

TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 56 LICENSURE OF DENTISTS AND DENTAL HYGIENISTS

56-001 SCOPE AND AUTHORITY: These regulations govern the ~~credentialing~~ licensure of dentists and dental hygienists under ~~Neb. Rev. Stat. §§ 38-1101 to 38-1151~~ Dentistry Practice Act and the Uniform Credentialing Act (UCA). Persons providing dental services to clients located in Nebraska must be licensed as a dentist or a dental hygienist in Nebraska unless otherwise they are exempt under the Dentistry Practice Act.

56-002 DEFINITIONS: For purposes of these regulations, definitions in the Uniform Credentialing Act and the Dentistry Practice Act and the following definitions are hereby adopted.

~~Accredited dental hygiene program means a program that is accredited by the American Dental Association Commission on Dental Accreditation, which is an agency recognized by the United States Department of Education as an accrediting body, that is within a school or college approved by the board, and that requires a dental hygiene curriculum of not less than two academic years.~~

~~Accredited school or college of dentistry means a school or college approved by the board and accredited by the American Dental Association Commission on Dental Accreditation, which is an agency recognized by the United States Department of Education as an accrediting body.~~

~~Act means Neb. Rev. Stat. §§ 38-1101 to 38-1151, known as the 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.~~

~~Certified registered nurse anesthetist means a licensed registered nurse certified by a board-approved certifying body and licensed under the Advanced Practice Registered Nurse Practice Act to practice as a certified registered nurse anesthetist in the State of Nebraska.~~

~~Attest/ or 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.~~

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. Social Security Numbers obtained under these regulations 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.

~~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 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 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 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.~~

~~Licensure in another jurisdiction means holding a credential that authorizes the individual to engage in the profession of dentistry which would otherwise be unlawful, from the District of Columbia or any state, territory, or possession of the United States of America, or any province of Canada.~~

~~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~~ March 31, 2016)~~

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

~~Official transcript means a transcript 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.~~

~~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.~~

~~56-003 INITIAL CREDENTIAL: An Applicant for a credential must submit an application and documentation to the Department that ~~they~~ the applicant meets the licensure qualifications. To receive a license, an individual must submit a complete application, pay the appropriate fee, and meet the following:~~

56-03.01 Dentist Licensure Requirements:

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

4. Age and Good Character: Be at least 19 years old and of good character;
2. ~~56-003.01B 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~~ Be a citizen of the United States, an alien lawfully admitted into the United States, a nonimmigrant lawfully admitted in the United States, or have:
  1. An unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, and
  2. Documentation as described in section 202(c)(2)(B)(i) through (ix) of the federal REALID Act of 2005, Public Law 109-13;
3. 56-003.01C Education: Graduate from an accredited school or college of Dentistry with a Doctorate of Dental Surgery (DDS) or Doctorate of Dental Medicine (DMD).  
Upon presentation of satisfactory evidence that the education, training, or service completed by an applicant for a credential while a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state is substantially similar to the education required for the credential, the Department, with the recommendation of the appropriate board, will accept such education, training, or service toward the minimum standards for the credential;
4. 56-003.01D 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. 56-003.01E Examination:
  - a. 1. 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. 2. 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

- e. 3. 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 Requirements:

~~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.~~ 56-003.02B 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. Be a citizen of the United States, an alien lawfully admitted into the United States, a nonimmigrant lawfully admitted in the United States, or have:~~
  - 1. An unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, and
  - 2. Documentation as described in section 202(c)(2)(B)(i) through (ix) of the federal REALID Act of 2005, Public Law 109-13;
- ~~3.~~ 56-003.02C Education: Graduate from an accredited dental hygiene program. Upon presentation of satisfactory evidence that the education, training, or service completed by an applicant for a credential while a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserve of any state, or the naval militia of any state is substantially similar to the education required for the credential, the department, with the recommendation of the appropriate board, will accept such education, training, or service toward the minimum standards for the credential;
- ~~4.~~ 56-003.01D 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- 56-003.01E Examination:

- a- 1. Pass the licensure examination given by the Joint Commission on National Board Dental Hygiene Examinations (JCNBDHE) with a score of 75 or above;
- b- 2. 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
- e- 3. 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 Requirements:

~~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:~~

- 4- Age and Good Character: Be at least 19 years old and of good character;
- 2- ~~56-003.03BCitizenship/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~~Be a citizen of the United States, an alien lawfully admitted into the United States, a nonimmigrant lawfully admitted in the United States, or have:
  - 1. An unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, and
  - 2. Documentation as described in section 202(c)(2)(B)(i) through (ix) of the federal REALID Act of 2005, Public Law 109-13;
- 3- 56-003.03C Education: Graduate from an accredited school or college of Dentistry with a Doctorate of Dental Surgery (DDS) or Doctorate of Dental Medicine (DMD). Upon presentation of satisfactory evidence that the education, training, or service completed by an applicant for a credential while a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserve of any state, or the naval militia of any state is substantially similar to the education

required for the credential, the department with recommendation of the appropriate board, will accept such education, training, or service toward the minimum standards for the credential;

- 4. 56-003.03D Postgraduate or Residency Program: Be enrolled in a postgraduate or residency program in dentistry;
- 5. 56-003.03E 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. 56-003.03F 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. The application must contain all of the information and documentation required by Neb. Rev. Stat. 38-129, §38-130, §38-131, and §4-111 and these regulations, including:

56-003.04A 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:
  - 1. Social Security Number (SSN); or
  - 2. Alien Registration Number (A#);
 Disclosing a SSN is mandatory. Certain applicants may have both a SSN and an A#, and if so, must report both.

