any other violation of the statutes and regulations governing the credential, other action may be taken pursuant to 172 NAC 56-008.06B.~~

~~The Department will forward the application to the Board for its recommendation pursuant to Neb. Rev. Stat. § 71-110 (5).~~

~~56-008.06A The Board's recommendation to the Department may be to:~~

~~1. Reinstate the credential;~~

~~2. Reinstate the credential with terms, conditions or restrictions; or~~

~~3. Deny reinstatement.~~

~~56-008.06B Upon receipt of the Board's recommendation, the Department will, within 150 days, send to the applicant a written notice of the Department's response. The Department may:~~

- ~~1. Reinstatement of the credential. An Administrative Penalty may be assessed pursuant to 172 NAC 56-012 if warranted;~~
- ~~2. If the Department determines that the applicant has committed acts or offenses prohibited by Neb. Rev. Stat. §§ 71-147 or 71-148, the Department may:
  - ~~a. Reinstatement of the credential with terms, conditions or restrictions. In such case the applicant will be provided notice and the opportunity for hearing before the Department pursuant to the Department's Rules of Practice and Procedure and Neb. Rev. Stat. §§ 84-901 to 84-920. An Administrative Penalty may be assessed pursuant to 172 NAC 56-012 if warranted; or~~
  - ~~b. Deny reinstatement. In such case the applicant will be provided notice and the opportunity for hearing before the Department pursuant to the Department's Rules of Practice and Procedure and Neb. Rev. Stat. §§ 84-901 to 84-920.~~~~

~~56-008.07 Requirements for Reinstatement More Than One Year Following Revocation for Failure to Meet the Renewal Requirements: An applicant for reinstatement who applies more than one year after revocation for failure to meet the renewal requirements must:~~

- ~~1. Petition the Board for reinstatement pursuant to Neb. Rev. Stat. § 71-161.05. The petition for reinstatement must be accompanied by:
  - ~~a. Verified recommendations from at least two credentialed practitioners of the same profession as the petitioner each having personal knowledge of the activities of the petitioner since the credential was revoked; and~~
  - ~~b. Verified recommendations from at least two citizens each having personal knowledge of the activities of the petitioner since the credential was revoked.~~~~
- ~~2. Meet the renewal requirements, including:
  - ~~a. The continuing competency requirements; and~~
  - ~~b. Paying the renewal fee, the late fee of \$75 and any other applicable fees.~~
  - ~~c. Meet one of the following within the three years immediately preceding the date of the application for reinstatement:
    - ~~(1) Have practiced dentistry/dental hygiene for at least 1,000 hours; or~~
    - ~~(2) Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.~~~~~~
- ~~3. Attest:~~

- ~~\_\_\_\_\_ a. That s/he has not practiced in Nebraska since s/he last held an active credential; or~~
- ~~\_\_\_\_\_ b. To the actual number of days practiced if the petitioner has practiced in Nebraska since s/he last held an active credential.~~

~~\_\_\_\_\_ 56-008.08 Procedures for Reinstatement More Than One Year Following Revocation for Failure to Meet Renewal Requirements: An applicant for reinstatement more than one year following revocation for failure to meet renewal requirements must submit to the Board:~~

~~1. A petition for reinstatement:~~

- ~~\_\_\_\_\_ a. Stating the reason the petitioner believes his/her credential should be reinstated;~~
- ~~\_\_\_\_\_ b. Accompanied by verified recommendations from at least two credentialed practitioners of the same profession as the petitioner each having personal knowledge of the activities of the petitioner since the credential was revoked; and verified recommendations from at least two citizens each having personal knowledge of the activities of the petitioner since the credential was revoked.~~
- ~~\_\_\_\_\_ c. Containing the following information about the petitioner:~~

- ~~\_\_\_\_\_ (1) Name;~~
- ~~\_\_\_\_\_ (2) Address;~~
- ~~\_\_\_\_\_ (3) Social security number;~~
- ~~\_\_\_\_\_ (4) If the petitioner holds a professional credential in another state, a list of the state(s) and type of credential;~~
- ~~\_\_\_\_\_ (5) Answer the following questions either yes or no; if you answer yes, explain the circumstances and the outcome. These questions pertain to the time period since your credential was active.~~

- ~~\_\_\_\_\_ (a) Has any state or territory ever taken any of the following actions against your license?  
Denied \_\_\_\_\_ Suspended \_\_\_\_\_ Revoked \_\_\_\_\_ Limited \_\_\_\_\_~~
- ~~\_\_\_\_\_ (b) Has any licensing or disciplinary authority ever taken any of the following actions against your license?  
Limited \_\_\_\_\_ Suspended \_\_\_\_\_ Restricted \_\_\_\_\_ Revoked \_\_\_\_\_~~
- ~~\_\_\_\_\_ (c) Has any licensing or disciplinary authority placed your license on probation?~~
- ~~\_\_\_\_\_ (d) Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?~~
- ~~\_\_\_\_\_ (e) Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?~~
- ~~\_\_\_\_\_ (f) Have you ever been requested to appear before any licensing agency?~~
- ~~\_\_\_\_\_ (g) Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?~~
- ~~\_\_\_\_\_ (h) Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or~~

~~other drugs, which may cause physical and/or psychological dependence?~~

~~(i) During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?~~

~~(j) During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?~~

~~(k) Have you ever been convicted of a felony?~~

~~(l) Have you ever been convicted of a misdemeanor?~~

~~(m) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?~~

~~(n) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~

~~(o) Have you ever surrendered your state or federal controlled substances registration?~~

~~(p) Have you ever had your state or federal controlled substances registration restricted in any way?~~

~~(q) Have you ever been notified of any malpractice claim against you?~~

~~(6) Indicate that you meet one of the following within the three years immediately preceding the date of the request to move the credential from non-disciplinary revocation to active status:~~

~~(a) Have practiced dentistry/dental hygiene for at least 1,000 hours; or~~

~~(b) Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.~~

~~(7) List your professional practice activities for the time period since your credential was active.~~

~~(8) A statement describing all:~~

~~(a) Felony or misdemeanor convictions during the time period since the credential was active;~~

~~[1] If the petitioner has been convicted of a felony or misdemeanor, provide copies of:~~

~~[a] Official Court Record, which includes charges and disposition;~~

~~[b] Arrest records;~~

~~[c] A letter from the petitioner explaining the nature of the conviction;~~

~~[d] 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~~
- ~~[e] A letter from the probation officer addressing probationary conditions and current status, if the petitioner is currently on probation.~~
- ~~(b) Revocations, suspensions, or other disciplinary actions against any professional credential held by the petitioner during the time period since the credential was revoked;~~
- ~~[1] If any disciplinary action was taken against the petitioner's credential by another state, submit an official copy of the disciplinary action, including charges and disposition; and~~
- ~~(c) Disciplinary charges pending against any professional credential held by the petitioner.~~
- ~~(9) Attestation that the continuing competency requirements for renewal have been met.~~
- ~~2. The renewal fee, the late fee of \$75 and any other applicable fees.~~
- ~~3. Attestation by the petitioner:~~
- ~~a. That s/he has not practiced in Nebraska since s/he last held an active credential; or~~
- ~~b. To the actual number of days practiced if the petitioner has practiced in Nebraska since s/he last held an active credential.~~
- ~~(1) If a petitioner has practiced after his/her credential was revoked the Department may assess an Administrative Penalty pursuant to 172 NAC 56-012 in which case a notice and opportunity for hearing will be sent to the petitioner.~~
- ~~(2) If a petitioner has practiced after his/her credential was revoked, or has committed any other violation of the statutes and regulations governing the credential, other action may be taken pursuant to 172 NAC 56-008.08F.~~
- ~~4. Official documentation of meeting one of the provisions of 172 NAC 56-008.07 item 2.c.~~
- ~~56-008.08A The petition to recommend reinstatement will be considered at the next meeting of the Board that is held, but not earlier than 30 days after the petition is filed.~~
- ~~56-008.08B Any petition to recommend reinstatement of a credential will be conclusively acted upon by the Board within 180 days after the filing of a properly prepared petition and the necessary accompanying documents with the Board.~~
- ~~56-008.08C If the Board recommends reinstatement of the credential, no public hearing need be held on the petition.~~

~~56-008.08D~~ Prior to any recommendation by the Board against reinstatement of the credential, an opportunity for a formal public hearing on the petition must be granted by the Board, if formally requested by the petitioner.

~~56-008.08D1~~ The petitioner's request for a formal hearing must be submitted within 30 days of the Board's notification of an opportunity for a formal public hearing.

~~56-008.08E~~ If the petitioner formally requests a formal public hearing or if the Board otherwise holds such a hearing, the petitioner will be given at least 30 days prior notice by sending to the petitioner a copy of the notice of hearing by certified or registered mail at his/her last known residence or business post office address as shown by the files or records of the Department or as otherwise known. Notice may be given to the petitioner by personal service. The hearing will be conducted pursuant to 172 NAC 1.

~~56-008.08F~~ The Board will review the petition to recommend reinstatement and the record of any hearing held, and submits its recommendation regarding reinstatement and the record on which such recommendation is made to the Department within 180 days of receipt of the petition to recommend reinstatement.

~~56-008.08F1~~ If the Board recommends reinstatement of the credential, the Department may:

- ~~1.~~ Accept the Board's recommendation and grant reinstatement of the credential.
- ~~2.~~ If the Department determines that the Board's recommendation is: in excess of statutory authority; made upon unlawful procedure; unsupported by competent, material, and substantial evidence; or arbitrary or capricious, the department may not accept the Board's recommendation and either:
  - ~~a.~~ Deny reinstatement of the credential, or
  - ~~b.~~ Grant reinstatement with terms, conditions, or restrictions.

~~56-008.08F2~~ If the Board recommends denial of reinstatement, the Board will send to the petitioner a written notice of the Board's recommendation. The petitioner may appeal the Board's decision to the District Court of Lancaster County pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920.

~~56-008.08F3~~ If the Board recommends reinstatement with terms, conditions, or restrictions, the Department may:

- ~~1.~~ Accept the Board's recommendation and grant reinstatement with terms, conditions, or restrictions; or
- ~~2.~~ Not accept the Board's recommendation and either:
  - ~~a.~~ Deny reinstatement of the credential; or
  - ~~b.~~ Grant reinstatement of the credential.

~~56-008.08F4~~ The Department will, within 150 days of receipt of the Board's recommendation, send to the petitioner a written notice of the Department's reinstatement with or without terms, conditions, or restrictions or denial of reinstatement of the credential.

~~56-008.08F5~~ The petitioner may appeal the Department's decision to the District Court of Lancaster County pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920.

~~56-008.09~~ Requirements to Reinstate a Credential Following Suspension, Limitation, or Revocation for Disciplinary Reasons: An applicant for reinstatement following suspension, limitation, or revocation for disciplinary reasons must meet the following requirements:

1. Petition the Board for reinstatement:

- a. The petition for reinstatement must be accompanied by verified recommendations from at least two credentialed practitioners of the same profession as the petitioner each having personal knowledge of the activities of the petitioner since the credential was suspended, limited, or revoked; and
- b. Verified recommendations from at least two citizens each having personal knowledge of the activities of the petitioner since the credential was suspended, limited, or revoked.

2. Pay the reinstatement fee of \$75, and other profession-specific requirements if expressly set by law;

3. Meet one of the following within the three years immediately preceding the date of the petition for reinstatement:

- a. Have practiced dentistry/dental hygiene for at least 1,000 hours; or
- b. Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.

4. If the credential was revoked or suspended, attest:

- a. That s/he has not practiced in Nebraska since s/he last held an active credential; or
- b. To the actual number of days practiced if the petitioner has practiced in Nebraska since s/he last held an active credential.

~~56-008.10~~ Procedures for Reinstatement Following Suspension, Limitation, or Revocation for Disciplinary Reasons: An applicant for reinstatement following suspension, limitation, or revocation for disciplinary reasons must submit to the Board:

1. A petition for reinstatement:

- a. Stating the reason the petitioner believes his/her credential should be reinstated;

- ~~b. Accompanied by verified recommendations from at least two credentialed practitioners of the same profession as the petitioner each having personal knowledge of the activities of the petitioner since the credential was suspended, limited, or revoked; and verified recommendations from at least two citizens each having personal knowledge of the activities of the petitioner since the credential was suspended, limited, or revoked.~~
- ~~c. Containing the following information about the petitioner:
  - ~~(1) Name;~~
  - ~~(2) Address;~~
  - ~~(3) Social security number;~~
  - ~~(4) If the petitioner holds a professional credential in another state, a list of the state(s) and type of credential;~~
  - ~~(5) Answer the following questions either yes or no; if you answer yes, explain the circumstances and the outcome. These questions pertain to the time period since your credential was active.
    - ~~(a) Has any state or territory ever taken any of the following actions against your license?  
Denied    Suspended    Revoked    Limited~~
    - ~~(b) Has any licensing or disciplinary authority ever taken any of the following actions against your license?  
Limited    Suspended    Restricted    Revoked~~
    - ~~(c) Has any licensing or disciplinary authority placed your license on probation?~~
    - ~~(d) Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?~~
    - ~~(e) Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?~~
    - ~~(f) Have you ever been requested to appear before any licensing agency?~~
    - ~~(g) Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?~~
    - ~~(h) Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs, which may cause physical and/or psychological dependence?~~
    - ~~(i) During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?~~
    - ~~(j) During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?~~
    - ~~(k) Have you ever been convicted of a felony?~~
    - ~~(l) Have you ever been convicted of a misdemeanor?~~~~~~

- ~~(m) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?~~
- ~~(n) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~
- ~~(o) Have you ever surrendered your state or federal controlled substances registration?~~
- ~~(p) Have you ever had your state or federal controlled substances registration restricted in any way?~~
- ~~(q) Have you ever been notified of any malpractice claim against you?~~
  
- ~~(6) Indicate that you meet one of the following within the three years immediately preceding the date of the request to move the credential from suspended, limited, or revoked for disciplinary reasons to active status:~~
  - ~~(a) Have practiced dentistry/dental hygiene for at least 1,000 hours; or~~
  - ~~(b) Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.~~
  
- ~~(7) List your professional practice activities for the time period since your credential was active.~~
- ~~(8) A statement describing all:~~
  - ~~(a) Felony or misdemeanor convictions during the time period since the credential was suspended, limited, or revoked;~~
  
- ~~[1] If the petitioner has been convicted of a felony or misdemeanor, provide copies of: —~~
  - ~~[a] Official Court Record, which includes charges and disposition;~~
  - ~~[b] Arrest records;~~
  - ~~[c] A letter from the petitioner explaining the nature of the conviction;~~
  - ~~[d] 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~~
  - ~~[e] A letter from the probation officer addressing probationary conditions and current status, if the petitioner is currently on probation.~~
  
- ~~(b) Revocations, suspensions, or other disciplinary actions against any professional credential held by the petitioner during the time period since the credential was suspended, limited, or revoked;~~

~~[1] If any disciplinary action was taken against the petitioner's credential by another state, submit an official copy of the disciplinary action, including charges and disposition; and~~

~~(c) Disciplinary charges pending against any professional credential held by the petitioner;~~

~~(9) Any continuing competency activities.~~

~~2. The reinstatement fee of \$75.~~

~~3. Attestation by the petitioner, if the credential was revoked or suspended:~~

~~a. That s/he has not practiced in Nebraska since s/he last held an active credential; or~~

~~b. To the actual number of days practiced if the petitioner has practiced in Nebraska since s/he last held an active credential.~~

~~(1) If a petitioner has practiced after his/her credential was revoked the Department may assess an Administrative Penalty pursuant to 172 NAC 56-012 in which case a separate notice and opportunity for hearing will be sent to the petitioner.~~

~~(2) If a petitioner has practiced after his/her credential was revoked, or has committed any other violation of the statutes and regulations governing the credential, other action may be taken pursuant to 172 NAC 56-008.10G.~~

~~56-008.10A The Board will make a recommendation to the Director regarding reinstatement following disciplinary action. In determining whether reinstatement should be recommended, the Board may:~~

~~1. Request the Department investigate all activities of the petitioner since the disciplinary action was taken against him/her, including activities prohibited by Neb. Rev. Stat. §§71-147 and 71-148.~~

~~2. Require the petitioner to submit to a complete diagnostic examination by one or more physicians appointed by the Board, the petitioner being free also to consult a physician or physicians of his/her own choice for a complete diagnostic examination and make available a report or reports thereof to the Board;~~

~~3. Require the petitioner to pass a written, oral, or practical examination or any combination of such examinations; or~~

~~4. Require the petitioner to complete additional education.~~

~~56-008.10B The petition to recommend reinstatement will be considered at the next meeting of the Board that is held, but not earlier than 30 days after the petition is filed.~~

~~56-008.10C Any petition to recommend reinstatement of a credential will be conclusively acted upon by the Board within 180 days after the filing of a properly prepared petition and the necessary accompanying documents with the Board.~~

~~56-008.10D If the Board recommends reinstatement of the credential, no public hearing need be held on the petition.~~

