

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
AMENDED NOTICE OF PUBLIC HEARING

May 27, 2020
10:00 A.M. Central Time
Nebraska State Office Building – Lower Level A
301 Centennial Mall South, Lincoln, Nebraska
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive additional comments on the proposed changes of Title 172, Chapter 56 of the Nebraska Administrative Code (NAC) – *Licensure of Dentists; Minimal, Moderate, or General Anesthesia/Deep Sedation*. The proposed regulations will govern the licensure of Dentists. The proposed changes will include removal of statutory language from the regulations and will also remove any duplicate language that will be covered in 172 NAC 10 for credentials issued under the Uniform Credentialing Act. These regulations also include necessary changes due to amendments to the Uniform Credentialing Act and the Dentistry Practice Act.

Additional proposed changes include: clarification of remedial course requirements were added; and changes were made to the number of Continuing Education (CE) hours allowed as a CE presenter.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

Due to the current public health crisis, the agency will be enforcing the Centers for Disease Control's recommendation on the size of gatherings. The public hearing will be limited to eight (8) in-person attendees. In order to encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments.

Interested persons may provide verbal comments by participating via phone conference line by calling 888-820-1398; Participant code: 3213662#

Interested persons may provide written comments by mail, fax, or email, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

FISCAL IMPACT STATEMENT

Agency: Department of Health and Human Services	
Title:172	Prepared by:Jesse Cushman
Chapter:56	Date prepared:3/27/19
Subject: Licensure Of Dentists; Minimal, Moderate, Or General Anesthesia / Deep Sedation	Telephone: (402)471-4915

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
Increased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Increased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Indeterminable	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

Provide an Estimated Cost & Description of Impact:

State Agency:

Political Subdivision:

Regulated Public:

If indeterminable, explain why:

TITLE 172 ————— PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 56 ————— LICENSURE OF DENTISTS AND DENTAL HYGIENISTS

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

~~56-002 DEFINITIONS:~~

~~Accredited 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.

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

~~Board~~ means the Board of Dentistry.

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

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

~~Confidential information means information protected as privileged under applicable law.~~

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

~~Continuing education 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.

Military service means full-time duty in the active military service of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a servicemember is absent from duty on account of sickness, wounds, leave, or other lawful cause. (From the Servicemembers Civil Relief Act, 50 U.S.C. App. 501 et seq., as it existed on January 1, 2007)

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

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

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

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

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

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

~~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

56-003.01 Dentist Licensure:

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

- ~~1. Age and Good Character: Be at least 19 years old and of good character;~~
- ~~2. Citizenship/Lawful Presence Information: For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, be a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. § 38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act;~~
- ~~3. Education: Graduate from an accredited school or college of Dentistry with a Doctorate of Dental Surgery (DDS) or Doctorate of Dental Medicine (DMD);~~
- ~~4. Experience: Applicants that are applying on the basis of licensure in another state must have engaged in the active practice of dentistry or in a dental residency or graduate training program for at least three years and one of the three years must have been within the three years immediately preceding the date of application;~~
- ~~5. Examination:~~

- ~~a. Pass the licensure examination Part I and Part II given by the Joint Commission on National Board Dental Examinations (JCNBDE) with a score of 75 or above on each part of this examination;~~
- ~~b. Pass the practical examination administered by the Central Regional Dental Testing Service or any other regional or state practical examination that the Board of Dentistry determines is comparable to such practical examination with the score determined by the testing agency. Scores from any of the licensure practical examinations approved by the Board are accepted for up to five years from the date the examination was passed. If an applicant has failed on two occasion to pass a regional or state practical examination, that applicant is required to complete a remedial course in clinical dentistry approved by the Board before the Department will consider the results of the third examination as valid; and~~
- ~~c. Pass a jurisprudence examination that relates to the statutes that govern dentistry and dental hygiene with an average score of 75% or above.~~

56-003.02 Dental Hygienist Licensure:

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

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

~~practical examination, that applicant is required to complete a remedial course in clinical dental hygiene approved by the Board before the Department will consider the results of the third examination as valid; and~~

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

~~56-003.03 Temporary Dentist Licensure:~~

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

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

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

~~1. Written Application:~~

~~a. Personal Information:~~

- ~~(1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
- ~~(2) Date of birth (month, day, and year);~~
- ~~(3) Place of birth (city and state or country if not born in the United States);~~

- ~~(4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);~~
- ~~(5) The applicant's:
 - ~~(a) Social Security Number (SSN);~~
 - ~~(b) Alien Registration Number ("A#"); or~~
 - ~~(c) Form I-94 (Arrival-Departure Record) number.~~Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.~~
- ~~(6) The applicant's telephone number including area code (optional);~~
- ~~(7) The applicant's e-mail address (optional); and~~
- ~~(8) The applicant's fax number (optional);~~
- ~~b. Indication as to whether the applicant is applying for a:
 - ~~(1) Dentist license based examination or licensure in another state;~~
 - ~~(2) Dental Hygienist license based on examination or licensure in another state; or~~
 - ~~(3) Temporary dentist license;~~~~
- ~~c. Education: Name and location of the applicant's accredited dental/dental hygiene program or postgraduate/residency program;~~
- ~~d. Indicate whether or not the applicant holds a Federal Drug Enforcement Administration (DEA) Registration (dentists only);~~
- ~~e. Practice Before Application: The applicant must state:
 - ~~(1) That s/he has not practiced dentistry/dental hygiene in Nebraska before submitting the application; or~~
 - ~~(2) If s/he has practiced dentistry/dental hygiene in Nebraska before submitting the application, the actual number of days practiced in Nebraska before submitting the application for a credential and the name and location of practice;~~~~
- ~~f. Answer the following questions either yes or no. For any yes answers, explain the circumstances and outcome. Applicant will be notified of any additional documentation which is required by the Board/Department:~~

~~Section I~~

- ~~(1) Have you ever had any disciplinary or adverse action imposed against a professional 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?~~

~~Section II~~

- ~~(1) Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?~~
- ~~(2) Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?~~
- ~~(3) Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?~~
- ~~(4) Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?~~

~~Section III~~

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

~~Section IV~~

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

~~Section V (dentists only)~~

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

- ~~(3) Have you ever surrendered your state or federal controlled substances registration?~~
- ~~(4) Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?~~

~~Section VI~~

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

~~g. Attestation: The applicant must attest that:~~

- ~~(1) S/he has read the application or has had the application read to him/her;~~
- ~~(2) All statements on the application are true and complete;~~
- ~~(3) S/he is of good character;~~
- ~~(4) S/he has not committed any act that would be grounds for denial under 172 NAC 56-007 or if an act(s) was committed, provide an explanation of all such acts; and~~
- ~~(5) S/he is:
 - ~~(a) For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and~~
 - ~~(b) For purposes of Neb. Rev. Stat § 38-129:
 - ~~(i) A citizen of the United States;~~
 - ~~(ii) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or~~
 - ~~(iii) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act; and~~~~~~

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

~~a. Evidence of age, such as:~~

- ~~(1) Driver's license;~~
- ~~(2) Birth certificate;~~
- ~~(3) Marriage license that provides date of birth;~~
- ~~(4) Transcript that provides date of birth;~~
- ~~(5) U.S. State identification card;~~

- ~~(6) Military identification; or~~
- ~~(7) Other similar documentation;~~

~~b. Evidence of good character, including:~~

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

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

- ~~(2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;~~
- ~~(3) Denial: If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;~~
- ~~(4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:
 - ~~(a) A list of any misdemeanor or felony convictions;~~
 - ~~(b) A copy of the court record, which includes charges and disposition;~~
 - ~~(c) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the conviction;~~
 - ~~(d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;~~
 - ~~(e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and~~
 - ~~(f) Any other information as requested by the Board/Department;~~~~
- ~~c. Evidence that the applicant is:
 - ~~(1) For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and~~
 - ~~(2) For purposes of Neb. Rev. Stat. § 38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a 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.~~
- ~~3. Fee: The applicant must submit the required license fee along with the application and all required documentation.~~