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:~~

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~~Section I~~

- ~~(1) Have you ever had any disciplinary or adverse action imposed against a professional credential or permit in any state or jurisdiction?~~
- ~~(2) Have you ever voluntarily surrendered or voluntarily limited in any way a 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 credential or permit in any jurisdiction?~~
- ~~(6) Have you ever 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?~~

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~~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?~~

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~~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?~~

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~~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?~~

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~~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 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 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;~~
- ~~g. 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~~
- ~~i. 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.~~

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

56-003.04B Education: An official transcript from an accredited dental or dental hygiene program showing the graduation date and must be sent directly to the Department by the originating program or institution;

56-003.04C Examination Scores: Examination Scores: Examination scores must be sent directly to the Department from the Joint Commission on National Dental/Dental Hygiene Examinations and scores from a regional or state practical examination sent directly from the testing agency;

56-003.04D Credential in Another Jurisdiction Information: Any credential held or previously held by the applicant to provide health services, health related services, or environmental services in Nebraska or in any other jurisdiction. Such information must include:

1. The jurisdiction where each credential was issued;
2. The credential number;
3. The type of credential;
4. The date of issuance and the expiration date of each credential, if any. The applicant must have a certification of each credential submitted by the issuing agency to the Department.

56-003.04E Adverse Actions: History of disciplinary actions, adverse actions, denials, denial of right to take a credentialing examination, or other actions against a credential in any state or jurisdiction, including, not limited to:

1. Voluntary surrenders or voluntary limitations;
2. Prior refusals to issue or renew a credential;
3. Any disciplinary actions or denials of a credential; and
4. An explanation for an adverse action and or denial.

56-003.04F Convictions: Any misdemeanor or felony conviction(s), if the applicant has been convicted, the following information and documentation must be submitted to the Department:

1. A list of any misdemeanor or felony conviction(s);
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 the actions the applicant has taken to address the behaviors/actions related to the convictions;
4. All addiction/mental health evaluations 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. 6. The applicant may be requested to submit additional documentation such as police reports

56-003.04G Evidence of:

1. United States citizenship, or;
2. Being a qualified alien lawfully admitted into the United States, or;
3. Being a nonimmigrant lawfully admitted in the United States, or;
4. Being described in section 202(c)(2)(B)(i) through (ix) of the federal REAL ID Act of 2005 and also possess an unexpired employment authorization document.

56-003.04H Practice Statement: A statement that the applicant has not practiced as a dentist/dental hygienist in Nebraska before submitting the application; or if the applicant has practiced as a dentist/dental hygienist in Nebraska before submitting the application a statement of the number of days practiced and the name and location of practice;

56-003.04I For purposes of Neb. Rev. Stat. § 4-108 to 4-111, attest that s/he is a:

1. Citizen of the United States, or;
2. Qualified alien lawfully admitted into the United States.

56-003.04J 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.

56-003.04K Remedial Course Application: If an applicant has failed on two occasions to pass a regional or state practical examination, that applicant is required to complete a remedial course in clinical dentistry/dental hygiene approved by the Board before the Department will consider the results of the third examination as valid. To apply for approval of a remedial course, the individual applicant 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) 56-003.04J (1) Personal Information as required in Neb. Rev. Stat. §38-130;~~
  - ~~(11) 56-003.04J(2) 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;~~
  - ~~(12) 56-003.04J(3) Name, title, and qualifications (vitae or resume) of faculty member providing the remedial instruction;~~

- ~~(13)~~ 56-003.04J(4) 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;
  - ~~(14)~~ 56-003.04J(5) Written plan of evaluation for the remedial course, indicating the method of evaluation;
  - ~~(15)~~ 56-003.04J(6) Statement bearing the school seal from the institution providing the remedial instruction indicating that the remedial course meets the criteria for approval; and
  - ~~(16)~~ 56-003.04J(7) Signature of the faculty member providing the remediation and date; and
- 56-003.04J (8) Attestation: The applicant must attest that:
- ~~(1)~~ (a) S/he has read the application or has had the application read to him/her;
  - ~~(2)~~ (b) All statements on the application are true and complete;
  - ~~(3)~~ (c) S/he is of good character; and
  - ~~(4)~~ (d) 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.

56-003.04L Criminal Background Checks: An applicant for a dental and a temporary dental credential must submit a criminal background check:

- ~~(1)~~ Obtain two fingerprint cards from the Department or from any State Patrol office or law enforcement agency;
  - ~~(a)~~ Print the following information on the fingerprint cards:
    - ~~(b)~~ Name;
    - ~~(c)~~ Address;
    - ~~(d)~~ Social Security Number;
    - ~~(e)~~ Date of birth;
    - ~~(f)~~ Place of birth;
    - ~~(g)~~ Any physical identifiers; and
- ~~(2)~~ 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.

56-003.04C4L(1) 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).

56-003.04C2L(2) 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 Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation into 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.

56-003.06 Denied or Withdrawn Applications

56-003.06A Denied Applications: An applicant for a dental/dental hygiene license whose application is denied by the Department will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department. Any examination fee will not be returned.