~~56-008.10E Prior to any recommendation by the Board against reinstatement of the credential, an opportunity for a formal public hearing on the petition must be granted by the Board, if formally requested by the petitioner.~~

~~56-008.10E1 The petitioner's request for a formal hearing must be submitted within 30 days of the Board's notification of an opportunity for a formal public hearing.~~

~~56-008.10E2 If the petitioner had a hearing or an opportunity for a hearing on a prior petition to recommend reinstatement filed pursuant to Neb. Rev. Stat. § 71-161.04 within a period of two years immediately preceding the filing of the current petition, the Board may grant or deny, without a hearing, the current petition to recommend reinstatement filed pursuant to Neb. Rev. Stat. § 71-161.04.~~

~~56-008.10F If the petitioner formally requests a formal public hearing or if the Board otherwise holds such a hearing, the petitioner will be given at least 30 days prior notice by sending to the petitioner a copy of the notice of hearing by certified or registered mail at his/her last known residence or business post office address as shown by the files or records of the Department or as otherwise known. Notice may be given to the petitioner by personal service. The hearing will be conducted pursuant to 172 NAC 1.~~

~~56-008.10G The Board reviews the petition to recommend reinstatement, any examination or investigatory information and the record of hearing, if one was held. The Board will submit its recommendation to the Director within 180 days of receipt of the petition to recommend reinstatement.~~

~~56-008.10G1 If the Board recommends reinstatement of the credential:~~

~~1. The Board will send its recommendation to the petitioner by certified mail along with notification that the petitioner must file an application for reinstatement with the Director.~~

~~2. The petitioner must submit, to the Department, an application for reinstatement by the Director within 30 days of receipt of the Board's recommendation.~~

~~a. The application must include:~~

~~(1) Name of the petitioner; and~~

~~(2) Signed statement that the petitioner requests the Director to issue the credential in accordance with the Board's recommendation for reinstatement.~~

~~3. Upon receipt of the application for reinstatement from the petitioner, the Department will submit the following to the Director:~~

- ~~a. The application;~~
- ~~b. The written recommendation of the Board, including any finding of fact or order of the Board;~~
- ~~c. The petition submitted to the Board;~~
- ~~d. The record of hearing, if any;~~
- ~~e. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the petitioner.~~

~~4. The Director will issue a decision regarding reinstatement within 150 days of receipt of the petitioner's application for reinstatement. The Director's decision will be based upon a review of the record of the proceedings before the Board. The Director will not hold a second hearing. The Director may affirm, reverse or modify the Board's recommendation. A decision by the Director to reverse or modify the Board's recommendation will be based on finding that the Board's recommendation is: in excess of statutory authority, made upon unlawful procedure, unsupported by competent, material, and substantial evidence in view of the entire record, or arbitrary or capricious.~~

- ~~a. When the Director affirms, modifies or reverses the Board's recommendation for reinstatement, the Director will enter an order setting forth the decision regarding reinstatement of the petitioner's credential. The order will be sent by certified mail to the petitioner;~~
- ~~b. If the petitioner does not accept the Director's decision, s/he may appeal such decision to the District Court of Lancaster County pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920.~~

~~56-008.10G2 If the Board recommends reinstatement of the credential with terms, conditions, or restrictions:~~

- ~~1. The Board will send its recommendation to the petitioner by certified mail along with notification that the petitioner must file an application for reinstatement with the Director.~~
- ~~2. The petitioner must submit, to the Department, an application for reinstatement by the Director within 30 days of receipt of the Board's recommendation.~~

- ~~a. The application must include:
  - ~~(1) Name of the petitioner; and~~
  - ~~(2) Signed statement that the petitioner requests the Director to issue the credential in accordance with the Board's recommendation for reinstatement.~~~~

~~3. Upon receipt of the application for reinstatement from the petitioner, the Department will submit the following to the Director:~~

- ~~a. The application;~~

- ~~b. The written recommendation of the Board, including any finding of fact or order of the Board;~~
- ~~c. The petition submitted to the Board;~~
- ~~d. The record of hearing, if any;~~
- ~~e. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the petitioner.~~

~~4. The Director will issue a decision regarding reinstatement within 150 days of receipt of the petitioner's application for reinstatement. The Director's decision will be based upon a review of the record of the proceedings before the Board. The Director will not hold a second hearing. The Director may affirm, reverse or modify the Board's recommendation. A decision by the Director to reverse or modify the Board's recommendation will be based on finding that the Board's recommendation is: in excess of statutory authority, made upon unlawful procedure, unsupported by competent, material, and substantial evidence in view of the entire record, or arbitrary or capricious.~~

- ~~a. When the Director affirms, modifies or reverses the Board's recommendation for reinstatement, the Director will enter an order setting forth the decision regarding reinstatement of the petitioner's credential. The order will be sent by certified mail to the petitioner;~~
- ~~b. If the petitioner does not accept the Director's decision, s/he may appeal such decision to the District Court of Lancaster County pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920.~~

~~56-008.10G3 If the Board denies reinstatement, the Board will send to the petitioner a written notice of the Board's recommendation to deny reinstatement. The petitioner may appeal the Board's decision to the District Court of Lancaster County pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920.~~

~~56-008.11 Procedures for Restoration of Credentials Voluntarily Surrendered or Limited for an Indefinite Period of Time:~~

~~56-008.11A Credentials voluntarily surrendered or limited for an indefinite period of time pursuant to Neb. Rev. Stat. § 71-161.11 may be restored at the discretion of the Department.~~

~~56-008.11A1 An applicant for restoration of a credential that was voluntarily surrendered or limited for an indefinite period of time must submit to the Department:~~

- ~~1. A written application which contains the following information about the applicant:
  - ~~a. Name;~~
  - ~~b. Address;~~~~

- ~~c. Social security number;~~
- ~~d. If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;~~
- ~~e. Answer the following questions either yes or no; if you answer yes, explain the circumstances and the outcome. These questions pertain to the time period since your credential was active.~~
  - ~~(1) Has any state or territory ever taken any of the following actions against your license?  
Denied Suspended Revoked Limited~~
  - ~~(2) Has any licensing or disciplinary authority ever taken any of the following actions against your license?  
Limited Suspended Restricted Revoked~~
  - ~~(3) Has any licensing or disciplinary authority placed your license on probation?~~
  - ~~(4) Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority?~~
  - ~~(5) Have you ever voluntarily limited in any way a license issued to you by a licensing or disciplinary authority?~~
  - ~~(6) Have you ever been requested to appear before any licensing agency?~~
  - ~~(7) Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?~~
  - ~~(8) Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs, which may cause physical and/or psychological dependence?~~
  - ~~(9) During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition?~~
  - ~~(10) During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder?~~
  - ~~(11) Have you ever been convicted of a felony?~~
  - ~~(12) Have you ever been convicted of a misdemeanor?~~
  - ~~(13) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?~~
  - ~~(14) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~
  - ~~(15) Have you ever surrendered your state or federal controlled substances registration?~~
  - ~~(16) Have you ever had your state or federal controlled substances registration restricted in any way?~~
  - ~~(17) Have you ever been notified of any malpractice claim against you?~~

- ~~f. Indicate that you meet one of the following within the three years immediately preceding the date of the request to move the credential from voluntarily surrendered or limited for an indefinite period of time to active status:
  - ~~(1) Have practiced dentistry/dental hygiene for at least 1,000 hours; or~~
  - ~~(2) Pass a licensure practical examination given by the Central Regional Dental Testing Service (CRDTS) or pass a state or regional practical examination that the Board of Dentistry has deemed equivalent.~~~~
  
- ~~g. List your professional practice activities for the time period since your credential was active.~~
- ~~h. A statement describing all:
  - ~~(1) Felony or misdemeanor convictions during the time period since the credential was active;
    - ~~(a) If the applicant has been convicted of a felony or misdemeanor, provide copies of:
      - ~~[1] Official Court Record, which includes charges and disposition;~~
      - ~~[2] Arrest records;~~
      - ~~[3] A letter from the applicant explaining the nature of the conviction;~~
      - ~~[4] 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~~
      - ~~[5] A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.~~~~~~
  - ~~(2) Revocations, suspensions, or other disciplinary actions against any professional credential held by the applicant during the time period since the credential was active;
    - ~~(a) If any disciplinary action was taken against the applicant's credential by another state, submit an official copy of the disciplinary action, including charges and disposition; and~~~~
  - ~~(3) Disciplinary charges pending against any professional credential held by the applicant.~~~~
  
- ~~i. Any continuing competency activities.~~

\_\_\_\_\_ j. Attest:

\_\_\_\_\_ (1) That s/he has not practiced in Nebraska prior to the  
voluntary surrender of his/her credential; or

\_\_\_\_\_ (2) To the actual number of days practiced if the applicant  
has practiced in Nebraska prior to the voluntary  
surrender of his/her credential.

\_\_\_\_\_ ~~56-008.11A2~~ If an applicant has practiced while his/her credential was  
voluntarily surrendered, the Department may:

- \_\_\_\_\_ 1. Assess an Administrative Penalty pursuant to 172 NAC 56-012;
- \_\_\_\_\_ 2. Initiate disciplinary action against the credential;
- \_\_\_\_\_ 3. Deny the request to restore the credential; or
- \_\_\_\_\_ 4. Restore the credential to active status and impose limitation(s) or  
other sanctions on the credential.

\_\_\_\_\_ ~~56-008.11A3~~ If an applicant has committed any other violation of the statutes  
and regulations governing the credential while his/her credential was  
voluntarily surrendered or limited, the Department may:

- \_\_\_\_\_ 1. Initiate disciplinary action against the credential;
- \_\_\_\_\_ 2. Deny the request for restoration of the credential; or
- \_\_\_\_\_ 3. Restore the credential to active status and impose limitation(s) or  
other sanctions on the credential.

\_\_\_\_\_ ~~56-008.11A4~~ In either event pursuant to 172 NAC ~~56-008.11A2~~ or ~~56-  
008.11A3~~, a notice and the opportunity for hearing will be given to the  
applicant.

\_\_\_\_\_ ~~56-008.11A5~~ The Department will act within 150 days on all completed  
applications.

\_\_\_\_\_ ~~56-008.12 Procedures for Restoration of Credentials Voluntarily Surrendered or Limited  
for a Specific and Definite Period of Time~~

\_\_\_\_\_ ~~56-008.12A~~ Credentials voluntarily surrendered or limited for a specific and definite  
period of time as agreed to between the holder and Department pursuant to ~~Neb.  
Rev. Stat. § 71-161.11~~, will be automatically restored at the expiration of that period  
of time.

\_\_\_\_\_ ~~56-008.12B~~ If an individual has practiced while his/her credential was voluntarily  
surrendered for a specific and definite period of time, the Department may assess  
an Administrative Penalty pursuant to 172 NAC 56-012.

\_\_\_\_\_ ~~56-008.13 Credentials Voluntarily Surrendered or Limited Permanently~~

\_\_\_\_\_ ~~56-008.13A~~ Credentials that are voluntarily surrendered or limited permanently  
pursuant to ~~Neb. Rev. Stat. § 71-161.11~~ will not be restored.

56-007 DISCIPLINARY ACTIONS

56-007.01 Grounds for Action Against a Credential ~~or Permit~~: A credential ~~or permit~~ to practice a profession may have disciplinary actions taken against it on any of the following grounds:

1. Misrepresentation of material facts in procuring or attempting to procure a credential ~~or permit~~;
2. Immoral or dishonorable conduct evidencing unfitness to practice the profession in this state;
3. Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering substance;
4. Failure to comply with a treatment program or an aftercare program, including, but not limited to, a program entered into under the Licensee Assistance Program established pursuant to Neb. Rev. Stat. § 38-175;
5. Conviction of:
  - a. A misdemeanor or felony under Nebraska law or federal law, or
  - b. A crime in any jurisdiction which, if committed within this state, would have constituted a misdemeanor or felony under Nebraska law and which has a rational connection with the fitness or capacity of the applicant, credential holder ~~or permit holder~~ to practice the profession;
6. Practice of the profession:
  - a. Fraudulently,
  - b. Beyond its authorized scope,
  - c. With gross incompetence or gross negligence, or
  - d. In a pattern of incompetent or negligent conduct;
7. Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability;
8. Physical or mental incapacity to practice the profession as evidenced by a legal judgment or a determination by other lawful means;
9. Illness, deterioration, or disability that impairs the ability to practice the profession;
10. Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a credential ~~or permit~~ by a person not credentialed ~~or permitted~~ to do so;
11. Having had his/her credential ~~or permit~~ denied, refused renewal, limited, suspended, revoked, or disciplined in any manner similar to 172 NAC 56-007.05 by another state or jurisdiction based upon acts by the applicant, ~~or~~ credential holder ~~or permit holder~~ similar to acts described in this part;
12. Use of untruthful, deceptive, or misleading statements in advertisements;
13. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act;
14. Distribution of intoxicating liquors, controlled substances, or drugs for any other than lawful purposes;
15. Violations of the Uniform Credentialing Act or the rules and regulations relating to the particular profession;
16. Unlawful invasion of the field of practice of any profession regulated by the Uniform Credentialing Act which the credential ~~or permit~~ holder is not credentialed ~~or permitted~~ to practice;

17. Violation of the Uniform Controlled Substances Act or any rules and regulations adopted pursuant to the act;
18. Failure to file a report required by Neb. Rev. Stat. §§ 38-1,124 or 38-1,125;
19. Failure to maintain the requirements necessary to obtain a credential or permit;
20. Violation of an order issued by the Department;
21. Violation of an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108;
22. Failure to pay an administrative penalty;
23. Unprofessional conduct as defined in 172 NAC 56-007.02; or
24. Violation of the Automated Medication Systems Act.

56-007.02 Unprofessional Conduct: Unprofessional conduct means any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession, regardless of whether a person, consumer, or entity is injured, but does not include a single act of ordinary negligence. Unprofessional conduct also means conduct that is likely to deceive or defraud the public or is detrimental to the public interest. Unprofessional conduct includes but is not limited to:

1. Receipt of fees on the assurance that an incurable disease can be permanently cured;
2. Division of fees, or agreeing to split or divide the fees, received for professional services with any person for bringing or referring a consumer other than:
  - a. With a partner or employee of the applicant, credential holder or permit holder or his/her office or clinic;
  - b. With a landlord of the applicant, credential holder or permit holder pursuant to a written agreement that provides for payment of rent based on gross receipts; or
  - c. With a former partner or employee of the applicant, credential holder or permit holder based on a retirement plan or separation agreement;
3. Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;
4. Cheating on or attempting to subvert the credentialing examination;
5. Assisting in the care or treatment of a consumer without the consent of the consumer or his/her legal representative;
6. Use of any letters, words, or terms, either as a prefix, affix, or suffix, on stationery, in advertisements, or otherwise, indicating that the person is entitled to practice a profession for which s/he is not credentialed or permitted;
7. Performing, procuring, or aiding and abetting in the performance or procurement of a criminal abortion;
8. Knowingly disclosing confidential information except as otherwise permitted by law;
9. Commission of any act of sexual abuse, misconduct, or exploitation related to the practice of the profession of the applicant, credential holder or permit holder. Sexual misconduct in the practice of dentistry means violation of the dentist-patient relationship through which the dentist uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient;

- a. Committing any act which would constitute sexual battery upon a patient;
- b. Intentionally touching the sexual body parts of a patient, i.e. the breast and/or genitals; and
- c. Fondling, hugging, or kissing a patient;
- 10. Failure to keep and maintain adequate records of treatment or service;
- 11. Prescribing, administering, distributing, dispensing, giving, or selling any controlled substance or other drug recognized as addictive or dangerous for other than a medically accepted therapeutic purpose;
- 12. Prescribing any controlled substance to:
  - a. Oneself; or
  - b. Except in the case of a medical emergency:
    - (1) One's spouse;
    - (2) One's child;
    - (3) One's parent;
    - (4) One's sibling; or
    - (5) Any other person living in the same household as the prescriber;
- 13. Failure to comply with any federal, state, or municipal law, ordinance, rule, or regulation that pertains to the applicable profession;
- 14. Failure to keep written dental records and medical history records justifying the course of treatment of the patient including, but not limited to, patient histories, examination results, test results, and X-rays, if taken;
- 15. Exercising influence on the patient or client in such a manner as to exploit the patient or client for the financial gain of the **applicant, credential holder or permit holder** or of a third party, which includes, but is not limited to, the promotion or sale of services, goods, appliances, or drugs;
- 16. Refusing to provide professional service to a person because of such person's race, creed, color, or national origin;
- 17. Prescribing, selling, administering, or distributing, any drug legally classified as a prescription drug other than for proper dental purposes;
- 18. Prescribing, selling, administering, distributing, or giving a drug legally classified as a controlled substance or recognized as an addictive or dangerous drug to him/herself or a family member, unless the family member is being treated as a patient for a dental condition;
- 19. Use of nitrous oxide or inhalants for other than dental purposes;
- 20. Giving fraudulent prescriptions;
- 21. Maintaining fraudulent controlled substance records;
- 22. Treating or diagnosing medical problems not specifically related to the dental treatment;
- 23. Failure to furnish the Board, its investigators or representatives, information legally requested by the Board;
- 24. Failure to submit a written report to the Board that a death of a patient occurred in the **credential or permit holder's** office regardless of the circumstances of such death;
- 25. Allowing dental hygienists or assistants to provide dental services contrary to the Board's rules and regulations;
- 26. Any departure from or failure to conform to the ethics of the dental profession, which ethics are found in the American Dental Association's Principles of Ethics and Code of Professional Conduct and Advisory Opinions;
- 27. Misrepresentation of material facts in applying for or procuring a renewal of a **credential** or permit;

28. Misrepresenting one's credentials in an application submitted to a healthcare facility, insurance company, or prospective employer;
29. Violation of provisions of the Dentistry Practice Act relating to the administration of general anesthesia, parenteral sedation, or inhalation analgesia (nitrous oxide);
30. Prescribing drugs to an individual the dentist has never met based solely on answers to questions provided by the internet, telephone, or FAX or without first establishing a proper dentist-patient relationship. A proper dentist-patient relationship requires that the dentist make an informed dental judgment upon examination, diagnosis, and formulation of a treatment plan and that arrangements exist to insure availability of the dentist or dentist coverage for follow-up patient care;
31. Disruptive behavior as manifested by a dentist's or dental hygienist's aberrant behavior which interferes with patient care or could reasonably be expected to interfere with patient care, including, but not limited to, the following:
  - a. Outbursts of rage or violent behavior;
  - b. Throwing of instruments, records, or objects;
  - c. Insulting comments to a patient, patient's family, dental staff, or other healthcare professionals;
  - d. Striking or assaulting a patient, patient's family, dental staff or healthcare professionals;
  - e. Poor hygiene;
32. Any violations of **other Nebraska regulations governing the profession.**

#### 56-007.03 Temporary Suspension or Limitation

56-007.03A The Department may temporarily suspend or temporarily limit any credential **or permit** issued by the Department without notice or a hearing if the Director determines that there is reasonable cause to believe that grounds exist under 172 NAC 56-007.01 for the revocation, suspension, or limitation of the credential **or permit** and that the credential **or permit** holder's continuation in practice or operation would constitute an imminent danger to the public health and safety. Simultaneously with the action, the Department will institute proceedings for a hearing on the grounds for revocation, suspension, or limitation of the credential. The hearing will be held no later than 15 days from the date of the temporary suspension or temporary limitation of the credential **or permit**.