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

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

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

- ~~(6) The applicant's telephone number including area code (optional);~~
 - ~~(7) The applicant's e-mail address (optional);~~
 - ~~(8) The applicant's fax number (optional);~~
 - ~~(9) Name of the institution providing the remedial course;~~
 - ~~(10) Description of the subject matter of the remedial course. Subject matter for the remedial course must cover the content included in the section(s) of the regional or state practical examination that the applicant failed;~~
 - ~~(11) Name, title, and qualifications (vitae or resume) of faculty member providing the remedial instruction;~~
 - ~~(12) Number of hours of didactic instruction; number of hours of clinical instruction; number of hours under direct supervision, and total number of hours in the remedial course. The remedial course must include at least 15 hours of didactic and clinical instruction, of which 10 hours must be under the direct supervision of the faculty member providing the remedial instruction;~~
 - ~~(13) Written plan of evaluation for the remedial course, indicating the method of evaluation;~~
 - ~~(14) Statement bearing the school seal from the institution providing the remedial instruction indicating that the remedial course meets the criteria for approval; and~~
 - ~~(15) Signature of the faculty member providing the remediation and date; and~~
- b. ~~Attestation:~~ The applicant must attest that:
- ~~(1) S/he has read the application or has had the application read to him/her;~~
 - ~~(2) All statements on the application are true and complete;~~
 - ~~(3) S/he is of good character; and~~
 - ~~(4) S/he has not committed any act that would be grounds for denial under 172 NAC 56-007 or if an act(s) was committed, provide an explanation of all such acts.~~

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

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

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

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

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

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

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

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

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

~~56-003.09 Confidentiality: Social Security Numbers obtained under this section are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.~~

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

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

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

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

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

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

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

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

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

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

~~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?~~

~~Section II~~

- ~~(1) Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?~~
- ~~(2) Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other~~

~~in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?~~

- ~~(3) Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?~~
- ~~(4) Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health.~~

~~Section III~~

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

~~Section IV~~

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

~~Section V~~

- ~~(1) Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?~~
- ~~(2) Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~
- ~~(3) Have you ever surrendered your state or federal controlled substances registration?~~
- ~~(4) Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?~~

~~Section VI~~

- ~~(1) Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or~~

~~award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?~~

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

~~f. Attestation: The applicant must attest that:~~

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

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

~~(3) S/he is of good character;~~

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

~~(5) S/he is:~~

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

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

~~(i) A citizen of the United States;~~

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

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

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

~~a. Evidence of age, such as:~~

~~(1) Driver's license;~~

~~(2) Birth certificate;~~

~~(3) Marriage license that provides date of birth;~~

~~(4) Transcript that provides date of birth;~~

~~(5) U.S. State identification card;~~

~~(6) Military identification; or~~

~~(7) Other similar documentation;~~

~~b. Evidence of good character, including:~~

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

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

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

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

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

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

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

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

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

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

- ~~_____ a. One hour credit for each hour of well-being (substance abuse) continuing education; allowable credit limited to 5 hours within a 24-month renewal period.~~

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

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

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

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

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

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

- ~~(1) Is of good character;~~
 - ~~(2) Has met the continuing competency requirements specified in 172 NAC 56-005 or has requested a waiver if s/he meets the requirements of 172 NAC 56-006.03 and/or 56-006.04;~~
 - ~~(3) Has not, since the last renewal of the credential, committed any act which would be grounds for action against the credential as specified in 172 NAC 56-007 or if an act(s) was committed, provide an explanation of all such acts;~~
 - ~~(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:~~