56-003.06B Withdrawn Applications: An applicant for a dental/dental hygiene license may request to withdraw the application. A request to withdraw an application will be granted:

1. When the application is incomplete; or
2. When the request for withdrawal is received within five business days of the receipt of a completed application.

If a request to withdraw an application is granted, the applicant will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department.

~~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 56012 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: Dental Locum Tenens Requirements:~~

1. 56-004.02A Age and Good Character: Be at least 19 years old and of good character;

2 ~~56-004.02B 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~~ Be a citizen of the United States, a nonimmigrant lawfully admitted in the United States, or have:

- ~~3~~ 1. An unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, *and*  
~~4~~ 2. Documentation as described in section 202(c)(2)(B)(i) through (ix) of the federal REALID Act of 2005, Public Law 109-13;

- ~~2.~~ 56-004.02C 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~~ The application must contain all of the information and documentation required by Neb. Rev. Stat. §38-129, §38-130, §38-131, and §4-111 and these regulations, including:

56-004.03A 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:
  1. Social Security Number (SSN); or
  2. Alien Registration Number (A#);Disclosing a SSN is mandatory. Certain applicants may have both a SSN and an A#, and if so, must report both.

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);~~
- ~~(8) The applicant's fax number (optional);~~
- ~~b. Education: Name and location of the applicant's accredited dental program;~~
- ~~c. Indicate whether or not the applicant holds a Federal Drug Enforcement Administration (DEA) Registration;~~
- ~~d. Practice Before Application: The applicant must state:
  - ~~(1) That s/he has not practiced dentistry in Nebraska before submitting the application; or~~
  - ~~(2) If s/he has practiced dentistry 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; and~~~~
- ~~e. 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:~~

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~~Section I~~

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

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~~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.~~

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~~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?~~

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~~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?~~

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~~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?~~

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~~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 or 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. 56-004.03B Certification of license from a state in which applicant holds a current license;~~

- f. 56-004.03C 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.

56-004.03D Evidence of:

1. United States citizenship, or;
2. Being a qualified alien lawfully admitted into the United States, or;
3. Being a nonimmigrant lawfully admitted in the United States, or;
4. Being described in section 202(c)(2)(B)(i) through (ix) of the federal REAL ID Act of 2005 and also possess an unexpired employment authorization document.

56-004.03E For purposes of Neb. Rev. Stat. § 4-108 to 4-111, attest that s/he is a::

1. Citizen of the United States, or;
2. Qualified alien lawfully admitted into the United States.

56-005 RENEWAL: An individual who wants to renew his/her license to practice as a dentist/dental hygienist must, prior to the expiration date, file an application for renewal, pay the fee, and demonstrate compliance with continuing education requirements.

56-005.01 Renewal Application: The licensee must provide the following information:

- a. The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
- b. Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);
- c. The applicant's:
  - a. Social Security Number (SSN); or
  - b. Alien Registration Number (A#);Disclosing a social security number is mandatory. Certain applicants may have both a SSN and an A# , and if so, must report both.

56-005.02 Must attest that s/he:

1. Is of good character;
2. Has met the continuing education requirements specified in 172 NAC 56 or has requested a waiver if s/he meets the requirements of 172 NAC 56; and
3. Has not, since the last renewal of the credential, committed any act which would be grounds for action against a credential as specified in the Uniform Credentialing Act and 172 NAC 56, 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 4-111, is is a citizen of the United States or aqualified alien lawfully admitted into the United States.

56-005.03 Documentation: Must submit the following documentation with the application:

1. Alien or Non-Immigrant: Evidence of:
  - (1) Being a qualified alien lawfully admitted into the United States, or;
  - (2) Being a nonimmigrant lawfully admitted in the United States, or;
  - (3) Being described in section 202 (c) (2)(B)(i) through (ix) of the federal REAL ID Act of 2005 and also possess an unexpired employment authorization document
2. Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the name of the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed;
3. 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;
4. 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;
5. 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:
  - 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 convictions;
  - 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.

56-005.04 Temporary Dentists are required to renew every year from the date of issuance as long as they provide proof of participation in a residency program.

~~56-0056 CONTINUING COMPETENCY REQUIREMENTS EDUCATION: 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 March 1<sup>st</sup> of each odd-numbered year, each dentist and dental hygienist holding an active license in the State of Nebraska must complete at least of the credential, the credential holder must complete 30 hours of~~

acceptable continuing ~~competency~~ education hours requirements during the preceding in the 24-month preceding the expiration date of the credential period.

56-0056.021 Acceptable Continuing Competency—Activities Education Topics and Hour/Credit Calculations:

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 recertification;
    - 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/Dental Hygiene Clinics;
    - a. One hour credit for each hour of faculty overseeing student dental/dental hygiene 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.
  13. All general anesthesia/deep sedation/moderate sedation permit holders are required to attend at least 6 hours of continuing education directly related to the administration and management of anesthesia/sedation for the dental office.

14. A licensee who is a presenter of a continuing education program may receive credit for the initial presentation of the program during a renewal period. Credit will not be given to the licensee for subsequent presentations of the same program.

56-006.02 The Board does not pre-approve continuing education programs or activities.