56-007.03B A continuance of the hearing will be granted by the Department upon the written request of the credential **or permit** holder, and the continuance must not exceed 30 days unless waived by the credential **or permit** holder. A temporary suspension or temporary limitation order by the Director will take effect when served upon the credential **or permit** holder.

56-007.03C A temporary suspension or temporary limitation of a credential **or permit** under 172 NAC 56-007.03 will not be in effect for more than 90 days unless waived by the credential **or permit** holder. If a decision is not reached within 90 days, the credential **or permit** will be reinstated unless and until the Department reaches a decision to revoke, suspend, or limit the credential **or permit** or otherwise discipline the credential **or permit** holder.

56-007.04 Department Action: The Department will follow the procedures delineated in the Uniform Credentialing Act to notify credential **or permit** holders of any disciplinary action to be imposed and the time and place of the hearing.

56-007.05 Sanctions: Upon the completion of any hearing held regarding discipline of a credential **or permit**, the Director may dismiss the action or impose the following sanctions:

1. Censure;
2. Probation;
3. Limitation;
4. Civil Penalty;
5. Suspension; or
6. Revocation.

56-007.05A Additional Terms and Conditions of Discipline: If any discipline is imposed pursuant to 172 NAC 56-007.05, the Director may, in addition to any other terms and conditions of that discipline:

1. Require the credential **or permit** holder to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral or both and may be a practical or clinical examination or both or any or all of the combinations of written, oral, practical, and clinical, at the option of the Director;
2. Require the credential **or permit** holder to submit to a complete diagnostic examination by one or more physicians or other qualified professionals appointed by the Director. If the Director requires the credential **or permit** holder to submit to an examination, the Director will receive and consider any other report of a complete diagnostic examination given by one or more physicians or other qualified professionals of the credential **or permit** holder's choice if the credential **or permit** holder chooses to make available the report or reports by his/her physician or physicians or other qualified professionals; and
3. Limit the extent, scope, or type of practice of the credential **or permit** holder.

56-008 INITIAL ANESTHESIA **PERMIT**: A licensed dentist must obtain an anesthesia **permit** before administering general anesthesia, parenteral sedation or inhalation analgesia (nitrous oxide) for each location where anesthesia administration is performed.

56-008.01 Anesthesia Permits:

56-008.01A General Anesthesia Qualifications: To receive a **permit** to administer general anesthesia, an individual must meet the following qualifications:

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/**Lawful Presence** Information: **For purposes of Neb. Rev. Stat. §§4-108 to 4-114, be a citizen of the United States or qualified**

alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

3. Education:
  - a. Completed one year of advanced training in anesthesiology and related academic subjects beyond dental school level in an approved training program;
  - b. Is a diplomat of the American Board of Oral and Maxillofacial Surgery (ABOMS);
  - c. Is educationally qualified to apply for examination by the ABOMS;  
or
  - d. Is a fellow of the American Dental Society of Anesthesiology; and
4. Licensure: Holds an active dental license;
5. Certification: Have a current valid certification in basic life-support skills from the American Red Cross or the American Heart Association, or equivalent;
6. Facility: Maintains a properly equipped facility for the administration of general anesthesia; and
7. Inspection: Successfully complete an on-site **inspection** performed by the Board or its representative(s) who holds a dental license and has anesthesia training beyond inhalation analgesia (nitrous oxide).

56-008.01B Parenteral Sedation Qualifications: To receive a **permit** to administer parenteral sedation, an individual must meet the following qualifications:

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/**Lawful Presence** Information: For purposes of Neb. Rev. Stat. §§4-108 to 4-114, be a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
3. Education: Is certified as competent in the administration of parenteral sedation and in handling all related emergencies by a university, teaching hospital, or other facility approved by the Board; and
4. Licensure: Holds an active dental license;
5. Certification: Have a current valid certification in basic life-support skills from the American Red Cross or the American Heart Association, or equivalent;
6. Facility: Maintains a properly equipped facility for the administration of parenteral sedation; and
7. Inspection: Successfully complete an on-site **inspection** performed by the Board or its representative(s) who hold a dental license and has anesthesia training beyond inhalation analgesia (nitrous oxide).

56-008.01C Inhalation Analgesia (Nitrous Oxide) Qualifications: To receive a permit to administer inhalation analgesia (nitrous oxide), an individual must meet the following qualifications:

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/Lawful Presence Information: For purposes of Neb. Rev. Stat. §§4-108 to 4-114, be a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. §38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
3. Education: Has completed an approved two-day training course or equivalent training which may be acquired while studying at an accredited school or college of dentistry; and
4. Licensure: Holds an active dental license;
5. Certification: Have a current valid certification in basic life-support skills from the American Red Cross or the American Heart Association, or equivalent; and
6. Facility: Maintains a properly equipped facility for the administration of inhalation analgesia (nitrous oxide).

56-008.02 Application: To apply for a permit to administer anesthesia the individual must submit a complete application to the Department. The applicant may obtain an application from the Department or construct an application that must contain the following information:

1. Written Application:
  - a. Personal Information:
    - (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
    - (2) Date of birth (month, day, and year);
    - (3) Place of birth (city and state or country if not born in the United States);
    - (4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
    - (5) The applicant's:
      - (a) Social Security Number (SSN);
      - (b) Alien Registration Number (A#) or
      - (c) Form I-94 (Arrival-Departure Record);Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
    - (6) The applicant's telephone number including area code (optional);
    - (7) The applicant's e-mail address (optional);
    - (8) The applicant's fax number (optional);
    - (9) Indication that the applicant is applying for a general anesthesia, a parenteral sedation, or an inhalation analgesia (nitrous oxide) permit;

- b. Practice Before Application: The applicant must state:
- (1) That s/he has not administered anesthesia in Nebraska before submitting the application; or
  - (2) If s/he has administered anesthesia in Nebraska before submitting the application, the actual number of days practiced in Nebraska before submitting the application for a **permit** and the name and location of practice; and
- c. Attestation: The applicant must attest that:
- (1) S/he has read the application or has had the application read to him/her;
  - (2) All statements on the application are true and complete;
  - (3) S/he is of good character;
  - (4) S/he has not committed any act that would be grounds for denial under 172 NAC 56-007 **or if an act(s) was committed, provide an explanation of all such acts;** and
  - (5) S/he is:
    - (a) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a **citizen of the United States** or qualified alien under the **Federal Immigration and Nationality Act; and**
    - (b) For purposes of Neb. Rev. Stat. §38-129:
      - (i) A **citizen of the United States;**
      - (ii) An **alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or**
      - (iii) A **nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.**
2. Documentation: The applicant must submit the following documentation with the application:
- a. Evidence of age, such as:
- (1) Driver's license;
  - (2) Birth certificate;
  - (3) Marriage license that provides date of birth;
  - (4) Transcript that provides date of birth;
  - (5) U.S. State identification card;
  - (6) Military identification; or
  - (7) Other similar documentation;
- b. Evidence of good character, including:
- (1) Other Credential Information: If the applicant holds **or has held** a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential;
  - (2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and an official copy of the disciplinary action(s), including charges and disposition;
  - (3) Denial: If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;

- (4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:
- (a) A list of any misdemeanor or felony convictions;
  - (b) A copy of the court record, which includes charges and disposition;
  - (c) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of the actions the applicant has taken to address behaviors/actions related to the conviction;
  - (d) 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;
  - (e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
  - (f) Any other information as requested by the Board/Department; and
- c. Evidence that the applicant is:
- (1) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
  - (2) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
- d. Evidence of citizenship, lawful presence, and/or immigration status may include a copy of:
- (1) A U.S. Passport (unexpired or expired);
  - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
  - (3) An American Indian Card (I-872);
  - (4) A Certificate of Naturalization (N-550 or N-570);
  - (5) A Certificate of Citizenship (N-560 or N-561);
  - (6) Certification of Report of Birth (DS-1350);
  - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - (8) Certification of Birth Abroad (FS-545 or DS-1350);
  - (9) A United States Citizen Identification Card (I-197 or I-179);
  - (10) A Northern Mariana Card (I-873);
  - (11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
  - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (13) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
  - (14) A Form I-94 (Arrival-Departure Record);

- e. If applying for a permit to administer general anesthesia, one of the following as evidence of education:
  - (1) Affidavit from an approved training program showing completion of one year of advanced training in anesthesiology and related subjects;
  - (2) Official documentation stating that the applicant is a diplomat of the ABOMS;
  - (3) Official documentation stating that the applicant has met the educational requirements for eligibility to take the examination by the ABOMS; or
  - (4) Letter of verification that the applicant is a fellow in general anesthesia of the American Dental Society of Anesthesiology;
- f. If applying for a permit to administer parenteral sedation, evidence that the applicant is certified as competent in the administration of parenteral sedation and in handling all related emergencies by a university, teaching hospital, or other facility approved by the Board;
- g. If applying for a permit to administer inhalation analgesia (nitrous oxide), evidence that the applicant has completed an approved two-day training course in administering inhalation analgesia (nitrous oxide) or equivalent acquired while studying at an accredited school/college of dentistry; and
- h. Copy of the applicant's current valid certification in basic life-support from the American Red Cross or the American Heart Association or equivalent;
- i. If applying for a permit to administer general anesthesia, evidence of meeting the following facility requirements for the administration of general anesthesia:
  - (1) An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team consisting of at least three individuals to freely move about the patient;
  - (2) An operating table or chair which permits a patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation;
  - (3) A lighting system which permits evaluation of a patient's skin and mucosal color and a backup lighting system which is battery powered or on-site generator powered and of intensity to permit completion of any operation underway at the time of general power failure;
  - (4) Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device must also be available;
  - (5) An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system;
  - (6) A recovery area that has oxygen, lighting, suction, and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period;
  - (7) The following ancillary equipment:

- (a) Laryngoscope complete with selection of blades and spare batteries and bulb;
  - (b) Endotracheal tubes and connectors;
  - (c) Oral airways;
  - (d) Tonsillar or pharyngeal type suction tip adaptable to all office outlets;
  - (e) Endotracheal tube forceps;
  - (f) Sphygmomanometer and stethoscope;
  - (g) Equipment for the establishment of an intravenous infusion;
  - (h) Pulse oximeter; and
  - (i) Cardiac oscilloscope.
- (8) Patient records which include the following:
- (a) Medical history and physical evaluation records;
  - (b) Anesthesia records, which must include blood pressure, pulse, drugs and amounts administered, length of the procedure, and any complications of anesthesia; and
  - (c) Documentation verifying that any person who assists a dentist in the administration of general anesthesia has a current certification in basic life support by either the American Red Cross or the American Heart Association or the equivalent.
- (9) Drugs with current dates available for treatment of the following medical emergencies:
- (a) Laryngospasm;
  - (b) Bronchospasm;
  - (c) Nausea, vomiting, and aspiration of foreign material under anesthesia;
  - (d) Angina Pectoris;
  - (e) Myocardial Infarction;
  - (f) Hypotension;
  - (g) Hypertension;
  - (h) Cardiac Arrest;
  - (i) Allergic Reaction;
  - (j) Convulsions;
  - (k) Respiratory Arrest;
  - (l) Narcotic overdose; or
  - (m) Benzodiazepine overdose; or
- j. If applying for a permit to administer parenteral sedation, evidence of meeting the following facility requirements for the administration of parenteral sedation:
- (1) An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team consisting of at least two individuals to freely move about the patient;
  - (2) An operating table or chair which permits a patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation;
  - (3) A lighting system which permits evaluation of a patient's skin and mucosal color and a backup lighting system which is battery powered or an on-site generator powered and of intensity to

permit completion of any operation underway at the time of a general power failure;

(4) Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device must also be available;

(5) An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system;

(6) A recovery area that has oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period.

(7) The following ancillary equipment:

(a) Oral pharyngeal airway(s);

(b) Tonsillar or pharyngeal suction tips and adapters;

(c) Sphygmomanometer and stethoscope;

(d) Equipment for establishment of intravenous infusion; and

(e) Pulse oximeter.

(8) Patient records which include the following:

(a) Medical history and physical evaluation records;

(b) Sedation anesthesia records, which must include blood pressure, pulse, drugs and amounts administered, length of the procedure, any complications of sedation, and names of those assisting the dentist; and

(c) Documentation verifying that any person who assists a dentist in the administration of parenteral sedation has a current certification in basic life support by either the American Red Cross or the American Heart Association or the equivalent.

(9) Drugs with current dates available for treatment of at least the following medical emergencies:

(a) Airway obstructions;

(b) Allergic reactions;

(c) Hypotension; and

(d) Respiratory arrest;

(e) Narcotic overdose; or

(f) Benzodiazepine overdose; or

k. If applying for a permit to administer inhalation analgesia (nitrous oxide), evidence of meeting the following facility requirements for the administration of inhalation analgesia (nitrous oxide):

(1) An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team consisting of at least two individuals to attend to the patient.

(2) Suction equipment which permits aspiration of the oral and pharyngeal cavities.

(3) An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system.

(4) A nitrous oxide delivery system, with connectors, that is capable of delivering nitrous oxide (with oxygen) to a patient within 0% to 80% output range.

- (5) A recovery area that has oxygen, lighting, suction and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period.
- (6) The following ancillary equipment:
  - (a) Oral pharyngeal airway(s); and
  - (b) Sphygmomanometer and stethoscope;
- (7) Patient records which include the following:
  - (a) Medical history prior to the administration of inhalation analgesia (nitrous oxide) and physical evaluation records;
  - (b) Inhalation analgesia (nitrous oxide) records, which must include any complications of inhalation analgesia (nitrous oxide) and name(s) of those assisting the dentist; and
  - (c) Documentation verifying that any person who assists a dentist in the administration of inhalation analgesia (nitrous oxide) has a current certification in basic life support by either the American Red Cross or the American Heart Association or the equivalent.
- (8) Drugs with current dates available for treatment of medical emergencies; and
  - i. For applicants applying for a **permit** to administer general anesthesia or parenteral sedation, proof of successful completion of the inspection, which includes review of the following routine procedures performed:
    - (1) Preoperative evaluation of patients;
    - (2) Management of medical risk patients;
    - (3) Technique and method of administration of general anesthesia **and/or parenteral sedation**;
    - (4) Monitoring of patients during procedures and recovery;
    - (5) Recordkeeping;
    - (6) Use and qualification of auxiliary personnel; and
      - (a) When the applicant employs a person who will assist in the administration of general anesthesia, such assistant must be currently certified in basic life support by either the American Red Cross or the American Heart Association or the equivalent. Documentation of such certification must be provided during the time of the on-site evaluation.
  - (7) Management of emergencies; and
- 3. Fee: The applicant must submit the required **permit** fee along with the application and all required documentation.