- ~~1. Misrepresentation of material facts in procuring or attempting to procure a credential or permit;~~
- ~~2. Immoral or dishonorable conduct evidencing unfitness to practice the profession in this state;~~
- ~~3. Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering substance;~~
- ~~4. Failure to comply with a treatment program or an aftercare program, including, but not limited to, a program entered into under the Licensee Assistance Program established pursuant to Neb. Rev. Stat. § 38-175;~~
- ~~5. Conviction of:
 - ~~a. A misdemeanor or felony under Nebraska law or federal law, or~~
 - ~~b. A crime in any jurisdiction which, if committed within this state, would have constituted a misdemeanor or felony under Nebraska law and which has~~~~

- ~~a rational connection with the fitness or capacity of the applicant, credential holder or permit holder to practice the profession;~~
- ~~6. Practice of the profession:
 - ~~a. Fraudulently;~~
 - ~~b. Beyond its authorized scope;~~
 - ~~c. With gross incompetence or gross negligence, or~~
 - ~~d. In a pattern of incompetent or negligent conduct;~~~~
 - ~~7. Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability;~~
 - ~~8. Physical or mental incapacity to practice the profession as evidenced by a legal judgment or a determination by other lawful means;~~
 - ~~9. Illness, deterioration, or disability that impairs the ability to practice the profession;~~
 - ~~10. Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a credential or permit by a person not credentialed or permitted to do so;~~
 - ~~11. Having had his/her credential or permit denied, refused renewal, limited, suspended, revoked, or disciplined in any manner similar to 172 NAC 56-007.05 by another state or jurisdiction based upon acts by the applicant, credential holder or permit holder similar to acts described in this part;~~
 - ~~12. Use of untruthful, deceptive, or misleading statements in advertisements;~~
 - ~~13. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act;~~
 - ~~14. Distribution of intoxicating liquors, controlled substances, or drugs for any other than lawful purposes;~~
 - ~~15. Violations of the Uniform Credentialing Act or the rules and regulations relating to the particular profession;~~
 - ~~16. Unlawful invasion of the field of practice of any profession regulated by the Uniform Credentialing Act which the credential or permit holder is not credentialed or permitted to practice;~~
 - ~~17. Violation of the Uniform Controlled Substances Act or any rules and regulations adopted pursuant to the act;~~
 - ~~18. Failure to file a report required by Neb. Rev. Stat. §§ 38-1,124 or 38-1,125;~~
 - ~~19. Failure to maintain the requirements necessary to obtain a credential or permit;~~
 - ~~20. Violation of an order issued by the Department;~~
 - ~~21. Violation of an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108;~~
 - ~~22. Failure to pay an administrative penalty;~~
 - ~~23. Unprofessional conduct as defined in 172 NAC 56-007.02; or~~
 - ~~24. Violation of the Automated Medication Systems Act.~~

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

- ~~1. Receipt of fees on the assurance that an incurable disease can be permanently cured;~~