56-006.03 Continuing Education Workshop/Program Criteria: To be considered acceptable for continuing education, a workshop/program must meet the following criteria:

1. Be at least 60 minutes in duration;
2. Objectives must relate to the topic areas defined in 172 NAC 56-005.04A;
3. Presenters of programs must be qualified by education, experience or training;
4. Must be open to all (Name of License Type) licensed by Nebraska who meet the pre-requisites for the program; and
5. The provider must have a process for verifying attendance and issue a certificate of attendance. Each certificate must include the following:
  - a. Program name;
  - b. Name of the participant and his or her license number;
  - c. Provider's name;
  - d. Date the program began and ended; and
  - e. Number of hours received by the licensee.

56-006.04 Criteria for a Home Study Program/Internet/Other Electronic Means: To be considered acceptable, a home study program must meet the following criteria:

1. Objectives must relate to the topic areas defined in 172 NAC 56-005.04A;
2. Author(s) of home study programs must meet the following qualifications:
  - a. Have experience in the content and subject matter;
  - b. Have expertise in teaching and instructional methods suitable to subject presented; and
  - c. Have suitable academic qualifications, certification credentials, and/or experience for subject presented; and
3. Must be a post-test or other method of assessment which verifies that the licensee completed the program.

56-006.05 Waivers of Continuing Education:

56-006.05A Military Service

1. Licensees actively engaged in military service are not required to pay the renewal fee.

2. The Department may waive continuing education requirements if a licensee has served in the regular armed forces of the U.S. during part of the credentialing period immediately preceding the renewal date.

56-006.06 First Licensed: The Department waives continuing education requirements for individuals who were first credentialed within the 24-month period immediately preceding the renewal date.

56-006.07 Inactive Status: When an individual wants to have his/her credential placed on inactive status, s/he must submit a request in writing to the Department. There is no fee to have a credential placed on inactive status and continuing education is not required. The Department will notify the credential holder in writing of the acceptance or denial of the request.

56-006.08 Audit of Continuing Education Requirements: The Department or the Board may biennially select, in a random manner, a sample of the renewal applications for audit of continuing education requirements. Each credential holder selected for audit must produce documentation of the continuing education activities within 30 days.

56-0056.039 Dental Locum Tenens are not required to meet continuing competency education 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~~
    - (1) ~~Is of good~~  
s/he:  
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;~~
    - (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 Nonimmigrant:~~ 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;~~

~~3. 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 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: dental/dental hygiene license and anesthesia/sedation permits may be denied, refused renewal, or have other disciplinary measures taken against it for grounds specified in Neb. Rev. Stat. §38-178 or for unprofessional conduct.

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 56007.05 by another state or jurisdiction based upon acts by the applicant, 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 Dentistry or Dental Hygiene or the ethics of the profession, regardless of whether a person, consumer/patient, 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 acts set out in Neb. Rev. Stat. §38-179 and the following:

- ~~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. 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;~~
- ~~15. 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 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. 3. Refusing to provide professional service to a person because of such person's race, creed, color, or national origin;~~
- ~~17. 4. Prescribing, selling, administering, or distributing, any drug legally classified as a prescription drug other than for proper dental purposes;~~

- ~~18.~~ 5. 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.~~ 6. Use of nitrous oxide or inhalants for other than dental purposes;
- ~~20.~~ 7. Giving fraudulent prescriptions;
- ~~21.~~ 8. Maintaining fraudulent controlled substance records;
- ~~22.~~ 9. Treating or diagnosing medical problems not specifically related to the dental treatment;
- ~~23.~~ 10. Failure to furnish the Board, its investigators or representatives, information legally requested by the Board;
- ~~24.~~ 11. 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.~~ 12. Allowing dental hygienists or assistants to provide dental services contrary to the Board's rules and regulations;
- ~~26.~~ 13. 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.~~ 14. Misrepresentation of material facts in applying for or procuring a renewal of a credential or permit;
- ~~28.~~ 15. Misrepresenting one's credentials in an application submitted to a healthcare facility, insurance company, or prospective employer;
- ~~29.~~ 16. Violation of provisions of the Dentistry Practice Act relating to the administration of general anesthesia and/or deep sedation, ~~parenteral moderate sedation, or inhalation analgesia (nitrous oxide)~~ minimal sedation;
- ~~30.~~ 17. 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.~~ 18. 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.~~ 19. Refusal to cooperate or failure to furnish requested information during a licensing or discipline investigation by the Department;
- ~~33.~~ 20. Failure to comply with Neb. Rev. Stat. §38-124 regarding advertising; and
- ~~34.~~ 21. Any violations of other Nebraska statutes and/or 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 and/or deep sedation, ~~parenteral moderate sedation or inhalation analgesia (nitrous oxide)~~minimal sedation for each location where anesthesia administration is performed. As of the effective date of these regulations, a dentist licensed in this state may administer inhalation analgesia without a permit. If the licensed dentist retains the services of an Advanced Practice Registered Nurse – Certified Registered Nurse Anesthetist (APRN-CRNA) with an active Nebraska license to administer all general anesthesia or sedation, the licensed dentist shall assure that the location meets the requirements outlined in 56-008.02H.