56-008.02A Prorated Fee: When a **permit** will expire within 180 days after its initial issuance date and the initial **permit** fee is \$25 or more, the Department will collect \$25 or one-fourth of the initial **permit** fee, whichever is greater, for the initial **permit**, and the **permit** will be valid until the next subsequent renewal date.

56-008.02B **Inspections**:

- 1. **The Board or its representative(s) who holds a dental license and has anesthesia training beyond inhalation analgesia (nitrous oxide) must conduct an initial on-site inspection of all practice locations of a dentist**

- applying for a permit to administer general anesthesia or parenteral sedation, prior to issuance of the permit; and
2. Subsequent on-site inspections are required at least every five years from the date of issuance for each general anesthesia and parenteral sedation permit.

56-008.03 Department Review: The Department will act within 150 days upon all completed applications for an initial anesthesia permit.

56-008.04 Denial of Initial Permit: If an applicant for an initial anesthesia permit does not meet all of the requirements for a permit, the Department will deny issuance of a permit. If the applicant is found to have committed any act which would be grounds for denial of a permit as listed in 172 NAC 56-007, the Department may deny issuance of a permit. To deny a permit, the Department will notify the applicant in writing of the denial and the reasons for the determination. The denial will become final 30 days after mailing the notice unless the applicant, within that 30-day period, requests a hearing in writing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

56-008.05 Withdrawn Applications: An applicant for a permit who withdraws his/her application or whose application is rejected by the Department prior to on-site evaluation will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department.

56-008.06 Practice Prior to Permit: An individual who practices prior to issuance of a permit is subject to assessment of an administrative penalty under 172 NAC 56-012 or such other action as provided in the statutes and regulations governing the permit.

56-008.07 Confidentiality: Social Security Numbers obtained under this section 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.

56-008.08 Address Information: Each anesthesia permit holder must notify the Department of any change to the address of record and complete an application pursuant to 172 NAC 56-008.02.

56-008.09 Each general anesthesia permit holder is also certified to administer parenteral sedation and inhalation analgesia (nitrous oxide).

56-008.10 Each parenteral sedation permit holder is also certified to administer inhalation analgesia (nitrous oxide).

56-008.11 Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation in the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

56-009 ANESTHESIA RENEWAL: An individual who wants to renew his/her anesthesia permit must request renewal as specified in 172 NAC 56-009.02. All anesthesia permits issued by the Department will expire on March 1 of each odd-numbered year.

56-009.01 Renewal Notice: At least 30 days before the expiration of a **permit**, the Department will notify each **permit** holder at the last known address of record. The renewal notice will include:

1. The type of **permit**;
2. The **permit** number;
3. The expiration date;
4. **The requirements** for maintaining a properly equipped facility;
5. The amount of the renewal fee; and
6. Information on how to request renewal and how to place a **permit** on inactive status.

56-009.02 Renewal Procedures: The request for renewal may be submitted in person, by mail, or **by** Internet, and must include all required documentation and the renewal fee, which must be paid no later than the expiration date. The applicant may obtain an application from the Department or construct an application **that must contain the following information**:

1. Application: The applicant must attest that all information in the application is truthful and complete, and the applicant, in his/her application:
  - a. Must provide the following information:
    - (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
    - (2) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
    - (3) The applicant's:
      - (a) Social Security Number (SSN);
      - (b) Alien Registration Number (A#); or
      - (c) Form I-94 (Arrival-Departure Record) number.Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
  - b. May provide the following information about him/herself:
    - (1) The applicant's telephone number including area code;
    - (2) The applicant's e-mail address;
    - (3) The applicant's fax number;
  - c. Must **attest** that s/he:
    - (1) Has met the requirement for maintaining a properly equipped facility and that any person assisting the dentist in the administration of anesthesia has maintained basic life-support certification;
    - (2) Has read the application or has had the application read to him/her;
    - (3) **Is** of good character;
    - (4) Has not, since the last renewal of the **permit**, committed any act which would be grounds for action against a **permit** as specified in 172 NAC 56-007 or **if an act(s) was committed**, provide an explanation of all such acts;
    - (5) **For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, is a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and**

- (6) For purposes of Neb. Rev. Stat. §§38-129, is a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
2. Documentation: The applicant must submit the following documentation with the application:
- a. Alien or non-immigrant: Evidence of lawful presence, and/or immigration status which may include a copy of:
- (1) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
- (4) A Form I-94 (Arrival-Departure Record);
- b. Other Credential Information: If the applicant holds or has held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential. The applicant must have the licensing agency submit to the Department a certification of his/her credential;
- c. Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
- d. Denial: if the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;
- e. Conviction Information: If the applicant has been convicted of a felony or misdemeanor since his/her last renewal or during the time period since initial issuance of the permit if such occurred within the previous two years, the applicant must submit to the Department:
- (1) A list of any misdemeanor or felony convictions;
- (2) A copy of the court record, which includes charges and disposition;
- (3) Explanation 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 conviction;
- (4) 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;
- (5) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
- (6) Any other information as requested by the Board/Department; and
3. Signature of applicant and date; and
4. The renewal fee according to 172 NAC 2.

56-009.02A Waivers for Military Service: A permit holder who has served in the regular armed forces of the United States during part of the credentialing period immediately preceding the renewal date, or is actively engaged in military service, as defined in 172 NAC 56-002, is not required to pay the renewal fee. The individual must document his/her military service by submitting to the Department:

1. Military identification proving that s/he is in active service;
2. Military orders; or
3. A letter from his/her Commanding Officer indicating that s/he is on active duty.

Upon receipt of acceptable documentation, the Department will waive the fee and renew the permit. The permit will remain active until the next renewal period.

56-009.03 Department Review: The Department will act within 150 days upon all completed applications for renewal.

56-009.03A False Information: The Department may refuse to renew a permit for falsification of any information submitted for renewal of a permit. The refusal will be made according to 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

56-009.04 Address Information: Each permit holder must notify the Department of any change to the address of record and submit a new application according to 172 NAC 56-008.02.

56-009.05 Expiration of A Permit: A permit expires if a permit holder fails to:

1. Notify the Department that s/he wants to place his/her permit on inactive status upon its expiration;
2. Meet the requirements for renewal on or before the date of expiration of his/her permit; or
3. Otherwise fails to renew his/her permit.

56-009.05A Failure to Renew: A permit automatically expires without further notice or opportunity for hearing if a permit holder fails by the expiration date of the permit to pay the required renewal fee.

56-009.05B Right to Practice: When an individual's permit expires, the right to represent him/herself as a permit holder and to administer anesthesia terminates.

56-009.05C Practice After Expiration: An individual who practices after expiration of his/her permit is subject to assessment of an administrative penalty under 172 NAC 56-012 or such other action as provided in the statutes and regulations governing the permit.

56-009.05D Reinstatement of an Expired Permit: If a permit holder wants to resume the administration of anesthesia after failing to renew his/her permit by the expiration date, s/he must apply to the Department for reinstatement as specified in 172 NAC 56-011.

56-009.06 Inactive Status: When an individual wants to have his/her permit placed on inactive status, s/he must notify the Department in writing. There is no fee to have a permit placed on inactive status and continuing competency is not required.

56-009.06A Request for Inactive Status: When the Department has received notification that an individual wants to have his/her permit placed on inactive status, the Department will notify the permit holder in writing of the acceptance or denial of the request.

56-009.06B Placement on Inactive Status: When an individual's permit is placed on inactive status, the permit holder must not engage in the administration of anesthesia, but may represent him/herself as having an inactive permit.

56-009.06C Return to Active Status: A permit may remain on inactive status for an indefinite period of time. An individual who wants to have his/her permit returned to active status must apply to the Department for reinstatement and meet the requirements specified in 172 NAC 56-011.

~~56-009 REQUIREMENTS FOR ISSUANCE OF ANESTHESIA PERMITS: A licensed dentist must obtain a permit before administering general anesthesia, parenteral sedation or inhalation analgesia (nitrous oxide). The criteria for issuance of a permit and the documentation required by the Department and the Board are set forth below.~~

~~56-009.01 Issuance of a Permit to Administer General Anesthesia~~

~~56-009.01A The Department, upon the recommendation of the Board, will issue a permit to an applicant who:~~

- ~~1. Has a current valid Nebraska dental license;~~
- ~~2. Maintains a properly equipped facility for general anesthesia that meets the following standards/criteria:~~
  - ~~a. An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team consisting of at least three individuals to freely move about the patient;~~
  - ~~b. An operating table or chair which permits a patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation;~~
  - ~~c. A lighting system which permits evaluation of a patient's skin and mucosal color and a backup lighting system which is battery powered or on-site generator powered and of intensity to permit completion of any operation underway at the time of general power failure;~~
  - ~~d. Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device must also be available;~~
  - ~~e. An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system;~~

- ~~f. A recovery area that has oxygen, lighting, suction, and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period;~~
- ~~g. The following ancillary equipment:
  - ~~(1) Laryngoscope complete with selection of blades and spare batteries and bulb;~~
  - ~~(2) Endotracheal tubes and connectors;~~
  - ~~(3) Oral airways;~~
  - ~~(4) Tonsillar or pharyngeal type suction tip adaptable to all office outlets;~~
  - ~~(5) Endotracheal tube forceps;~~
  - ~~(6) Sphygmomanometer and stethoscope;~~
  - ~~(7) Equipment for the establishment of an intravenous infusion;~~
  - ~~(8) Pulse oximeter; and~~
  - ~~(9) Cardiac oscilloscope.~~~~
- ~~h. Records which include the following:
  - ~~(1) Medical history and physical evaluation records;~~
  - ~~(2) Anesthesia records, which must include blood pressure, pulse, drugs and amounts administered, length of the procedure, and any complications of anesthesia.~~~~
- ~~i. Drugs with current dates available for treatment of the following medical emergencies:
  - ~~(1) Laryngospasm;~~
  - ~~(2) Bronchospasm;~~
  - ~~(3) Nausea, vomiting, and aspiration of foreign material under anesthesia;~~
  - ~~(4) Angina Pectoris;~~
  - ~~(5) Myocardial Infarction;~~
  - ~~(6) Hypotension;~~
  - ~~(7) Hypertension;~~
  - ~~(8) Cardiac Arrest;~~
  - ~~(9) Allergic Reaction;~~
  - ~~(10) Convulsions;~~
  - ~~(11) Respiratory Arrest;~~
  - ~~(12) Narcotic overdose; or~~
  - ~~(13) Benzodiazepine overdose.~~~~
- ~~3. Has a current valid certification in basic life support skills from the American Red Cross or the American Heart Association, or the equivalent.~~
- ~~4. Has successfully completed an on-site evaluation including a review of the following procedures routinely performed by the applicant:
  - ~~a. Preoperative evaluation of patients;~~
  - ~~b. Management of medical risk patients;~~~~

- ~~c. Technique and method of administration of general anesthesia;~~
  - ~~d. Monitoring of patients during procedures and recovery;~~
  - ~~e. Recordkeeping;~~
  - ~~f. Use and qualification of auxiliary personnel; and~~
- ~~(1) When the applicant employs a person who will assist in the administration of general anesthesia, such assistant must be currently certified in basic life support by either the American Red Cross or the American Heart Association or the equivalent. Documentation of such certification must be provided during the time of the on-site evaluation.~~
- ~~g. Management of emergencies.~~
  - ~~h. The on-site evaluation must verify that the applicant has met all the standards/criteria pursuant to 172 NAC 56-009.01A items 2 through 4.~~
- ~~5. Has met one of the following criteria:~~
- ~~a. Completed one year of advanced training in anesthesiology and related academic subjects beyond the dental school level in an approved training program;~~
  - ~~b. Is a diplomat of the American Board of Oral and Maxillofacial Surgery;~~
  - ~~c. Is educationally qualified to apply for examination by the American Board of Oral and Maxillofacial Surgery;~~
  - ~~d. Is a fellow of the American Dental Society of Anesthesiology; or~~
  - ~~e. Is a licensed dentist who has been administering general anesthesia in a competent and efficient manner as determined by the Board for ten of 12 years immediately preceding October 1, 1988.~~
- ~~6. Submits to the Department:~~
- ~~a. An application for a general anesthesia permit. The application may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:~~
    - ~~(1) Legal name;~~
    - ~~(2) Office address where general anesthesia will be administered;~~
    - ~~(3) Telephone number (optional);~~
    - ~~(4) E-mail address/fax number (optional);~~
    - ~~(5) Nebraska dental license number;~~
    - ~~(6) Indicate which method applicant is using to meet the educational or experiential qualifications to administer general anesthesia:~~

- ~~(a) Completion of one year post doctoral anesthetic training or equivalent;~~
  - ~~(b) Diplomat of the American Board of Oral and Maxillofacial Surgery;~~
  - ~~(c) Educationally qualified for examination by the American Board of Oral and Maxillofacial Surgery;~~
  - ~~(d) Fellow of the American Dental Society of Anesthesiology; or~~
  - ~~(e) Administered general anesthesia on a regular basis for ten of the 12 years immediately preceding October 1, 1988;~~
- ~~(7) A signature of the applicant attesting that s/he is the person referred to in this application and that the statements herein are true and complete;~~
- ~~b. A copy of the applicant's currently valid certification in basic life support from the American Red Cross or the American Heart Association or the equivalent.~~
  - ~~c. The required permit fee; and~~
  - ~~d. One of the following:~~
    - ~~(1) An affidavit from an approved training program showing completion of one year of advanced training in anesthesiology and related subjects. The affidavit may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~
      - ~~(a) Signed statement from the applicant that s/he is the person referred to in the affidavit and that s/he has completed one year of post graduate training in anesthesiology;~~
      - ~~(b) Name and address of instructional facility where post graduate training in anesthesiology was completed; and~~
      - ~~(c) Signed statement bearing the school seal from the Dean/Authorized person of the instructional facility certifying that the applicant has completed one year of postgraduate training in anesthesiology.~~
    - ~~(2) Official documentation stating that the applicant is a diplomat of the American Board of Oral and Maxillofacial Surgery. The documentation may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~
      - ~~(a) Signed statement from the applicant that s/he is the person referred to in the affidavit and that s/he is a diplomat of the American Board of Oral and Maxillofacial Surgery; and~~

- ~~(b) Signed statement bearing the seal from the Executive Secretary of the American Board of Oral and Maxillofacial Surgery certifying that the applicant is a diplomat of the American Board of Oral and Maxillofacial Surgery.~~
- ~~(3) Verification of completion of education requirements for eligibility for examination by the American Board of Oral and Maxillofacial Surgery. The verification may be submitted on a form provided by the Department or on an alternate format and must include the following information:
  - ~~(a) Signed statement from the applicant that s/he is the person referred to in the verification and that s/he is educationally qualified to apply for examination by the American Board of Oral and Maxillofacial Surgery; and~~
  - ~~(b) Signed statement bearing the seal from the authorized representative of the institution where the applicant received his/her education certifying that the applicant is educationally qualified to apply for examination by the American Board of Oral and Maxillofacial Surgery.~~~~
- ~~(4) A letter of verification stating that the applicant is a fellow in general anesthesia of the American Dental Society of Anesthesiology. The letter may be submitted on a form provided by the Department or on an alternate format and must include the following information: or
  - ~~(a) Signed statement from the applicant that s/he is the person referred to in the letter and that s/he is a fellow of the American Dental Society of Anesthesiology; and~~
  - ~~(b) Signed statement bearing the seal from the Executive Director of the American Dental Society of Anesthesiology certifying that the applicant is a fellow of the American Dental Society of Anesthesiology.~~~~
- ~~(5) A letter of verification stating that the applicant has been administering general anesthesia in a competent and efficient manner for ten of the 12 years immediately preceding October 1, 1988. The letter may be submitted on a form provided by the Department or on an alternate format and must include the following information:
  - ~~(a) Signed statement from the applicant that s/he is the person referred to in the letter and that s/he administered general anesthesia in a competent and efficient manner for ten of the 12 years immediately preceding October 1, 1988;~~
  - ~~(b) Signed statement from a dentist with personal knowledge of the applicant's practice activities during the specified time period certifying that the applicant~~~~

~~administered general anesthesia in a competent and efficient manner for ten of the 12 years immediately preceding October 1, 1988; and~~

~~(c) The letter must be accompanied by one of the following:~~

~~[1] An incident report of any incident which resulted in death or physical or mental injury requiring hospitalization of a patient during administration of general anesthesia that has occurred within the last three years. The incident report may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~

~~[a] Name, address and license number of dentist;~~

~~[b] Name and address of patient;~~

~~[c] Description of dental procedure;~~

~~[d] Description of preoperative physical condition of the patient;~~

~~[e] Name(s) and dosage(s) of drugs used in the treatment of this patient;~~

~~[f] Techniques used in administering drugs (please explain);~~

~~[g] Description of incident, including symptoms of any complications, the symptoms at onset and type of symptoms in the patient;~~