- ~~2. Division of fees, or agreeing to split or divide the fees, received for professional services with any person for bringing or referring a consumer other than:
 - ~~a. With a partner or employee of the applicant, credential holder or permit holder or his/her office or clinic;~~
 - ~~b. With a landlord of the applicant, credential holder or permit holder pursuant to a written agreement that provides for payment of rent based on gross receipts; or~~
 - ~~c. With a former partner or employee of the applicant, credential holder or permit holder based on a retirement plan or separation agreement;~~~~
- ~~3. Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;~~
- ~~4. Cheating on or attempting to subvert the credentialing examination;~~
- ~~5. Assisting in the care or treatment of a consumer without the consent of the consumer or his/her legal representative;~~
- ~~6. Use of any letters, words, or terms, either as a prefix, affix, or suffix, on stationery, in advertisements, or otherwise, indicating that the person is entitled to practice a profession for which s/he is not credentialed or permitted;~~
- ~~7. Performing, procuring, or aiding and abetting in the performance or procurement of a criminal abortion;~~
- ~~8. Knowingly disclosing confidential information except as otherwise permitted by law;~~
- ~~9. Commission of any act of sexual abuse, misconduct, or exploitation related to the practice of the profession of the applicant, credential holder or permit holder. Sexual misconduct in the practice of dentistry means violation of the dentist-patient relationship through which the dentist uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient;
 - ~~a. Committing any act which would constitute sexual battery upon a patient;~~
 - ~~b. Intentionally touching the sexual body parts of a patient, i.e. the breast and/or genitals; and~~
 - ~~c. Fondling, hugging, or kissing a patient;~~~~
- ~~10. Failure to keep and maintain adequate records of treatment or service;~~
- ~~11. Prescribing, administering, distributing, dispensing, giving, or selling any controlled substance or other drug recognized as addictive or dangerous for other than a medically accepted therapeutic purpose;~~
- ~~12. Prescribing any controlled substance to:
 - ~~a. Oneself; or~~
 - ~~b. Except in the case of a medical emergency;
 - ~~(1) One's spouse;~~
 - ~~(2) One's child;~~
 - ~~(3) One's parent;~~
 - ~~(4) One's sibling; or~~
 - ~~(5) Any other person living in the same household as the prescriber;~~~~~~
- ~~13. Failure to comply with any federal, state, or municipal law, ordinance, rule, or regulation that pertains to the applicable profession;~~
- ~~14. Failure to keep written dental records and medical history records justifying the course of treatment of the patient including, but not limited to, patient histories, examination results, test results, and X-rays, if taken;~~

- ~~15. Exercising influence on the patient or client in such a manner as to exploit the patient or client for the financial gain of the applicant, credential holder or permit holder or of a third party, which includes, but is not limited to, the promotion or sale of services, goods, appliances, or drugs;~~
- ~~16. Refusing to provide professional service to a person because of such person's race, creed, color, or national origin;~~
- ~~17. Prescribing, selling, administering, or distributing, any drug legally classified as a prescription drug other than for proper dental purposes;~~
- ~~18. Prescribing, selling, administering, distributing, or giving a drug legally classified as a controlled substance or recognized as an addictive or dangerous drug to him/herself or a family member, unless the family member is being treated as a patient for a dental condition;~~
- ~~19. Use of nitrous oxide or inhalants for other than dental purposes;~~
- ~~20. Giving fraudulent prescriptions;~~
- ~~21. Maintaining fraudulent controlled substance records;~~
- ~~22. Treating or diagnosing medical problems not specifically related to the dental treatment;~~
- ~~23. Failure to furnish the Board, its investigators or representatives, information legally requested by the Board;~~
- ~~24. Failure to submit a written report to the Board that a death of a patient occurred in the credential or permit holder's office regardless of the circumstances of such death;~~
- ~~25. Allowing dental hygienists or assistants to provide dental services contrary to the Board's rules and regulations;~~
- ~~26. Any departure from or failure to conform to the ethics of the dental profession, which ethics are found in the American Dental Association's Principles of Ethics and Code of Professional Conduct and Advisory Opinions;~~
- ~~27. Misrepresentation of material facts in applying for or procuring a renewal of a credential or permit;~~
- ~~28. Misrepresenting one's credentials in an application submitted to a healthcare facility, insurance company, or prospective employer;~~
- ~~29. Violation of provisions of the Dentistry Practice Act relating to the administration of general anesthesia, parenteral sedation, or inhalation analgesia (nitrous oxide);~~
- ~~30. Prescribing drugs to an individual the dentist has never met based solely on answers to questions provided by the internet, telephone, or FAX or without first establishing a proper dentist-patient relationship. A proper dentist-patient relationship requires that the dentist make an informed dental judgment upon examination, diagnosis, and formulation of a treatment plan and that arrangements exist to insure availability of the dentist or dentist coverage for follow-up patient care;~~
- ~~31. Disruptive behavior as manifested by a dentist's or dental hygienist's aberrant behavior which interferes with patient care or could reasonably be expected to interfere with patient care, including, but not limited to, the following:
 - ~~a. Outbursts of rage or violent behavior;~~
 - ~~b. Throwing of instruments, records, or objects;~~
 - ~~c. Insulting comments to a patient, patient's family, dental staff, or other healthcare professionals;~~
 - ~~d. Striking or assaulting a patient, patient's family, dental staff or healthcare professionals;~~
 - ~~e. Poor hygiene;~~~~