56-008.01 Anesthesia Permits:

56-008.01A General Anesthesia or Deep Sedation Qualifications Requirements: 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: Be a citizen of the United States, a qualified alien lawfully admitted into the United States, a nonimmigrant lawfully admitted in the United States, or have:
  - a. An unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, *and*
  - b. Documentation as described in section 202 (c) (2)(B)(i) through (ix) of the federal REAL ID Act of 2005, Public Law 109-13;
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~~
  - a. Is a fellow of the American Dental Society of Anesthesiology;

- b. Is educationally qualified to apply for examination by the American Board of Oral and Maxillofacial Surgery (ABOMS);
  - c. Is a diplomat of the ABOMS; or
  - d. Has completed an advanced education program approved by the Board that affords comprehensive and appropriate training necessary to administer and manage general anesthesia or deep sedation.
- 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;~~ for health care providers as determined by the Board and either advanced cardiac life support or an appropriate emergency management course for anesthesia and dental sedation as determined by the Board.
  - 6. Facility: Maintains a properly equipped facility for the administration of general anesthesia or deep sedation as determined by the Board; and
  - 7. Inspection: Successfully complete an on-site inspection covering the areas of physical evaluation, monitoring, sedation, and emergency medication performed by the Board or its representative(s) who holds a dental license and has anesthesia training beyond ~~inhalation analgesia (nitrous oxide)~~ minimal sedation.

56-008.01B Parenteral Moderate Sedation Qualifications Requirements: ~~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: Be a citizen of the United States, a qualified alien lawfully admitted into the United States, a nonimmigrant lawfully admitted in the United States, or have:
  - a. An unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, *and*
  - b. Documentation as described in section 202 (c) (2)(B)(i) through (ix) of the federal REAL ID Act of 2005, Public Law 109-13;
- 2. 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~~
  - a. Is a fellow of the American Dental Society of Anesthesiology; or
  - b. Completed an advanced education program approved by the board that affords at least 60 didactic/clinical hours of comprehensive and appropriate training necessary to administer and manage moderate sedation.
- 8. Licensure: Holds an active dental license;
- 9. Certification: Have a current valid certification in basic life-support skills ~~from the American Red Cross or the American Heart Association, or~~

- ~~equivalent~~for health care providers as determined by the Board and either advanced cardiac life support or an appropriate emergency management course for anesthesia and dental sedation as determined by the Board;
10. ~~Facility:~~ Maintains a properly equipped facility for the administration of ~~parenteral moderate~~ sedation as determined by the Board; and
  11. ~~Inspection:~~ Successfully complete an on-site inspection covering the areas of physical evaluation, monitoring, sedation, and emergency medication performed by the Board or its representative(s) who hold a dental license and has anesthesia training beyond ~~inhalation analgesia (nitrous oxide)~~minimal sedation.

~~56-008.01C Inhalation Analgesia (Nitrous Oxide) Qualifications~~Minimal Sedation Requirements: 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:~~ Be a citizen of the United States, a qualified alien lawfully admitted into the United States, a nonimmigrant lawfully admitted in the United States, or have:
  - a. An unexpired employment authorization document issued by the United States Department of Homeland Security, Form I-766, and
  - b. Documentation as described in section 202(2)(B)(i) through (ix) of the federal REAL ID Act of 2005, Public Law 109-13;
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
  - a. Completed an advanced education program approved by the Board that affords at least 16 hours of comprehensive and appropriate training necessary to administer and manage minimal sedation; or
  - b. Completed training to the level of competency in minimal sedation consistent with the standards set by the American Dental Association as determined by the Board; or
  - c. Completed a comprehensive training program in minimal sedation as approved by the Board.
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~~for health care providers as determined by the Board and, if providing minimal sedation for persons twelve years of age and under, is currently certified in pediatric advanced life support as determined by the Board; and
6. ~~Facility:~~ Maintains a properly equipped facility for the administration of ~~inhalation analgesia (nitrous oxide)~~minimal sedation.

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: The application must contain all of the information and documentation required by Neb. Rev. Stat. §38-130, Neb. Rev. Stat. §38-131 and these regulations, including:~~

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);~~

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

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- (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~~

56-008.02A Education:

1. For general anesthesia or deep sedation:

- a. Proof of being a fellow of the American Dental Society of Anesthesiology; or
- b. Proof of being eligible educationally qualified for the examination by the ABOMS; or
- c. Proof of being a diplomat of the ABOMS; or
- d. Proof of completing an advanced education program approved by the board that affords comprehensive and appropriate training necessary to administer and manage general anesthesia or deep sedation.

2. For moderate sedation:

- a. Proof of being a fellow of the American Dental Society of Anesthesiology; or
  - b. Proof of completing an advanced education program approved by the board that affords at least 60 didactic/clinical hours of comprehensive and appropriate training necessary to administer and manage moderate sedation;
3. For minimal sedation:
- a. Proof of completing an advanced education program approved by the board that affords at least 16 hours of comprehensive and appropriate training necessary to administer and manage minimal sedation; or
  - b. Proof of completing training to the level of competency in minimal sedation consistent with the standards set by the American Dental Association as determined by the board;  
or
  - c. Proof of completing a comprehensive training program in minimal sedation as approved by the board.

56-008.02B Certification:

1. For general anesthesia or deep sedation or moderate sedation:
  - a. Have a current certification in basic life-support skills for health care providers as determined by the board and either advanced cardiac life support; or
  - b. Have a current certificate from an appropriate emergency management course for anesthesia and dental sedation as determined by the board.
2. For minimal sedation have a current certification in basic life-support skills for health care providers as determined by the board and, if providing minimal sedation for persons twelve years of age and under, be currently certified in pediatric advanced life support as determined by the board.