~~[h] Description of the treatment instituted;~~

~~[i] Description of the patient's response to the treatment;~~

~~[j] Description of the patient's condition on termination of any procedures undertaken;~~

~~[k] Attach a copy of the patient's health and dental history; and~~

~~[l] Signed statement from the applicant that s/he is the person submitting this report of an incident which resulted in death or physical or mental injury requiring hospitalization of a patient during administration of general anesthesia that occurred within the last provided is true and correct to the best of his/her knowledge and belief; or~~

~~[2] An affidavit stating that no such incident has occurred. The affidavit may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~

~~[a] Signed statement from the applicant certifying that in the last three years during his/her administration of general anesthesia at an outpatient dental facility, s/he has not had an incident which resulted in the death or physical or mental injury requiring hospitalization of a patient.~~

~~56-009.01B The Board or its representative(s) who holds a dental license and has anesthesia training beyond inhalation analgesia (nitrous oxide) will conduct an initial on-site evaluation using a form provided by the Department within 150 days of receipt of the application. The form includes the following information:~~

- ~~1. Name(s) and license number(s) of dentist(s) practicing at this location;~~
- ~~2. Whether the inspection is for general anesthesia or parenteral sedation;~~
- ~~3. Date and time of evaluation;~~
- ~~4. Address of facility inspected;~~
- ~~5. The inspector will provide answers to the following questions:~~
  - ~~a. Is the operating room large enough to adequately accommodate the patient on a table or in an operating chair?~~
  - ~~b. Does the operating room permit an operating team consisting of at least three individuals to freely move about the patient? (at least two individuals for parenteral sedation)~~
  - ~~c. Does the operating chair or table permit the patient to be positioned to allow the operating team to maintain the airway?~~
    - ~~(1) Does the operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?~~
    - ~~(2) Explanations.~~
  - ~~d. Does the operating chair or table permit the team to quickly alter the patient's position in an emergency?~~
  - ~~e. Does the lighting system permit evaluation of the patient's skin and mucosal color?~~
  - ~~f. Is there a backup lighting system?~~
  - ~~g. List the type of backup lighting system.~~
  - ~~h. Is the backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?~~
  - ~~i. Does suction equipment permit aspiration of the oral and pharyngeal cavities?~~
  - ~~j. Is there a backup suction device available?~~
  - ~~k. Does the oxygen delivery system have full face masks and connectors? (list the number of adult full face masks and the number of pediatric full face masks)~~
  - ~~l. Is the oxygen delivery system capable of delivering oxygen to the patient under positive pressure?~~
  - ~~m. List the main O<sub>2</sub>/N<sub>2</sub>O supply storage pressure for O<sub>2</sub> cylinder, O<sub>2</sub> pipeline, N<sub>2</sub>O cylinder and N<sub>2</sub>O pipeline.~~

- ~~n. List the backup O<sub>2</sub>/N<sub>2</sub>O storage pressure for O<sub>2</sub> cylinder and N<sub>2</sub>O cylinder.~~
- ~~o. List the manufacturer, serial number and model number of the flowmeters.~~
- ~~p. Are the flowmeters clearly labeled?~~
- ~~q. Do the flowmeter floats move freely throughout full flow range?~~
- ~~r. Is the 25% O<sub>2</sub> failsafe mechanism functioning?~~
- ~~s. List the concentration delivery at 30% oxygen, 50% oxygen and 60% oxygen?~~
- ~~t. Is the pressure failsafe functioning?~~
- ~~u. Does the O<sub>2</sub> flush system function?~~
- ~~v. Is a sphygmomanometer available in the room? In the facility but not in the room?~~
- ~~w. Is a stethoscope available in the room? In the facility but not in the room?~~
- ~~x. Is other equipment available in the room? In the facility but not in the room? (specify)~~
- ~~y. Does the recovery area have oxygen available? (The recovery area can be the operating room)~~
- ~~z. Does the recovery area have suction available?~~
- ~~aa. Does the recovery area have lighting?~~
- ~~bb. Does the recovery area have available electrical outlets? List the number of outlets.~~
- ~~cc. Can the patient be observed by a member of the staff at all times during the recovery period?~~
- ~~dd. The following questions regarding ancillary equipment are for use only for a general anesthesia inspection:
  - ~~(1) Is there a working laryngoscope complete with a selection of blades, spare batteries, and bulb? List the number of adult blades and the number of pediatric blades.~~
  - ~~(2) Are there endotracheal tubes and connectors?~~
  - ~~(3) Are there endotracheal tube forceps?~~
  - ~~(4) Are there oral airways?~~
  - ~~(5) Is there a tonsillar or pharyngeal type suction tip adaptable to all office outlets?~~
  - ~~(6) Is there equipment for the establishment of an intravenous infusion?~~
  - ~~(7) Is there a pulse oximeter?~~
  - ~~(8) Is there a cardiac oscilloscope?~~~~
- ~~ee. The following questions regarding ancillary equipment are for use only for a parenteral sedation inspection:
  - ~~(1) Are there oral pharyngeal airways?~~
  - ~~(2) Are there tonsillar or pharyngeal suction tips and adapters?~~
  - ~~(3) Is there equipment for the establishment of an intravenous infusion?~~
  - ~~(4) Is there a pulse oximeter?~~~~
- ~~ff. Are the following records maintained?~~

- ~~(1) A medical history of the patient?~~
- ~~(2) Anesthesia records showing blood pressure readings?~~
- ~~(3) Anesthesia records showing pulse readings?~~
- ~~(4) Anesthesia records listing the drugs used and amount used?~~
- ~~(5) Anesthesia records reflecting the length of the procedure?~~
- ~~(6) Anesthesia records listing any complications of anesthesia?~~

~~gg. Are drugs with current dates available for the treatment of the following emergencies? (use only for general anesthesia inspection)~~

- ~~(1) Laryngospasm;~~
- ~~(2) Bronchospasm;~~
- ~~(3) Nausea, vomiting and aspiration of foreign materials under anesthesia;~~
- ~~(4) Angina pectoris;~~
- ~~(5) Myocardial infarction;~~
- ~~(6) Hypotension;~~
- ~~(7) Hypertension;~~
- ~~(8) Cardiac arrest;~~
- ~~(9) Allergic reaction;~~
- ~~(10) Convulsions;~~
- ~~(11) Respiratory arrest;~~
- ~~(12) Narcotic overdose; or~~
- ~~(13) Benzodiazepine overdose.~~

~~hh. Are drugs with current dates available for the treatment of the following emergencies? (use only for parenteral sedation inspection)~~

- ~~(1) Airway obstructions;~~
- ~~(2) Allergic reactions;~~
- ~~(3) Hypotension; and~~
- ~~(4) Respiratory arrest;~~
- ~~(5) Narcotic overdose; or~~
- ~~(6) Benzodiazepine overdose.~~

~~ii. Do all assistants have a current certification in basic life support? List names of assistants and dates of their CPR certification.~~

~~jj. Does the dentist have a current certification in basic life support? List the date of the dentist's CPR certification.~~

- ~~6. The inspector will indicate whether or not all criteria have been met; and~~
- ~~7. Signature of the inspector.~~

~~56-009.01C The Department will:~~

- ~~1. Act within 150 days upon all completed applications for general anesthesia permits.~~

- ~~2. Issue to each person who meets the requirements for a permit for general anesthesia such a permit to use general anesthesia which will expire four years from the date of issuance.~~
- ~~3. If the on-site evaluator finds that the applicant has not met the requirements for issuance of a permit to administer general anesthesia, the permit will not be issued.~~
  - ~~a. The Department will notify the applicant in writing that s/he has failed to meet the established criteria for issuance of a permit. Such notice will be made within 30 days of the first on-site evaluation;~~
  - ~~b. The applicant may request a reevaluation. Such request must be made to the Department in writing within 15 days of receiving the Department's notice that criteria for issuance of a permit have not been met;~~
  - ~~c. The reevaluation will be conducted by the Department within 30 days of receipt of the request for such an evaluation. The reevaluation will be conducted by a second reviewer.~~

~~56-009.01D Each certificate holder will keep the certificate available in an office or place in which s/he uses general anesthesia and will show proof of the certificate upon request.~~

~~56-009.01E The holder of a permit to administer general anesthesia is also certified to administer parenteral sedation and inhalation analgesia (nitrous oxide).~~

~~56-009.02 Issuance of a Permit to Administer Parenteral Sedation~~

~~56-009.02A The Department, on the recommendation of the Board, will issue a permit to an applicant who:~~

- ~~1. Has a current valid Nebraska dental license;~~
- ~~2. Maintains a properly equipped facility for the administration of parenteral sedation that meets the following standards/criteria:~~
  - ~~a. An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team consisting of at least two individuals to freely move about the patient;~~
  - ~~b. An operating table or chair which permits a patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation;~~
  - ~~c. A lighting system which permits evaluation of a patient's skin and mucosal color and a backup lighting system which is battery powered or an on-site generator powered and of intensity to permit completion of any operation underway at the time of a general power failure;~~
  - ~~d. Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device must also be available;~~

- ~~e. An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system;~~
- ~~f. A recovery area that has oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period.~~
- ~~g. The following ancillary equipment:
  - ~~(1) Oral pharyngeal airway(s);~~
  - ~~(2) Tonsillar or pharyngeal suction tips and adapters;~~
  - ~~(3) Sphygmomanometer and stethoscope;~~
  - ~~(4) Equipment for establishment of intravenous infusion; and~~
  - ~~(5) Pulse oximeter.~~~~
- ~~h. Patient records which include the following:
  - ~~(1) Medical history and physical evaluation records; and~~
  - ~~(2) Sedation anesthesia records, which must include blood pressure, pulse, drugs and amounts administered, length of the procedure, any complications of sedation, and names of those assisting the dentist; and~~~~
- ~~i. Drugs with current dates available for treatment of at least the following medical emergencies:
  - ~~(1) Airway obstructions;~~
  - ~~(2) Allergic reactions;~~
  - ~~(3) Hypotension; and~~
  - ~~(4) Respiratory arrest;~~
  - ~~(5) Narcotic overdose; or~~
  - ~~(6) Benzodiazepine overdose.~~~~
- ~~3. Has a currently valid certification in basic life-support skills from the American Red Cross, the American Heart Association, or the equivalent;~~
- ~~4. Has successfully completed an on-site evaluation which may include a review of the following procedures routinely performed by the applicant:
  - ~~a. Preoperative evaluation of patients;~~
  - ~~b. Management of medical risk patients;~~
  - ~~c. Technique and method of administration;~~
  - ~~d. Monitoring of patients during procedures and recovery;~~
  - ~~e. Recordkeeping;~~
  - ~~f. Use and qualification of auxiliary personnel; and~~~~
  - ~~(1) When the applicant employs a person who will assist in the administration of parenteral sedation, such assistant must be currently certified in basic life support by either the American Red Cross or the American Heart Association or the equivalent. Documentation of such certification must be provided during the time of the on-site evaluation.~~

- ~~g. Management of emergencies;~~
- ~~h. The on-site evaluation must verify that the applicant has met all the standards/criteria pursuant to 172 NAC 56-009.02 items 2 through 4.~~
- ~~5. Is certified as competent in the administration of parenteral sedation and in handling all related emergencies by a university, teaching hospital, or other facility approved by the Board; or~~
- ~~6. Is a licensed dentist who has been administering parenteral sedation on an outpatient basis in a competent and efficient manner for 12 months preceding October 1, 1988; and~~
- ~~7. Submits to the Department:~~
  - ~~a. An application for a parenteral sedation permit. The application may be submitted on a form provided by the Department or on an alternate format. Only applications, which are complete, will be considered. The application must include the following information:
    - ~~(1) Legal name;~~
    - ~~(2) Office address where parenteral sedation will be administered;~~
    - ~~(3) Telephone number (optional);~~
    - ~~(4) E-mail address/fax number (optional)~~
    - ~~(5) Nebraska dental license number;~~
    - ~~(6) Indicate which method applicant is using to meet the educational or experiential qualifications to administer parenteral sedation:
      - ~~(a) Applicant is certified as competent in the administration of parenteral sedation by a university, teaching hospital or other facility; or~~
      - ~~(b) Applicant is a licensed dentist who has been administering parenteral sedation on an outpatient basis in a competent and efficient manner for 12 months preceding October 1, 1988.~~~~~~
  - ~~(7) A signed statement from the applicant attesting that s/he is the person referred to in this application and that the statements herein are true and complete;~~
- ~~b. A copy of the applicant's currently valid certification in basic life support from the American Red Cross or the American Heart Association or the equivalent;~~
- ~~c. The required permit fee;~~
- ~~d. Documentation from a university, teaching hospital, or facility approved by the Board stating that the applicant is certified as competent in the administration of parenteral sedation and in handling all related emergencies. The documentation may be~~

~~submitted on a form provided by the Department or on an alternate format and must include the following information:~~

- ~~(1) Signed statement from the applicant that s/he is the person referred to in the affidavit and that s/he is competent in the administration of parenteral sedation and in handling all related emergencies;~~
- ~~(2) Signed statement bearing the school seal from the Dean/Authorized person of the university, teaching hospital or facility instructing the applicant in parenteral sedation training, certifying that the applicant is competent in the administration of parenteral sedation and in handling all related emergencies. The statement must include the number of hours and length of formal training. The formal training must include, but not be limited to, 40 didactic hours and 20 patient contact hours, including documentation of a minimum of 15 supervised parenteral sedation cases; and~~
- ~~(3) Name and address of university, teaching hospital or instructional facility where applicant obtained training in parenteral sedation; or~~

~~e. A letter of verification stating that the applicant has been administering parenteral sedation on an outpatient basis in a competent and efficient manner for 12 months preceding October 1, 1988. The letter may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~

- ~~(1) Signed statement from the applicant that s/he is the person referred to in the letter and that s/he administered parenteral sedation in a competent and efficient manner for 12 months immediately preceding October 1, 1988;~~
- ~~(2) Signed statement from a dentist with personal knowledge of the applicant's practice activities during the specified time period certifying that the applicant administered parenteral sedation in a competent and efficient manner for 12 months immediately preceding October 1, 1988; and~~
- ~~(3) The letter must be accompanied by one of the following:~~

~~(a) An incident report of any incident which resulted in death or physical or mental injury requiring hospitalization of a patient during administration of parenteral sedation that has occurred within the last three years. The incident report may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~

~~[1] Information pursuant to 172 NAC 56-009.01A item 6.d.(5)(c)[1][a] through [1]; and~~

~~[2] Signed statement from the applicant that s/he is the person submitting this report of an incident~~

~~which resulted in death or physical or mental injury requiring hospitalization of a patient during administration of parenteral sedation that occurred within the last three years and that the information provided is true and correct to the best of his/her knowledge and belief; or~~

~~(b) An affidavit stating that no such incident has occurred. The affidavit may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~

~~[1] Signed statement from the applicant certifying that in the last three years during his/her administration of parenteral sedation at an outpatient dental facility, s/he has not had an incident which resulted in the death or physical or mental injury requiring hospitalization of a patient.~~

~~56-009.02B The Board or its representative(s) who holds a dental license and has anesthesia training beyond inhalation analgesia (nitrous oxide) will conduct an initial on-site evaluation using a form provided by the Department that includes the information pursuant to 172 NAC 56-009.01B item 1. through 7. within 150 days of receipt of the application.~~

~~56-009.02C The Department will:~~

- ~~1. Act within 150 days upon all completed applications for parenteral sedation.~~
- ~~2. Issue to each person who meets the requirements for a permit for parenteral sedation such a permit to use parenteral sedation which will expire four years from the date of issuance.~~
- ~~3. If the on-site evaluator finds that the applicant has not met the requirements for issuance of a permit to administer parenteral sedation, the permit will not be issued.~~
  - ~~a. The Department will notify the applicant in writing that s/he has failed to meet the established criteria for issuance of a permit. Such notice will be made within 30 days of the first on-site evaluation;~~
  - ~~b. The applicant may request a reevaluation. Such request must be made to the Department in writing within 15 days of receiving the Department's notice that criteria for issuance of a permit have not been met;~~
  - ~~c. The reevaluation will be conducted by the Department within 30 days of receipt of the request for such an evaluation. The reevaluation will be conducted by a second reviewer.~~

~~56-009.02D~~ Each certificate holder will keep the certificate available in an office or place in which s/he uses parenteral sedation and will show proof of the certificate upon request.

~~56-009.02E~~ The holder of a permit to administer parenteral sedation is also certified to administer inhalation analgesia (nitrous oxide).