~~32. Any violations of other Nebraska regulations governing the profession.~~

56-007.03 Temporary Suspension or Limitation

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

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

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

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

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

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

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

- ~~1. Require the credential or permit holder to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral or both and may be a practical or clinical examination or both or any~~

~~or all of the combinations of written, oral, practical, and clinical, at the option of the Director;~~

- ~~2. Require the credential or permit holder to submit to a complete diagnostic examination by one or more physicians or other qualified professionals appointed by the Director. If the Director requires the credential or permit holder to submit to an examination, the Director will receive and consider any other report of a complete diagnostic examination given by one or more physicians or other qualified professionals of the credential or permit holder's choice if the credential or permit holder chooses to make available the report or reports by his/her physician or physicians or other qualified professionals; and~~
- ~~3. Limit the extent, scope, or type of practice of the credential or permit holder.~~

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

~~56-008.01 Anesthesia Permits:~~

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

- ~~1. Age and Good Character: Be at least 19 years old and of good character;~~
- ~~2. Citizenship/Lawful Presence Information: For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, be a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act. For purposes of Neb. Rev. Stat. § 38-129, be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~
- ~~3. Education:~~
 - ~~a. Completed one year of advanced training in anesthesiology and related academic subjects beyond dental school level in an approved training program;~~
 - ~~b. Is a diplomat of the American Board of Oral and Maxillofacial Surgery (ABOMS);~~
 - ~~c. Is educationally qualified to apply for examination by the ABOMS;~~

~~or~~
 - ~~d. Is a fellow of the American Dental Society of Anesthesiology; and~~
- ~~4. Licensure: Holds an active dental license;~~
- ~~5. Certification: Have a current valid certification in basic life-support skills from the American Red Cross or the American Heart Association, or equivalent;~~
- ~~6. Facility: Maintains a properly equipped facility for the administration of general anesthesia; and~~
- ~~7. Inspection: Successfully complete an on-site inspection performed by the Board or its representative(s) who holds a dental license and has anesthesia training beyond inhalation analgesia (nitrous oxide).~~

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

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

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

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

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

1. ~~Written Application:~~

a. ~~Personal Information:~~

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

b. ~~Practice Before Application:~~ The applicant must state:

- ~~(1) That s/he has not administered anesthesia in Nebraska before submitting the application; or~~
- ~~(2) If s/he has administered anesthesia in Nebraska before submitting the application, the actual number of days practiced in Nebraska before submitting the application for a permit and the name and location of practice; and~~

c. ~~Attestation:~~ The applicant must attest that:

- ~~(1) S/he has read the application or has had the application read to him/her;~~
- ~~(2) All statements on the application are true and complete;~~
- ~~(3) S/he is of good character;~~
- ~~(4) S/he has not committed any act that would be grounds for denial under 172 NAC 56-007 or if an act(s) was committed, provide an explanation of all such acts; and~~
- ~~(5) S/he is:
 - ~~(a) For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and~~
 - ~~(b) For purposes of Neb. Rev. Stat. § 38-129:
 - ~~(i) A citizen of the United States;~~
 - ~~(ii) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or~~~~~~