56-008.02C Adverse Actions: History of disciplinary actions, adverse actions, denials, denial of the right to take a credentialing examination, or other actions against a credential in any state or jurisdiction, including, but not limited to:

1. Voluntary surrenders or voluntary limitations;
2. Prior refusals to issue or to renew a credential;
3. Any disciplinary actions or denials of a credential; and
4. An explanation for an adverse action and or denial.

56-008.02D Convictions: Any misdemeanor or felony conviction(s). If the applicant has been convicted, the following information and documentation must be submitted 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 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; A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
5. Any other information as requested by the Board/Department;

56-008.02E Evidence of:

1. United States citizenship, or;
2. Being a qualified alien lawfully admitted into the United States, or;
3. Being a nonimmigrant lawfully admitted in the United States, or;
4. Being described in section 202 (c) (2)(B)(i) through (ix) of the federal REAL ID Act of 2005 and also possess and unexpired employment authorization document.

56-008.02F Practice Statement: A statement that the applicant has not administered anesthesia or sedation in Nebraska before submitting the application; or if the applicant has administered anesthesia or sedation in Nebraska before submitting the application a statement of the number of days, as well as the name and location of administration;

56-008.02G For purposes of Neb. Rev. Stat. §4-108 to 4-111, attest that s/he is

- a: 1. Citizen of the United States;
2. Qualified alien lawfully admitted into the United States.

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

a Evidence of age, such as:

- i Driver's license;
- ii Birth certificate;
- iii Marriage license that provides date of birth;
- iv Transcript that provides date of birth;
- v U.S. State identification card;
- vi Military identification; or (7) Other similar documentation;

b Evidence of good character, including:

- i 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;~~
- ~~ii — 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;~~
  - ~~iii — 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;~~
  - ~~iv — Conviction Information: If the applicant has been convicted of a felony or misdemeanor, 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 the actions the applicant has taken to address 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~~~~
- ~~c — Evidence that the applicant is:~~
- ~~i — 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~~
  - ~~ii — 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:~~
- ~~i — A U.S. Passport (unexpired or expired);~~
  - ~~ii — A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;~~
  - ~~iii — An American Indian Card (I-872);~~
  - ~~iv — A Certificate of Naturalization (N-550 or N-570);~~
  - ~~v — A Certificate of Citizenship (N-560 or N-561);~~
  - ~~vi — Certification of Report of Birth (DS-1350);~~
  - ~~vii — A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);~~
  - ~~viii — Certification of Birth Abroad (FS-545 or DS-1350);~~
  - ~~ix — A United States Citizen Identification Card (I-197 or I-179);~~
  - ~~x — A Northern Mariana Card (I-873);~~
  - ~~xi — A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;~~

- ~~xii An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;~~
- ~~xiii A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or~~
- ~~xiv 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:
  - ~~i Affidavit from an approved training program showing completion of one year of advanced training in anesthesiology and related subjects;~~
  - ~~ii Official documentation stating that the applicant is a diplomat of the ABOMS;~~
  - ~~iii Official documentation stating that the applicant has met the educational requirements for eligibility to take the examination by the ABOMS; or~~
  - ~~iv 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;~~  
56-008.02H General Anesthesia or Deep Sedation or Moderate Sedation Facility Requirements: For a general anesthesia or deep sedation or moderate sedation permit, each location will be inspected on-site prior to issuance of the permit and at least every five years after the permit is issued. If the anesthesia or sedation is provided for dental procedures at the location by an APRN-CRNA with an active Nebraska license, facility requirements specified within this section must be assured by the licensed dentist. The on-site inspection shall include the following;
- ~~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.
7. 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;
8. The following ancillary equipment:
  - 4 a. Laryngoscope complete with selection of blades and spare batteries and bulb;
  - 2 b. Endotracheal tubes and connectors;
  - 3 c. Oral airways;
  - 4 ~~Tonsillar or pharyngeal type suction tip adaptable to all office outlets;~~
  - 5 d. Endotracheal tube forceps;
  - 6 e. Pulse oximeter (minimal sedation only);
  - 7 ~~Sphygmomanometer and stethoscope;~~
  - 8 ~~Equipment for the establishment of an intravenous infusion;~~
  - 9 ~~Pulse oximeter; and~~
  - 10 f. CO2 monitor (general anesthesia/deep sedation and either f or g for moderate sedation);
  - 11 g. Pre cardio-stethoscope (general anesthesia/deep sedation and either f or g for moderate sedation);
  - 12 ~~h. Cardiac oscilloscope EKG (general anesthesia/deep sedation only).~~
9. Patient records which include the following:
  - 13 a. Medical history and physical evaluation records;
  - 14 b. Anesthesia records, which must include blood pressure, pulse, drugs and amounts administered, length of the procedure, and any complications of anesthesia; and
  - 15 c. Name of and Documentation verifying that any person who assists a dentist in the administration of general anesthesia or deep sedation or moderate sedation has a current certification in basic life-support by either the American Red Cross or the American Heart Association or the equivalent skills for health care providers as determined by the Board and either advanced cardiac life support or an appropriate emergency management course for anesthesia and dental sedation as determined by the Board;
10. Drugs with current dates available for treatment of the following medical emergencies:
  - 16 ~~(a)~~ a. Laryngospasm (general anesthesia and/or deep sedation only);
  - ~~(b)~~ b. Bronchospasm;
  - ~~(c)~~ ~~Nausea, vomiting, and aspiration of foreign material under anesthesia;~~
  - ~~(d)~~ c. Angina Pectoris;
  - ~~(e)~~ d. Myocardial Infarction (general anesthesia and/or deep sedation only);
  - ~~(f)~~ e. Hypotension;