~~56-009.03~~ Issuance of a Permit to Administer Inhalation Analgesia (Nitrous Oxide)

~~56-009.03A~~ The Department, on the recommendation of the Board, will issue a permit to an applicant who:

- ~~1.~~ Has a current valid Nebraska dental license;
- ~~2.~~ Maintains a properly equipped facility for the administration of inhalation analgesia that has the following:
  - ~~a.~~ An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team consisting of at least two individuals to attend to the patient.
  - ~~b.~~ Suction equipment which permits aspiration of the oral and pharyngeal cavities.
  - ~~c.~~ An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system.
  - ~~d.~~ A nitrous oxide delivery system, with connectors, that is capable of delivering nitrous oxide (with oxygen) to a patient within 0% to 80% output range.
  - ~~e.~~ A recovery area that has oxygen, lighting, suction and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period.
  - ~~f.~~ The following ancillary equipment:
    - ~~(1)~~ Oral pharyngeal airway(s); and
    - ~~(2)~~ Sphygmomanometer and stethoscope;
  - ~~g.~~ Patient records which include the following:
    - ~~(1)~~ Medical history prior to the administration of inhalation analgesia (nitrous oxide) and physical evaluation records;
    - ~~(2)~~ Inhalation analgesia (nitrous oxide) records, which must include any complications of inhalation analgesia (nitrous oxide) and name(s) of those assisting the dentist; and
    - ~~(3)~~ Documentation verifying that any person who assists a dentist in the administration of inhalation analgesia (nitrous oxide) has a current certification in basic life support by either the American Red Cross or the American Heart Association or the equivalent.
  - ~~h.~~ Drugs with current dates available for treatment of medical emergencies;

- ~~3. Has a currently valid certification in basic life support from the American Red Cross or the American Heart Association or the equivalent; and~~
- ~~4. Has completed an approved two-day training course or equivalent training in the administration of inhalation analgesia (nitrous oxide) which may be acquired while studying at an accredited school of dentistry; or~~
- ~~5. Is a licensed dentist who has been administering inhalation analgesia (nitrous oxide) on an outpatient basis in a competent and efficient manner for 12 months preceding October 1, 1988.~~
- ~~6. Submits to the Department:
  - ~~a. An application for an inhalation analgesia (nitrous oxide) permit. The application may be submitted on a form provided by the Department or on an alternate format. Only applications which are complete will be considered. The application must include the following information:
    - ~~(1) Legal name;~~
    - ~~(2) Office address where inhalation analgesia (nitrous oxide) will be administered;~~
    - ~~(3) Telephone number (optional);~~
    - ~~(4) E-mail address/fax number (optional);~~
    - ~~(5) Nebraska dental license number;~~
    - ~~(6) Indicate which method applicant is using to meet the educational or experiential qualifications to administer inhalation analgesia (nitrous oxide):
      - ~~(a) Applicant has completed an approved two-day training course or equivalent training in the administration of inhalation analgesia (nitrous oxide) which was acquired while studying at an accredited school of dentistry; or~~
      - ~~(b) Applicant is a licensed dentist who has been administering inhalation analgesia (nitrous oxide) in a competent and efficient manner for 12 months preceding October 1, 1988.~~~~~~
  - ~~(7) Answer the following questions yes or no:
    - ~~(a) Do you have an operating room large enough to accommodate the patient on a table or in an operating chair, and permit an operating team consisting of at least two individuals to attend to the patient?~~
    - ~~(b) Do you have suction equipment, which permits aspiration of the oral and pharyngeal cavities?~~
    - ~~(c) Do you have an oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to the patient under positive pressure, together with a backup system?~~~~~~

- ~~(d) Do you have a nitrous oxide delivery system with connectors that is capable of delivering nitrous oxide (with oxygen) to the patient within 0% to 80% output range?~~
- ~~(e) Do you have a recovery area that has available oxygen, lighting, suction and electrical outlets? The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period.~~
- ~~(f) Do you have ancillary equipment which must include oral pharyngeal airways, sphygmomanometer and stethoscope?~~
- ~~(g) Do you maintain records which include the following:
  - ~~[1] Medical history prior to the administration of inhalation analgesia (nitrous oxide) and physical evaluation records?~~
  - ~~[2] Inhalation analgesia (nitrous oxide) records which must include any complications of inhalation analgesia (nitrous oxide) and name(s) of those assisting the dentist?~~
  - ~~[3] Documentation verifying that any person who assists a dentist in the administration of inhalation analgesia (nitrous oxide) has a current certification in basic life support by either the American Red Cross or the American Heart Association or the equivalent?~~~~
- ~~(h) Are you prepared with the knowledge of and method of treatment for medical emergencies?~~
- ~~(i) Are drugs available in your office for treatment of medical emergencies?~~
- ~~(8) A signed statement from the applicant attesting that s/he is the person referred to in this application and that the statements herein are true and complete;~~
  - ~~b. A copy of the applicant's currently valid certification in basic life support from the American Red Cross or the American Heart Association or the equivalent;~~
  - ~~c. The required fee; and~~
  - ~~d. An affidavit from the school which sponsored the two-day training course in the administration of inhalation analgesia (nitrous oxide). The affidavit may be submitted on a form provided by the Department or on an alternate format and must include the following information:
    - ~~(1) Signed statement from the applicant that s/he is the person referred to in the affidavit and that s/he has completed a two-day training course or its equivalent in the administration of inhalation analgesia (nitrous oxide);~~~~

- ~~(2) Signed statement bearing the school seal from the Dean/Authorized person of the instructional facility where the applicant completed training in inhalation analgesia (nitrous oxide) certifying that the applicant has completed a two-day training course or its equivalent in the administration of inhalation analgesia (nitrous oxide); and~~
- ~~(3) Name and address of instructional facility where the applicant completed training in inhalation analgesia (nitrous oxide); or~~
- ~~e. A letter of verification stating that the applicant has been administering inhalation analgesia (nitrous oxide) on an outpatient basis in a competent and efficient manner for 12 months preceding October 1, 1988. The letter may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~
  - ~~(1) Signed statement from the applicant that s/he is the person referred to in the letter and that s/he administered inhalation analgesia (nitrous oxide) in a competent and efficient manner for 12 months immediately preceding October 1, 1988;~~
  - ~~(2) Signed statement from a dentist with personal knowledge of the applicant's practice activities during the specified time period certifying that the applicant administered inhalation analgesia (nitrous oxide) in a competent and efficient manner for 12 months immediately preceding October 1, 1988; and~~
  - ~~(3) The letter must be accompanied by one of the following:~~
    - ~~(a) An incident report of any incident which resulted in death or physical or mental injury requiring hospitalization of a patient during administration of inhalation analgesia (nitrous oxide) that has occurred within the last three years. The incident report may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~
      - ~~[1] Information pursuant to 172 NAC 56-009.01A item 6.d.(5)(c)[1][a] through [1]; and~~
      - ~~[2] Signed statement from the applicant that s/he is the person submitting this report of an incident which resulted in death or physical or mental injury requiring hospitalization of a patient during administration of inhalation analgesia (nitrous oxide) that occurred within the last three years and that the information provided is true and correct to the best of his/her knowledge and belief; or~~

~~(b) An affidavit stating that no such incident has occurred. The affidavit may be submitted on a form provided by the Department or on an alternate format and must include the following information:~~

~~[1] Signed statement from the applicant certifying that in the last three years during his/her administration of inhalation analgesia (nitrous oxide) at an outpatient dental facility, s/he has not had an incident which resulted in the death or physical or mental injury requiring hospitalization of a patient.~~

~~56-009.03B The Department will:~~

- ~~1. Act within 150 days upon all completed applications for inhalation analgesia (nitrous oxide) permits.~~
- ~~2. Issue to each person who meets the requirements for a permit for inhalation analgesia (nitrous oxide) such a permit to use inhalation analgesia (nitrous oxide) which will expire four years from the date of issuance.~~
- ~~3. If the application indicates that the applicant has not met the requirements for issuance of a permit to administer inhalation analgesia (nitrous oxide), a permit will not be issued:
  - ~~a. The Department will notify the applicant in writing that s/he has not met the requirements for issuance of a permit;~~
  - ~~b. The applicant may reapply for a permit to administer inhalation analgesia (nitrous oxide) at any time.~~~~

~~56-009.03C Each certificate holder will keep the certificate available in an office or place in which s/he uses inhalation analgesia (nitrous oxide) and will show proof of the certificate upon request.~~

~~56-009.04 Procedures for Renewal of a Permit to Administer General Anesthesia, Parenteral Sedation or Inhalation Analgesia (nitrous oxide): All permits to administer general anesthesia, parenteral sedation or inhalation analgesia (nitrous oxide) issued by the Department under the Act and these regulations expire every four years from the date of issuance.~~

~~56-009.04A Renewal process: Any permit holder who wishes to renew his/her permit must:~~

- ~~1. Pay the renewal fee pursuant to 172 NAC 56-011;~~
- ~~2. Respond to the following questions:
  - ~~a. Has your license in any profession in another state been revoked, suspended, limited or disciplined in any manner?~~
  - ~~b. Have you been convicted of a misdemeanor or felony?~~~~

~~These questions relate to the time period since the last renewal of the license or during the time period since initial licensure in Nebraska if such occurred within the two years prior to the license expiration date.~~

~~3. Cause to be submitted to the Department:~~

- ~~a. The renewal notice;~~
- ~~b. The renewal fee;~~
- ~~c. Attestation of compliance with the requirements pursuant to:
  - ~~(1) 172 NAC 56-009.01A items 1 through 3 for general anesthesia;~~
  - ~~(2) 172 NAC 56-009.02A items 1 through 3 for parenteral sedation; or~~
  - ~~(3) 172 NAC 56-009.03A items 1 through 3 for inhalation analgesia (nitrous oxide).~~~~
- ~~d. If any disciplinary action was taken against the applicant's license by another state, an official copy of the disciplinary action, including charges and disposition;~~
- ~~e. If the licensee has been convicted of a felony or misdemeanor:
  - ~~(1) Official Court Record, which includes charges and disposition;~~
  - ~~(2) Copies of arrest records;~~
  - ~~(3) A letter from the licensee explaining the nature of the conviction;~~
  - ~~(4) 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~~
  - ~~(5) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.~~~~

~~56-009.04B First Notice: At least 30 days before the expiration date of the permit, the Department will send a renewal notice by means of regular mail to each permit holder at the permit holder's last place of residence as noted in the records of the Department. It is the responsibility of the permit holder prior to the renewal period to notify the Department of any name and/or address changes.~~

~~56-009.04B1 The renewal notice must specify:~~

- ~~1. The name of the permit holder;~~
- ~~2. The permit holder's last known address of record;~~
- ~~3. The permit number;~~
- ~~4. The expiration date of the permit;~~
- ~~5. The renewal fee pursuant to 172 NAC 56-011;~~
- ~~6. The requirements pursuant to:~~

- ~~a. 172 NAC 56-009.01A items 1 through 3 for general anesthesia;~~
- ~~b. 172 NAC 56-009.02A items 1 through 3 for parenteral sedation; or~~
- ~~c. 172 NAC 56-009.03A items 1 through 3 for inhalation analgesia (nitrous oxide);~~

~~7. The option to place the permit on either inactive or lapsed status.~~

~~56-009.04B2 The permit holder must apply for renewal by submitting to the Department:~~

- ~~1. The renewal notice;~~
- ~~2. The renewal fee;~~
- ~~3. The permit holder's social security number;~~
- ~~4. Attestation of compliance with the requirements pursuant to:~~
  - ~~a. 172 NAC 56-009.01A items 1 through 3 for general anesthesia;~~
  - ~~b. 172 NAC 56-009.02A items 1 through 3 for parenteral sedation; or~~
  - ~~c. 172 NAC 56-009.03A items 1 through 3 for inhalation analgesia (nitrous oxide);~~

~~5. Documentation relating to misdemeanor or felony conviction(s) or licensure revocation, suspension, limitation or disciplinary action (if applicable).~~

~~56-009.04B3 If the permit holder wishes to place his/her permit on either inactive or lapsed status s/he must:~~

- ~~1. Request that his/her permit be placed on inactive status by submitting to the Department:~~
  - ~~a. The renewal notice with a check in the box marked inactive; and~~
  - ~~b. The fee of \$25; or~~
- ~~2. Request that his/her permit be placed on lapsed status by submitting to the Department:~~
  - ~~a. The renewal notice with a check in the box marked lapsed.~~

~~56-009.04B4 The Department will notify the permit holder in writing of the acceptance or denial of the request to allow the permit to be placed on lapsed or inactive status.~~

~~56-009.04C Second Notice: The Department will send to each permit holder who fails to renew his/her permit or place the permit on inactive or lapsed status in response to the first notice, a second notice of renewal pursuant to 172 NAC 56-009.04A that specify:~~

- ~~1. The permit holder failed to pay the renewal fee;~~
- ~~2. The permit has expired;~~
- ~~3. The permit holder is subject to an administrative penalty pursuant to 172 NAC 56-012 if s/he practices after the expiration date;~~
- ~~4. Upon receipt of the renewal fee, together with an additional late fee of \$25 within that time and documentation of compliance with requirements pursuant to 172 NAC 56-009.01A items 1 through 3 for general anesthesia; 172 NAC 56-009.02A items 1 through 3 for parenteral sedation; or 172 NAC 56-009.03A items 1 through 3 for inhalation analgesia (nitrous oxide), no order of revocation will be entered; and~~
- ~~5. Upon failure to receive \$25 in addition to the regular renewal fee and documentation of compliance with requirements pursuant to 172 NAC 56-009.01A items 1 through 3 for general anesthesia; 172 NAC 56-009.02A items 1 through 3 for parenteral sedation; or 172 NAC 56-009.03A items 1 through 3 for inhalation analgesia (nitrous oxide), the permit will be revoked pursuant to 172 NAC 56-005.~~

~~56-009.04C1 The permit holder must apply for renewal by submitting to the Department:~~

- ~~1. The renewal notice;~~
- ~~2. The renewal fee and the additional late fee of \$25;~~
- ~~3. The permit holder's social security number;~~
- ~~4. Attestation by the permit holder:
  - ~~a. That s/he has not practiced in Nebraska since the expiration of his/her license; or~~
  - ~~b. To the actual number of days practiced in Nebraska since the expiration of his/her license;~~~~
- ~~5. Attestation of compliance with the requirements pursuant to:
  - ~~a. 172 NAC 56-009.01A items 1 through 3 for general anesthesia;~~
  - ~~b. 172 NAC 56-009.02A items 1 through 3 for parenteral sedation; or~~
  - ~~c. 172 NAC 56-009.03A items 1 through 3 for inhalation analgesia (nitrous oxide);~~~~
- ~~6. Documentation relating to misdemeanor or felony conviction(s) or licensure revocation, suspension, limitation or disciplinary action (if applicable).~~

~~56-009.04C2 If the permit holder wishes to place his/her permit on either inactive or lapsed status s/he must:~~

- ~~1. Request that his/her permit be placed on inactive status by submitting to the Department:~~

- ~~a. The renewal notice with a check in the box marked inactive;  
and~~
- ~~b. The fee of \$25; or~~
- ~~2. Request that his/her permit be placed on lapsed status by  
submitting to the Department:~~
  - ~~a. The renewal notice with a check in the box marked lapsed.  
  
~~56-009.04C3 The Department will notify the permit holder in writing of the  
acceptance or denial of the request to allow the permit to be placed on lapsed  
or inactive status.~~~~
  - ~~56-009.04D The Department may deny the issuance or renewal of a permit when  
the applicant or permit holder fails to meet the requirements of 172 NAC 56-009.01,  
56-009.02, or 56-009.03 whichever is applicable.~~
  - ~~56-009.04E When any permit holder fails, within 30 days of expiration of a permit,  
to pay the renewal fee, and submit documentation of compliance with requirements  
pursuant to 172 NAC 56-009.01A items 1 through 3 for general anesthesia; 172  
NAC 56-009.02A items 1 through 3 for parenteral sedation; or 172 NAC 56-009.03A  
items 1 through 3 for inhalation analgesia (nitrous oxide) and/or to pay an additional  
late fee of \$25, the Department will automatically revoke the permit without further  
notice or hearing and make proper record of the revocation.~~
  - ~~56-009.04F When the permit holder has given notification to the Department that  
s/he desires to have the permit lapse or be placed on inactive status upon  
expiration, 172 NAC 56-009.04E will not apply.~~
  - ~~56-009.04G The Department may refuse to renew a permit for falsification of any  
information submitted for renewal of a permit. The refusal must be made pursuant to  
Neb. Rev. Stat. §§ 71-149 to 71-155 and 184 NAC 1, Rules of Practice and  
Procedure of the Department.~~
  - ~~56-009.04H The Board or its representative(s) who holds a dental license and has  
anesthesia training beyond inhalation analgesia (nitrous oxide) may conduct an on-  
site evaluation for renewal of a permit to administer general anesthesia or parenteral  
sedation using a form provided by the Department which includes the information  
pursuant to 172 NAC 56-009.01B item 1. through 7.~~
  - ~~56-009.04H1 If the on site evaluator finds that the applicant has not met the  
requirements for renewal of a permit to administer general anesthesia or  
parenteral sedation, the applicant may request a reevaluation pursuant to 172  
NAC 56-009.01C item 1. through 3.~~
  - ~~56-009.04I Failure to comply with any or all of the requirements will result in the  
denial of the issuance or renewal of the permit.~~
  - ~~56-009.04J If the permit is revoked, an on-site inspection will be required in order  
for a determination to be made for issuance of a new permit.~~

~~56-009.04K An individual who practices after expiration of his/her credential is subject to assessment of an Administrative Penalty pursuant to 172 NAC 56-012 or such other action as provided in the statutes and regulations governing the credential.~~

56-010 VOLUNTARY SURRENDER OR LIMITATION: A credential **or permit** holder may offer to voluntarily surrender or limit a credential **or permit** issued by the Department. The credential **or permit** holder must make the offer in writing on a form provided by the Department or constructed by the credential **or permit** holder, which must include the following information:

1. Personal Information:
  - a. First, middle and last name;
  - b. Mailing address (street, rural route, or post office address), city, state, and zip code;
  - c. Telephone number (optional); and
  - d. Fax number (optional).
2. Information Regarding the Credential **or Permit** Being Offered for Surrender or Limitation:
  - a. List credential(s) **or permit(s)** and credential **or permit** number(s) that would be surrendered or limited;
  - b. Indicate the desired time frame for offered surrender or limitation:
    - (1) Permanently;
    - (2) Indefinitely; or
    - (3) Definite period of time (specify);
  - c. Specify reason for offered surrender or limit of credential **or permit**; and
  - d. Specify any terms and conditions that the credential **or permit** holder wishes to have the Department consider and apply to the offer.
3. Attestation: The credential **or permit** holder must:
  - a. Attest that all the information on the offer is true and complete; and
  - b. Provide the credential **or permit** holder's signature and date.