- ~~(iii) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~
- ~~2. Documentation: The applicant must submit the following documentation with the application:~~
 - ~~a. Evidence of age, such as:~~
 - ~~(1) Driver's license;~~
 - ~~(2) Birth certificate;~~
 - ~~(3) Marriage license that provides date of birth;~~
 - ~~(4) Transcript that provides date of birth;~~
 - ~~(5) U.S. State identification card;~~
 - ~~(6) Military identification; or~~
 - ~~(7) Other similar documentation;~~
 - ~~b. Evidence of good character, including:~~
 - ~~(1) Other Credential Information: If the applicant holds or has held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential;~~
 - ~~(2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and an official copy of the disciplinary action(s), including charges and disposition;~~
 - ~~(3) Denial: If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;~~
 - ~~(4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:
 - ~~(a) A list of any misdemeanor or felony convictions;~~
 - ~~(b) A copy of the court record, which includes charges and disposition;~~
 - ~~(c) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of the actions the applicant has taken to address behaviors/actions related to the conviction;~~
 - ~~(d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;~~
 - ~~(e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and~~
 - ~~(f) Any other information as requested by the Board/Department; and~~~~
 - ~~c. Evidence that the applicant is:~~
 - ~~(1) For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and~~
 - ~~(2) For purposes of Neb. Rev. Stat. § 38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a~~

~~nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~

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

- ~~(1) A U.S. Passport (unexpired or expired);~~
- ~~(2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;~~
- ~~(3) An American Indian Card (I-872);~~
- ~~(4) A Certificate of Naturalization (N-550 or N-570);~~
- ~~(5) A Certificate of Citizenship (N-560 or N-561);~~
- ~~(6) Certification of Report of Birth (DS-1350);~~
- ~~(7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);~~
- ~~(8) Certification of Birth Abroad (FS-545 or DS-1350);~~
- ~~(9) A United States Citizen Identification Card (I-197 or I-179);~~
- ~~(10) A Northern Mariana Card (I-873);~~
- ~~(11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;~~
- ~~(12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;~~

~~(13) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or~~

~~(14) A Form I-94 (Arrival-Departure Record);~~

~~e. If applying for a permit to administer general anesthesia, one of the following as evidence of education:~~

- ~~(1) Affidavit from an approved training program showing completion of one year of advanced training in anesthesiology and related subjects;~~
- ~~(2) Official documentation stating that the applicant is a diplomat of the ABOMS;~~
- ~~(3) Official documentation stating that the applicant has met the educational requirements for eligibility to take the examination by the ABOMS; or~~
- ~~(4) Letter of verification that the applicant is a fellow in general anesthesia of the American Dental Society of Anesthesiology;~~

~~f. If applying for a permit to administer parenteral sedation, evidence that the applicant is certified as competent in the administration of parenteral sedation and in handling all related emergencies by a university, teaching hospital, or other facility approved by the Board;~~

~~g. If applying for a permit to administer inhalation analgesia (nitrous oxide), evidence that the applicant has completed an approved two-day training course in administering inhalation analgesia (nitrous oxide) or equivalent acquired while studying at an accredited school/college of dentistry; and~~

~~h. Copy of the applicant's current valid certification in basic life-support from the American Red Cross or the American Heart Association or equivalent;~~

~~i. If applying for a permit to administer general anesthesia, evidence of meeting the following facility requirements for the administration of general anesthesia:~~