- ~~(g) f. Hypertension;~~
  - ~~(h) g. Cardiac Arrest;~~
  - ~~(i) Allergic Reaction;~~
  - ~~(j) h. Convulsions;~~
  - ~~(k) i. Respiratory Arrest; and~~
  - ~~(l) j. Medications for reversal of anesthesia/sedation agents;~~
  - ~~(m) Narcotic overdose; or~~
  - ~~(n) Benzodiazepine overdose; or~~
- j 11. Review of the following routine procedures performed:
  - i a. Preoperative evaluation of patients;
  - ii b. Management of medical risk patients;
  - iii c. Technique and method of administration of general anesthesia and/or sedation;
  - iv d. Monitoring of patients during procedures and recovery;
  - v e. Recordkeeping; and
  - vi f. Management of emergencies; and
- 12. All drugs used for anesthesia/sedation will be used in accordance with the manufacturer's package insert.
- k ~~If applying for a permit to administer parenteral sedation, evidence of meeting the following facility requirements for the administration of parenteral sedation:~~
  - ~~i 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;~~
  - ~~ii 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;~~
  - ~~iii 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;~~
  - ~~iv Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device must also be available;~~
  - ~~v 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;~~
  - ~~vi 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.~~
  - ~~vii 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.~~~~
  - ~~viii Patient records which include the following:
    - ~~1 Medical history and physical evaluation records;~~~~

- ~~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
- ~~3~~ 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.
- ~~ix~~ 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; or
- † 56-008.021 Minimal Sedation Facility Requirements: 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) minimal sedation permit an attestation of meeting the following for each location where minimal sedation will be performed:
  - i 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.
  - ii 2. Suction equipment which permits aspiration of the oral and pharyngeal cavities.
  - iii 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.
  - iv ~~v~~ 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.
  - v 4. 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.
  - vii 5. The following ancillary equipment:
    - ~~4~~ a. Oral pharyngeal airway(s); and
    - (b) b. Sphygmomanometer and stethoscope;
  - viii 6. Patient records which include the following:
    - ~~4~~ a. Medical history prior to the administration of inhalation analgesia (nitrous oxide) minimal sedation and physical evaluation records;
    - ~~2~~ b. Inhalation analgesia (nitrous oxide) records, which must include any complications of inhalation analgesia (nitrous oxide) and name(s) of those assisting the dentistDocumentation in the patient's record of the medication and dosage administered; and
    - ~~3~~ c. Name of and dDocumentation verifying that any person who assists a dentist in the administration of inhalation analgesia (nitrous oxide) minimal sedation has a current certification in basic life

~~support by either the American Red Cross or the American Heart Association or the equivalent. skills for health care providers as determined by the Board and, if providing minimal sedation for persons twelve years of age and under, is currently certified in pediatric advanced life support as determined by the Board.~~

~~ix — Z. ~~Drugs with current dates available for treatment of medical emergencies;~~  
~~and~~~~

~~m — 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:~~

~~i — Preoperative evaluation of patients;~~

~~ii — Management of medical risk patients;~~

~~iii — Technique and method of administration of general anesthesia  
and/or parenteral sedation;~~

~~iv — Monitoring of patients during procedures and recovery;~~

~~v — Recordkeeping;~~

~~vi — 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.~~

~~vii — Management of emergencies; and~~

3 56-008.02J Fee: The applicant must submit the required permit fee along with the application and all required documentation.

56-008.02AJ(1) 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.

56-008.02K Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation into 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.

#### 56-008.02L Denied or Withdrawn Applications

56-008.02L(1) Denied Applications: An applicant for a dental/dental hygiene license whose application is denied by the Department will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department. Any examination fee will not be returned.

56-008.02L(2) Withdrawn Applications: An applicant for a dental/dental hygiene license may request to withdraw the application. A request to withdraw an application will be granted:

- (a) When the application is incomplete; or
- (b) When the request for withdrawal is received within five business days of the receipt of a completed application.

If a request to withdraw an application is granted, the applicant will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department.

56-008.02BK 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. A dentist who wants to renew his/her anesthesia/sedation permit must, prior to the expiration date, file an application for renewal, pay the fee, and attest to having at least 6 (six) continuing education hours directly related to the administration and management anesthesia and sedation for the dental office, maintaining a properly equipped facility for administration of either general anesthesia or deep sedation, moderate sedation, or minimal sedation.

56-009.01 Renewal Application: The credential holder 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#);Disclosing a SSN is mandatory. Certain applicants may have both a SSN and an A#, and if so, must report both.