56-010.01 The Department may accept an offer of voluntary surrender or limitation of a credential **or permit** based on:

1. An offer made by the credential **or permit** holder on his/her own volition;
2. An offer made with the agreement of the Attorney General or the legal counsel of the Department to resolve a pending disciplinary matter;
3. A decision by the Attorney General to negotiate a voluntary surrender or limitation in lieu of filing a petition for disciplinary action; or
4. A decision by the legal counsel of the Department to negotiate a voluntary surrender or limitation in response to a notice of disciplinary action.

56-010.02 The Department may reject an offer of voluntary surrender of a credential **or permit** under circumstances which include, but are not limited to, when the credential **or permit**:

1. Is under investigation;
2. Has a disciplinary action pending but a disposition has not been rendered; or
3. Has had a disciplinary action taken against it.

56-010.03 When the Department either accepts or rejects an offer of voluntary surrender or limitation, the Director will issue the decision in a written order. The order will be issued within 30 days after receipt of the offer of voluntary surrender or limitation and will specify:

1. Whether the Department accepts or rejects the offer of voluntary surrender; and
2. The terms and conditions under which the voluntary surrender is accepted or the basis for the rejection of an offer of voluntary surrender. The terms and conditions governing the acceptance of a voluntary surrender will include, but not be limited to:
  - a. Duration of the surrender;
  - b. Whether the credential **or permit** holder may apply to have the credential **or permit** reinstated; and
  - c. Any terms and conditions for reinstatement.

56-010.04 A limitation may be placed on the right of the credential **or permit** holder to practice a profession or operate a business to the extent, for the time, and under the conditions as imposed by the Director.

56-010.05 Violation of any of the terms and conditions of a voluntary surrender or limitation by the credential **or permit** holder will be due cause for the refusal of renewal of the credential **or permit**, for the suspension or revocation of the credential **or permit**, or for refusal to restore the credential **or permit**.

56-010.06 Reinstatement following voluntary surrender is set out in 172 NAC 56-011.

56-011 REINSTATEMENT: This section applies to individuals previously credentialed **or permitted** in Nebraska who seek the authority to return to practice in Nebraska with a valid Nebraska credential **or permit**. Individuals may apply for reinstatement as follows:

1. An individual whose credential **or permit** has expired, been placed on inactive status, voluntarily surrendered for an indefinite period of time, or suspended or limited for disciplinary reasons, may apply for reinstatement at any time.
2. An individual whose credential **or permit** has been voluntarily surrendered for a definite period of time may apply for reinstatement after that period of time has elapsed.
3. An individual whose credential **or permit** has been revoked may apply for reinstatement only after a period of two years has elapsed from the date of revocation.
4. An individual whose credential **or permit** has been permanently voluntarily surrendered may not apply for reinstatement.

The voluntary surrender of a credential **or permit** may be unrelated to disciplinary matters, or may be done to resolve a pending disciplinary matter, in lieu of disciplinary action, or in response to a notice of disciplinary action.

56-011.01 Reinstatement From Expired or Inactive Status or Following Voluntary Surrender Unrelated to a Disciplinary Matter

The applicant must submit to the Department a written application on a form provided by the Department or constructed by the applicant.

1. Application: The applicant, on his/her application:

a. Must provide the following information:

- (1) Name;
- (2) Address;
- (3) The applicant's:
  - (a) Social Security Number (SSN);
  - (b) Alien Registration Number (A#); or
  - (c) Form I-94 (Arrival-Departure Record) number.

Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.

- (4) If the applicant holds a professional credential or permit in another state, a list of the state(s) and type of credential or permit;

b. If the applicant is an alien or non-immigrant, s/he must submit evidence of lawful presence which may include a copy of:

- (1) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
- (4) A Form I-94 (Arrival-Departure Record);

d. May provide the following information about him/herself:

- (1) Telephone number including area code;
- (2) E-mail address;
- (3) Fax number; and

e. Dentists and dental hygienists must answer the following questions either yes or no. The questions pertain to the time period since the credential or permit was last active, unless otherwise specified. For any yes answers, explain the circumstances and outcome. Applicant will be notified of any additional documentation which is required by the Board/Department:

Section I

- (1) Have you had any disciplinary or adverse action imposed against a professional credential or permit in any state or jurisdiction?
- (2) Have you voluntarily surrendered or voluntarily limited in any way a credential or permit issued to you by a licensing or disciplinary authority?
- (3) Have you been requested to appear before any licensing agency?
- (4) Have you 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 credential or permit in any jurisdiction?

- (6) Have you been asked to and/or permitted to withdraw an application for a credential or permit with any Board or jurisdiction?
- (7) Has any state or jurisdiction refused to issue, refused to renew or denied you a credential or permit to practice?

Section II

- (1) Are you currently, or have you been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?
- (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 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.

Section III

- (1) Have you been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during dental/dental hygiene school or postgraduate training?
- (2) Have you had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?
- (3) Have you ever voluntarily resigned or suspended hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other dental/dental hygiene related employment?
- (4) Have you been notified that any action against your hospital or institutional privileges is pending or proposed?
- (5) Have you been allowed to withdraw your staff privileges from a hospital or institution?
- (6) Have you been subject to staff disciplinary action or non-renewal of an employment contract?

Section IV

- (1) Have you been convicted of a felony?
- (2) Have you been convicted of a misdemeanor?
- (3) Have you been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?

Section V (dentists only)

- (1) Have you been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?

- (2) Have you been called before any licensing agency or lawful authority concerned with DEA controlled substances?
- (3) Have you surrendered your state or federal controlled substances registration?
- (4) Have you had your state or federal controlled substances registration restricted or disciplined in any way?

Section VI

- (1) Have you been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?
- (2) Are you aware of any professional liability claims currently pending against you?

f. Must attest that s/he:

- (1) Has met the continuing competency requirements for dentists and dental hygienists renewal; and
- (2) Has submitted proof of one of the following:
  - (a) Practicing either dentistry or dental hygiene for at least 1,000 hours within the three years immediately preceding the date of the application;
  - (b) Passing the practical examination administered by the Central Regional Dental Testing Service or any other regional or state practical examination that the Board of Dentistry determines is comparable to such practical examination within the three years immediately preceding the date of the application; or
  - (c) Passing a competency assessment approved by the Board;  
or
- (3) If applying to reinstate a temporary dentist license, has submitted proof the applicant is still enrolled in a postgraduate/residency program; or
- (4) If applying to reinstate an anesthesia permit, has submitted proof the applicant has met the requirement for maintaining a properly equipped facility, current basic life-support certification, and an on-site inspection. The on-site inspection is only required for general anesthesia and parenteral sedation permits; and
- (5) Has not practiced in Nebraska since s/he last held an active credential or permit, or if the applicant has practiced in Nebraska since s/he last held an active credential or permit, the actual number of days practiced;
- (6) Has not committed any act which would be grounds for action against a credential or permit as specified in 172 NAC 56-007 since the last renewal or issuance of the credential or permit (whichever is later), or if an act(s) was committed, provide an explanation of all such acts;
- (7) Is of good character;
- (8) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, is a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
- (9) For purposes of Neb. Rev. Stat. §38-129, is:

- (a) A citizen of the United States;
- (b) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- (c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Fee(s): The following fee(s):

- a. If the credential **or permit** is expired or inactive, the reinstatement and renewal fees; or
- b. If the credential **or permit** was voluntarily surrendered, the renewal fee.

56-011.01A If an applicant has practiced while his/her credential **or permit** was expired, inactive, or voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:

- 1. Deny the application to reinstate the credential **or permit**;
- 2. Reinstatement the credential **or permit** to active status and impose limitation(s) or other disciplinary actions on the credential **or permit**; and/or
- 3. Reinstatement the credential **or permit**.

56-011.01B If an applicant has committed any other violation of the statutes and regulations governing the credential **or permit**, the Department may:

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

56-011.01C The Department will act within 150 days on all completed applications.

56-011.01D 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.

56-011.02 Reinstatement from Non-Disciplinary Revocation or Lapsed Status: An individual whose credential **or permit** was placed on non-disciplinary revocation or lapsed status before December 1, 2008 may apply for reinstatement as provided in 172 NAC 56-011.01.

56-011.03 Reinstatement Following Suspension, Limitation, Revocation, or Voluntary Surrender to Resolve a Pending Disciplinary Matter, In Lieu of Discipline, or In Response to a Notice of Disciplinary Action: An individual whose credential **or permit** was suspended or limited may apply for reinstatement at any time. An individual whose credential **or permit** has been revoked may apply for reinstatement after a period of two years has elapsed from the date of revocation. An individual whose credential **or permit** was voluntarily surrendered may apply for reinstatement according to the order entered by the Director.

The applicant must submit to the Board a written application on a form provided by the Department or constructed by the applicant.

1. Application: The applicant, on his/her application:

a. Must provide the following information:

- (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
- (2) Mailing address (street, rural route, or post office address; and city, state, and zip code or country information);
- (3) The applicant's:
  - (a) Social Security Number (SSN);
  - (b) Alien Registration Number (A#); or
  - (c) Form I-94 (Arrival-Departure Record) number.Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.
- (4) If the applicant holds a professional credential **or permit** in another state, a list of the state(s) and type of credential **or permit**;
- (5) A statement of the reason the applicant believes his/her credential **or permit** should be reinstated;

b. If the applicant is an alien or non-immigrant, s/he must submit evidence of lawful **presence** which may include a copy of:

- (1) **A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;**
- (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (3) A document showing an Alien Registration Number ("A#"). **An Employment Authorization Card/Document is not acceptable;** or
- (4) A Form I-94 (Arrival-Departure Record);

c. May provide the following information about him/herself:

- (1) Telephone number including area code;
- (2) E-mail address; **and**
- (3) Fax number;

d. Dentists and dental hygienists must answer the following questions either yes or no. The questions pertain to the time period since the **credential or permit** was last active, unless otherwise specified. For any yes answers, explain the circumstances and outcome. Applicant will be notified of any additional documentation which is required by the Board/Department:

Section I

- (1) Have you had any disciplinary or adverse action imposed against a professional **credential** or permit in any state or jurisdiction?
- (2) Have you voluntarily surrendered or voluntarily limited in any way a **credential** or permit issued to you by a licensing or disciplinary authority?
- (3) Have you been requested to appear before any licensing agency?
- (4) Have you 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 **credential** or permit in any jurisdiction?

- (6) Have you been asked to and/or permitted to withdraw an application for a credential or permit with any Board or jurisdiction?
- (7) Has any state or jurisdiction refused to issue, refused to renew or denied you a credential or permit to practice?

Section II

- (1) Are you currently, or have you been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?
- (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 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?

Section III

- (1) Have you been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during dental/dental hygiene school or postgraduate training?
- (2) Have you had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?
- (3) Have you ever voluntarily resigned or suspended hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other dental/dental hygiene related employment?
- (4) Have you been notified that any action against your hospital or institutional privileges is pending or proposed?
- (5) Have you been allowed to withdraw your staff privileges from a hospital or institution?
- (6) Have you been subject to staff disciplinary action or non-renewal of an employment contract?

Section IV

- (1) Have you been convicted of a felony?
- (2) Have you been convicted of a misdemeanor?
- (3) Have you been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?

Section V (dentists only)

- (1) Have you been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?

- (2) Have you been called before any licensing agency or lawful authority concerned with DEA controlled substances?
- (3) Have you surrendered your state or federal controlled substances registration?
- (4) Have you had your state or federal controlled substances registration restricted or disciplined in any way?

Section VI

- (1) Have you been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?
- (2) Are you aware of any professional liability claims currently pending against you? **and**

**e.** Must **attest** that s/he:

- (1) Has met the continuing competency requirements for dentists and dental hygienists renewal; and

- (2) **Has submitted proof of one of the following:**

- (a) Practicing either dentistry or dental hygiene for at least 1,000 hours within the three years immediately preceding the date of the application;**

- (b) Passing the practical examination administered by the Central Regional Dental Testing Service or any other regional or state practical examination that the Board of Dentistry determines is comparable to such practical examination within the three years immediately preceding the date of the application; or**

- (c) Passing a competency assessment approved by the Board;**

or

- (23) If applying to reinstate a temporary dentist license, has submitted proof the applicant is still enrolled in a postgraduate/residency program; or**

- (34) If applying to reinstate an anesthesia permit, has submitted proof the applicant has met the requirement for maintaining a properly equipped facility, current basic life-support certification, and an on-site inspection. The on-site inspection is only required for general anesthesia and parenteral sedation permits; and**

- (45) Has not practiced in Nebraska since s/he last held an active credential or permit, or if the applicant has practiced in Nebraska since s/he last held an active credential or permit, the actual number of days practiced;**

- (56) Has not committed any act which would be grounds for action against a credential as specified in 172 NAC 56-007 since the last renewal or issuance of the credential or permit (whichever is later), or if an act(s) was committed, provide an explanation of all such acts;**

- (7) Is of good character;

- (8) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, is a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and**

- (9) For purposes of Neb. Rev. Stat. §38-129, is:**

- (a) A citizen of the United States;**

(b) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or

(c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

2. Fee: The renewal fee.

56-011.03A The Board will make a recommendation regarding reinstatement following suspension, limitation, revocation, or voluntary surrender within 180 days of receipt of the application.

56-011.03B The Department, with the recommendation of the Board, may:

1. Conduct an investigation to determine if the applicant has committed acts or offenses prohibited by Neb. Rev. Stat. § 38-178;
2. Require the applicant to submit to a complete diagnostic examination, at the expense of the applicant, by one or more physician(s) or other professionals appointed by the Board. The applicant may also consult a physician(s) or other professionals of his/her own choice for a complete diagnostic examination and make available a report(s) of the examination(s) to the Department and to the Board;
3. Require the applicant to pass a written, oral, or practical examination or any combination of examinations at the expense of the applicant;
4. Require the applicant to successfully complete additional education at the expense of the applicant;
5. Require the applicant to successfully pass an inspection of his/her practice site; or
6. Take any combination of these actions.

56-011.03C On the basis of the written application, materials submitted by the applicant, and the information obtained under 56-011.03B, the Board may:

1. Deny the application for reinstatement; or
2. Recommend to the Department:
  - a. Full reinstatement of the credential or permit;
  - b. Modification of the suspension or limitation; or
  - c. Reinstatement subject to limitations or subject to probation with terms and conditions.

If the applicant has practiced while his/her credential or permit was suspended, limited, revoked, or voluntarily surrendered, the Department may assess an administrative penalty pursuant to 172 NAC 56-012, in which case a separate notice of opportunity for a hearing will be sent to the applicant.

56-011.03D An affirmative vote of a majority of the full membership of the Board as authorized by statute is required to recommend reinstatement of a credential or permit with or without terms, conditions, or restrictions.

56-011.03E Full Reinstatement: If the Board recommends full reinstatement of the credential or permit, modification of the suspension or limitation, or reinstatement of the credential or permit subject to limitations or subject to probation with terms and

conditions, the Board's recommendation will be sent to the applicant by certified mail. The following information will be forwarded to the Director for a decision:

1. The written recommendation of the Board, including any finding of fact or order of the Board;
2. The application for reinstatement;
3. The record of hearing, if any; and
4. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the applicant.

56-011.03F Denial, Modification, Limitation, or Probation: If the Board's initial decision is to deny the application for reinstatement, recommendation modification of the suspension or limitation, or reinstate the credential **or permit** subject to limitation or probation with terms and conditions, notification of the Board's decision will be mailed to the applicant by certified mail.