56-009.02 Must attest that s/he:

1. Is of good character;
2. Maintains a properly equipped facility for administration of either general anesthesia/deep sedation; moderate sedation; or minimal sedation; and
3. Has not, since the last renewal of the credential, committed any act which would be grounds for action against a credential as specified in the Uniform Credentialing Act and 172 NAC 56, 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 4-111, s/he is:
  - a. A citizen of the United States, or

b. A qualified alien lawfully admitted into the United States

56-009.03 Documentation: Must submit the following documentation with the application:

- a. Alien or Non-Immigrant: Evidence of:
  - (1) Being a qualified alien lawfully admitted into the United States, or;
  - (2) Being a nonimmigrant lawfully admitted in the United States, or;
  - (3) Being described in section 202 (c)(2)(B)(i) through (ix) of the federal REAL ID Act of 2005 and also possess an unexpired employment authorization document
- b. Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the name of the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed;
- 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 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 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.

~~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 nonimmigrant:~~ 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.~~

56-009.02A4 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 56008.02.~~

~~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.

~~56-010 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.~~

56-0140 REINSTATEMENT: This section applies to individuals previously credentialed licensed or permitted in Nebraska who seek the authority to return to practice in Nebraska with a valid Nebraska credential license 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.~~

Individuals not eligible for reinstatement: An individual whose license has been permanently voluntarily surrendered is not eligible for reinstatement and may not reapply for a new credential of the same license type.

To reinstate a license, an individual must submit a complete application, pay the renewal fee and reinstatement fee (if applicable), and provide the following on his or her application:

56-010.01 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); or
  - b. Alien Registration Number (A#);  
Disclosing a SSN is mandatory. Certain applicants may have both a SSN and an A#, and if so, must report both.
4. If the applicant holds a professional credential in another jurisdiction; and
5. If making application following voluntary surrender or disciplinary action, information relating to what actions s/he has taken to address the reasons that caused the action.

56-010.02 Citizenship/Lawful Presence: Be a citizen of the United States, a qualified alien lawfully admitted into the United States, a nonimmigrant lawfully admitted in the United States, or have:

1. An unexpired employment authorization document issued by the United States Department of Homeland Security, form I-766, and
2. Documentation as described in section 202 (c)(2)(B)(i) through (ix) of the federal REAL ID Act of 2005, Public Law 109-13;

56-010.03 Must attest that s/he:

1. Is of good character;
  - a. If applying to reinstate a dental/dental hygiene license:
    - (1) Has met the continuing education requirements specified in 172 NAC 005 within the 24 months immediately preceding submission of the application
    - (2) Has meet 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; or
      - (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
- b. If applying to reinstate a temporary dentist license, has submitted proof the applicant is still enrolled in a postgraduate/residency program; or
- c. If applying to reinstate an anesthesia permit:
- (1) Has submitted proof that the applicant has obtained the required 6 hours of continuing education directly related to the administration and management of anesthesia and sedation in a dental office;
- (2) Has provided proof that the applicant has met the requirement for maintaining a properly equipped facility; and
- (3) Has provided proof of current basic life-support certification and/or advanced cardiac life support and/or an appropriate emergency management course for anesthesia and dental sedation as determined by the board, and an on-site inspection (if applicable).; and;
2. Has not practiced in Nebraska since s/he last held an active credential, or if the applicant has practiced in Nebraska since s/he last held an active credential, the actual number of days practiced;
3. Has not committed any act which would be grounds for action against a credential as specified in 172 NAC 006 since the last renewal or issuance of the credential (whichever is later), or if an act(s) was committed, provide an explanation of all such acts; and
4. For purposes of Neb. Rev. Stat. §38-129:
- 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.

#### 56-010.04 Denied or Withdrawn Applications

56-010.04A Denied Applications: An applicant for reinstatement whose application is denied by the Department will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department.

56-010.04B Withdrawn Applications: An applicant for reinstatement may request to withdraw the application. A request to withdraw an application will be granted:

1. When the application is incomplete; or
2. When the request for withdrawal is received within five business days of the receipt of a completed application.

If a request to withdraw an application is granted, the applicant will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department.

56-009.01 Renewal Application: The credential holder 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.~~

56-009.02 Must attest that s/he:

1. ~~Is of good character;~~
2. ~~Maintains a properly equipped facility for administration of either general anesthesia/deep sedation; moderate sedation; or minimal sedation; and~~
3. ~~Has not, since the last renewal of the credential, committed any act which would be grounds for action against a credential as specified in the Uniform Credentialing Act and 172 NAC 56, or if an act(s) was committed, provide an explanation of all such acts; and~~
4. ~~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.~~

56-009.03 Documentation: 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 a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the name of the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed;~~
- 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 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 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.

~~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 nonimmigrant, 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 onsite 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. ~~Reinstate the credential or permit to active status and impose limitation(s) or other disciplinary actions on the credential or permit; and/or~~
3. ~~Reinstate 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. ~~Reinstate the credential or permit to active status and impose limitation(s) or other disciplinary actions on the credential or permit; and/or~~
3. ~~Reinstate 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 56011.01.

~~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 nonimmigrant, 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:~~

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~~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?~~

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~~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

- ~~\_\_\_\_\_ 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 onsite 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 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.~~

~~**56-012 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.~~

56-011 ADMINISTRATIVE PENALTY: The Department may assess an administrative penalty when evidence exists for practicing without a credential to practice a profession or operate a business. 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.

56-0132 FEES: Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.