1. The initial decision or recommendation of the Board will become final 30 days after the decision or recommendation is mailed to the applicant unless the applicant requests a hearing within that 30-day period.
  - a. If the applicant requests a hearing before the Board, the Department will mail a notice of the date, time, and location of the hearing. The notice will be sent by certified mail at least 30 days before the hearing.
  - b. Following the hearing, if the Board's decision is denial of the application for reinstatement, the applicant will be notified by certified mail.
2. If the applicant has been afforded a hearing or an opportunity for a hearing on an application for reinstatement within two years before filing the current application, the Department may grant or deny the application without hearing before the Board.

56-011.03G Denial Decision: If the Board's final decision is denial of the application for reinstatement, the applicant will be notified by certified mail. The applicant may appeal the Board's denial to District Court in accordance with the Administrative Procedure Act.

56-011.03H Board Recommendation: If the Board's Final recommendation is full reinstatement of the credential **or permit**, modification of the suspension or limitation, or reinstatement of the credential **or permit** subject to limitations of probation with terms and conditions, the Board's recommendation will be sent to the applicant by certified mail. The following information will be forwarded to the Director for a decision:

1. The written recommendation of the Board, including any finding of fact or order of the Board;
2. The application for reinstatement;
3. The record of hearing, if any; and

4. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the applicant.

56-011.03I Director's Review: The Director, upon receipt of the Board's recommendation for full reinstatement, modification, or probation, will review the application and other documents and make a decision within 150 days of receipt of the Board's recommendation and accompanying documents. The Director will enter an order setting forth the decision. The Director may:

1. Affirm the recommendation of the Board and grant reinstatement; or
2. Reverse or modify the recommendation if the Board's recommendation is:
  - a. In excess of statutory authority;
  - b. Made upon unlawful procedure;
  - c. Unsupported by competent, material, and substantial evidence in view of the entire record; or
  - d. Arbitrary and capricious.

The order regarding reinstatement of the applicant's credential or permit will be sent to the applicant by certified mail. The Director's decision may be appealed to District Court by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

~~56-010 UNPROFESSIONAL CONDUCT: In addition to the unlawful or unprofessional acts listed in Neb. Rev. Stat. §§ 71-147 through 71-148, the following conduct will be considered unprofessional acts as defined by the Board per Neb. Rev. Stat. § 71-147(10):~~

- ~~1. Failure to keep written dental records and medical history records justifying the course of treatment of the patient including, but not limited to, patient histories, examination results, test results, and X-rays, if taken;~~
- ~~2. Exercising influence on the patient or client in such a manner as to exploit the patient or client for the financial gain of the licensee or of a third party, which includes, but is not limited to, the promotion or sale of services, goods, appliances, or drugs;~~
- ~~3. Refusing to provide professional service to a person because of such person's race, creed, color, or national origin;~~
- ~~4. Commission of any act of sexual abuse, misconduct, or exploitation related to the person's practice of dentistry. Sexual misconduct in the practice of dentistry means violation of the dentist-patient relationship through which the dentist uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient;~~
  - ~~a. Committing any act which would constitute sexual battery upon a patient;~~
  - ~~b. Intentionally touching the sexual body parts of a patient, i.e. the breast and/or genitals; and~~
  - ~~c. Fondling, hugging, or kissing a patient.~~
- ~~5. Prescribing, selling, administering, or distributing, any drug legally classified as a prescription drug other than for proper dental purposes;~~
- ~~6. Prescribing, selling, administering, distributing, or giving a drug legally classified as a controlled substance or recognized as an addictive or dangerous drug to~~

- himself/herself or a family member, unless the family member is being treated as a patient for a dental condition;
- ~~7. Use of nitrous oxide or inhalants for other than dental purposes;~~
  - ~~8. Giving fraudulent prescriptions;~~
  - ~~9. Maintaining fraudulent controlled substance records;~~
  - ~~10. Treating or diagnosing medical problems not specifically related to the dental treatment;~~
  - ~~11. Failure to furnish the Board, its investigators or representatives, information legally requested by the Board;~~
  - ~~12. Failure to submit a written report to the Board that a death of a patient occurred in the licensee's office regardless of the circumstances of such death;~~
  - ~~13. Allowing dental hygienists or assistants to provide dental services contrary to the Board's rules and regulations;~~
  - ~~14. Any departure from or failure to conform to the ethics of the dental profession, which ethics are found in the American Dental Association's Principles of Ethics and Code of Professional Conduct and Advisory Opinions;~~
  - ~~15. Misrepresentation of material facts in applying for or procuring a renewal of a license or permit;~~
  - ~~16. Misrepresenting one's credentials in an application submitted to a healthcare facility, insurance company, or prospective employer;~~
  - ~~17. The use of false or deceptive statement in any advertisement;~~
  - ~~18. Prescribing drugs to an individual the dentist has never met based solely on answers to questions provided by the internet, telephone, or FAX;~~
  - ~~19. Administering inhalation analgesia (nitrous oxide), parenteral sedation; or general anesthesia without a permit;~~
  - ~~20. Prescribing drugs to an individual without first establishing a proper dentist-patient relationship. A proper dentist-patient relationship requires that the dentist make an informed dental judgment upon examination, diagnosis, and formulation of a treatment plan and that arrangements exist to insure availability of the dentist or dentist coverage for follow-up patient care; or~~
  - ~~21. Disruptive behavior as manifested by a dentist's or dental hygienist's aberrant behavior which interferes with patient care or could reasonably be expected to interfere with patient care, including, but not limited to, the following:~~
    - ~~a. Outbursts of rage or violent behavior;~~
    - ~~b. Throwing of instruments, records, or objects;~~
    - ~~c. Insulting comments to a patient, patient's family, dental staff, or other healthcare professionals;~~
    - ~~d. Striking or assaulting a patient, patient's family, dental staff or healthcare professionals;~~
    - ~~e. Peer hygiene.~~

~~56-011 SCHEDULE OF FEES: The following fees have been set by the:~~

~~56-011.01 Initial Dentistry License Fee: By an applicant for a license to practice dentistry, the fee of \$250 and the Licensee Assistance Program fee of \$1 for each year remaining during the current biennial renewal period.~~

~~56-011.02 Initial Dental Hygiene License Fee: By an applicant for a license to practice dental hygiene, the fee of \$150 and the Licensee Assistance Program fee of \$1 for each year remaining during the current biennial renewal period.~~

~~56-011.03 Proration of Initial License Fee: For issuance of a license that will expire within 180 days after its initial issuance date, a fee of \$62.50 for dentists and \$37.50 for dental hygienists and the Licensee Assistance Program fee of \$1.~~

~~56-011.04 Initial Dentistry License by Reciprocity Fee: By an applicant for a license to practice dentistry, granted on the basis of a license granted by another state or territory, the fee of \$250 and the Licensee Assistance Program fee of \$1 for each year remaining during the current biennial renewal period.~~

~~56-011.05 Initial Dental Hygiene License by Reciprocity Fee: By an applicant for a license to practice dental hygiene, granted on the basis of a license granted by another state or territory, the fee of \$150 and the Licensee Assistance Program fee of \$1 for each year remaining during the current biennial renewal period.~~

~~56-011.06 Proration of Initial License by Reciprocity Fee: For issuance of a license, granted on the basis of a license granted by another state or territory, that will expire within 180 days after its initial issuance date, a fee of \$62.50 for dentists and \$37.50 for dental hygienists and the Licensee Assistance Program fee of \$1.~~

~~56-011.07 Temporary Dentistry License Fee: By an applicant for a temporary license to practice dentistry, the fee of \$50.~~

~~56-011.08 Dentistry License Renewal Fee: By an applicant for renewal on a biennial basis of a license to practice dentistry, the fee of \$225 and the Licensee Assistance Program fee of \$2.~~

~~56-011.09 Dental Hygiene License Renewal Fee: By an applicant for renewal on a biennial basis of a license to practice dental hygiene, the fee of \$125 and the Licensee Assistance Program fee of \$2.~~

~~56-011.10 Inactive License Status Fee: By an applicant to have his/her license placed on inactive status, the fee of \$25.~~

~~56-011.11 Renewal Late Fee: By an applicant for renewal on a biennial basis of license, who fails to pay the renewal fee on or before the expiration date of his/her license, the fee of \$25 as a late fee in addition to the renewal fee.~~

~~56-011.12 Certification of License Fee: For issuance of a certification of a license, the fee of \$25. The certification includes information regarding:~~

- ~~1. The basis on which a license was issued;~~
- ~~2. The date of issuance;~~
- ~~3. Whether disciplinary action has been taken against the license; and~~
- ~~4. The current status of the license.~~

~~56-011.13 Verification of License Fee: For issuance of a verification of a license, the fee of \$5. The verification includes written confirmation as to whether a license was valid at the time the request was made.~~

~~56-011.14 Duplicate License Fee: For a duplicate original license document or reissued license, the fee of \$10.~~

~~56-011.15 Administrative Fee: For a denied license or a withdrawn application, an administrative fee of \$25 will be retained by the Department, except if the fee is less than \$25, the fee will be forfeited and an examination fee will not be returned.~~

~~56-011.16 Reinstatement Late Fee: For reinstatement of a license for failure to meet renewal requirements:~~

- ~~1. Within one year of revocation, the fee of \$35 in addition to the renewal fee.~~
- ~~2. After one year of revocation, the fee of \$75 in addition to the renewal fee.~~

~~56-011.17 Reinstatement Fee: For reinstatement following suspension, limitation or revocation for disciplinary reasons, the fee of \$75.~~

~~56-011.18 Initial General Anesthesia Permit Fee: By an applicant for a permit to administer general anesthesia, the fee of \$200.~~

~~56-011.19 Initial Parenteral Sedation Permit Fee: By an applicant for a permit to administer parenteral sedation, the fee of \$200.~~

~~56-011.20 Initial Inhalation Analgesia (nitrous oxide) Permit Fee: By an applicant for a permit to administer inhalation analgesia (nitrous oxide), the fee of \$100.~~

~~56-011.21 Initial Local Anesthesia Certificate Fee: By a dental hygiene applicant for approval to administer local anesthesia, the fee of \$25.~~

~~56-011.22 General Anesthesia Permit Renewal Fee: By an applicant for renewal every four years of a permit to administer general anesthesia, the fee of \$200.~~

~~56-011.23 Parenteral Sedation Permit Renewal Fee: By an applicant for renewal every four years of a permit to administer parenteral sedation, the fee of \$200.~~

~~56-011.24 Inhalation Analgesia (nitrous oxide) Permit Renewal Fee: By an applicant for renewal every four years of a permit to administer inhalation analgesia (nitrous oxide), the fee of \$100.~~

~~56-012 ADMINISTRATIVE PENALTY: The Department may assess an administrative penalty when evidence exists that a person or entity practices without a credential. Practice without a credential for the purpose of this regulation means practice:~~

- ~~1. Prior to the issuance of a credential;~~
- ~~2. Following the expiration of a credential; or~~
- ~~3. Prior to the reinstatement of a credential.~~

~~56-012.01 Evidence of Practice: The Department will consider any of the following conditions as prima facie evidence of practice without a credential:~~

- ~~1. The person admits to engaging in practice;~~
- ~~2. Staffing records or other reports from the employer of the person indicate that the person was engaged in practice;~~

- ~~3. Billing or payment records document the provision of service, care, or treatment by the person;~~
- ~~4. Service, care, treatment records document the provision of service, care, or treatment by the person;~~
- ~~5. Appointment records indicate that the person was engaged in practice;~~
- ~~6. Other government records indicate that the person was engaged in practice; and~~
- ~~7. The person or entity opens a business or practice site and announces or advertises that the business or site is open to provide service, care, or treatment.~~

~~For purposes of this regulation prima facie evidence means a fact presumed to be true unless disproved by some evidence to the contrary.~~

~~56-012.02 Penalty: The Department may assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 for practice without a credential. To assess such penalty, the Department will:~~

- ~~1. Provide written notice of the assessment to the person. The notice will specify:
  - ~~a. The total amount of the administrative penalty;~~
  - ~~b. The evidence on which the administrative penalty is based;~~
  - ~~c. That the person may request, in writing, a hearing to contest the assessment of an administrative penalty;~~
  - ~~d. That the Department will within 30 days following receipt of payment of the administrative penalty, transmit the penalty to the State Treasurer for credit to the Permanent School Fund; and~~
  - ~~e. That an unpaid administrative penalty constitutes a debt to the State of Nebraska which may be collected in the manner of a lien foreclosure or sued for and recovered in a proper form of action in the name of the state in the District Court of the county in which the violator resides or owns property.~~~~
- ~~2. Send by certified mail, a written notice of the administrative penalty to the last known address of the person to whom the penalty is assessed.~~

~~56-012.03 Administrative Hearing: When a person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920 and the Department's rules and regulations adopted pursuant to these statutes.~~

~~56-012 ADMINISTRATIVE PENALTY: The Department may assess an administrative penalty when evidence exists of practice without a credential or permit to practice a profession or operate a business. Practice without a credential or permit for the purpose of this regulation means practice:~~

- ~~1. Prior to the issuance of a credential or permit;~~
- ~~2. Following the expiration of a credential or permit; or~~
- ~~3. Prior to the reinstatement of a credential or permit.~~

56-012.01 Evidence of Practice: The Department will consider any of the following conditions as prima facie evidence of practice without being credentialed **or permitted**:

1. The person admits to engaging in practice;
2. Staffing records or other reports from the employer of the person indicate that the person was engaged in practice;
3. Billing or payment records document the provision of service, care, or treatment by the person;
4. Service, care, or treatment records document the provision of service, care, or treatment by the person;
5. Appointment records indicate that the person was engaged in practice;
6. Government records indicate that the person was engaged in practice; and
7. The person opens a business or practice site and announces or advertises that the business or site is open to provide service, care, or treatment.

For purposes of this regulation, prima facie evidence means a fact presumed to be true unless disproved by some evidence to the contrary.

56-012.02 Penalty: The Department may assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 for practice without a credential **or permit**. To assess the penalty, the Department will:

1. Provide written notice of the assessment to the person. The notice will specify:
  - a. The total amount of the administrative penalty;
  - b. The evidence on which the administrative penalty is based;
  - c. That the person may request, in writing, a hearing to contest the assessment of an administrative penalty;
  - d. That the Department will within 30 days following receipt of payment of the administrative penalty, remit the penalty to the State Treasurer to be disposed of in accordance with Article VII, section 5 of the Constitution of Nebraska;
  - e. That an unpaid administrative penalty constitutes a debt to the State of Nebraska which may be collected in the manner of a lien foreclosure or sued for and recovered in a proper form of action in the name of the state in the District Court of the county in which the violator resides or owns property. The Department may also collect in such action attorney's fees and costs incurred directly in the collection of the administrative penalty; and
  - f. Failure to pay an administrative penalty may result in disciplinary action.
2. Send by certified mail, a written notice of the administrative penalty to the last known address of the person to whom the penalty is assessed.

56-012.03 Administrative Hearing: When a person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

56-013 FEES: Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.

These amended rules and regulations replace Title 172 NAC 56 Regulations Governing the Practice of Dentistry and Dental Hygiene, effective February 5, 2008.

~~56-013 CRIMINAL BACKGROUND CHECKS: The following individuals are subject to a criminal background check:~~

- ~~1. Applicants applying for a dental license; and~~
- ~~2. Applicants applying for temporary dental license.~~

~~56-013.01 Procedures for Providing Background Checks. The individuals specified above must:~~

- ~~1. Obtain two fingerprint cards from the Department or from any State Patrol office or law enforcement agency;~~
- ~~2. Print the following information on the fingerprint cards:
  - ~~a. Name;~~
  - ~~b. Address;~~
  - ~~c. Social Security Number;~~
  - ~~d. Date of birth;~~
  - ~~e. Place of birth;~~
  - ~~f. Any physical identifiers; and~~
  - ~~g. In the space on the fingerprint cards marked "Reason Fingerprinted", print "Credential";~~~~
- ~~3. Report to any State Patrol office, law enforcement agency, or other entity that offers the service of fingerprinting to provide their fingerprints on the fingerprint cards;~~
- ~~4. Forward the completed fingerprint cards and payment for the criminal background check as specified in 172 NAC 56-013.02 to the Nebraska State Patrol, CID Division, P.O. Box 94907, Lincoln, NE 68509.~~

~~56-013.02 Payment for criminal background checks is the responsibility of the individual and can be made by personal check, money order or cashier's check, payable to the Nebraska State Patrol. The fee for criminal background checks is established by the Nebraska State Patrol and can be found on the web site of the Department at [www.dhhs.ne.gov](http://www.dhhs.ne.gov).~~

~~56-013.03 Submission by the individual of completed fingerprint cards and the appropriate payment to the Nebraska State Patrol authorizes the release of the results of the criminal background check to the Department. The results will be forwarded by the Nebraska State Patrol directly to the Department for consideration with the application for licensure.~~

Approved by the Attorney General on December 5, 2007

Approved by the Governor on January 31, 2008

Filed by the Secretary of State on January 31, 2008

Effective Date: February 5, 2008