- ~~(1) An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team~~

- ~~consisting of at least three individuals to freely move about the patient;~~
- ~~(2) An operating table or chair which permits a patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation;~~
 - ~~(3) A lighting system which permits evaluation of a patient's skin and mucosal color and a backup lighting system which is battery powered or on-site generator powered and of intensity to permit completion of any operation underway at the time of general power failure;~~
 - ~~(4) Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device must also be available;~~
 - ~~(5) An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system;~~
 - ~~(6) A recovery area that has oxygen, lighting, suction, and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period;~~
 - ~~(7) The following ancillary equipment:
 - ~~(a) Laryngoscope complete with selection of blades and spare batteries and bulb;~~
 - ~~(b) Endotracheal tubes and connectors;~~
 - ~~(c) Oral airways;~~
 - ~~(d) Tonsillar or pharyngeal type suction tip adaptable to all office outlets;~~
 - ~~(e) Endotracheal tube forceps;~~
 - ~~(f) Sphygmomanometer and stethoscope;~~
 - ~~(g) Equipment for the establishment of an intravenous infusion;~~
 - ~~(h) Pulse oximeter; and~~
 - ~~(i) Cardiac oscilloscope.~~~~
 - ~~(8) Patient records which include the following:
 - ~~(a) Medical history and physical evaluation records;~~
 - ~~(b) Anesthesia records, which must include blood pressure, pulse, drugs and amounts administered, length of the procedure, and any complications of anesthesia; and~~
 - ~~(c) Documentation verifying that any person who assists a dentist in the administration of general anesthesia has a current certification in basic life support by either the American Red Cross or the American Heart Association or the equivalent.~~~~
 - ~~(9) Drugs with current dates available for treatment of the following medical emergencies:
 - ~~(a) Laryngospasm;~~
 - ~~(b) Bronchospasm;~~
 - ~~(c) Nausea, vomiting, and aspiration of foreign material under anesthesia;~~
 - ~~(d) Angina Pectoris;~~
 - ~~(e) Myocardial Infarction;~~~~

- ~~(f) Hypotension;~~
- ~~(g) Hypertension;~~
- ~~(h) Cardiac Arrest;~~
- ~~(i) Allergic Reaction;~~
- ~~(j) Convulsions;~~
- ~~(k) Respiratory Arrest;~~
- ~~(l) Narcotic overdose; or~~
- ~~(m) Benzodiazepine overdose; or~~
- ~~j. If applying for a permit to administer parenteral sedation, evidence of meeting the following facility requirements for the administration of parenteral sedation:~~
 - ~~(1) An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team consisting of at least two individuals to freely move about the patient;~~
 - ~~(2) An operating table or chair which permits a patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation;~~
 - ~~(3) A lighting system which permits evaluation of a patient's skin and mucosal color and a backup lighting system which is battery powered or an on-site generator powered and of intensity to permit completion of any operation underway at the time of a general power failure;~~
 - ~~(4) Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device must also be available;~~
 - ~~(5) An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system;~~
 - ~~(6) A recovery area that has oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period.~~
 - ~~(7) The following ancillary equipment:
 - ~~(a) Oral pharyngeal airway(s);~~
 - ~~(b) Tonsillar or pharyngeal suction tips and adapters;~~
 - ~~(c) Sphygmomanometer and stethoscope;~~
 - ~~(d) Equipment for establishment of intravenous infusion; and~~
 - ~~(e) Pulse oximeter.~~~~
 - ~~(8) Patient records which include the following:
 - ~~(a) Medical history and physical evaluation records;~~
 - ~~(b) Sedation anesthesia records, which must include blood pressure, pulse, drugs and amounts administered, length of the procedure, any complications of sedation, and names of those assisting the dentist; and~~
 - ~~(c) Documentation verifying that any person who assists a dentist in the administration of parenteral sedation has a current certification in basic life support by either the American Red Cross or the American Heart Association or the equivalent.~~~~

- ~~(9) Drugs with current dates available for treatment of at least the following medical emergencies:
 - ~~(a) Airway obstructions;~~
 - ~~(b) Allergic reactions;~~
 - ~~(c) Hypotension; and~~
 - ~~(d) Respiratory arrest;~~
 - ~~(e) Narcotic overdose; or~~
 - ~~(f) Benzodiazepine overdose; or~~~~
- ~~k. If applying for a permit to administer inhalation analgesia (nitrous oxide), evidence of meeting the following facility requirements for the administration of inhalation analgesia (nitrous oxide):
 - ~~(1) An operating room large enough to accommodate a patient on a table or in an operating chair, and to permit an operating team consisting of at least two individuals to attend to the patient.~~
 - ~~(2) Suction equipment which permits aspiration of the oral and pharyngeal cavities.~~
 - ~~(3) An oxygen delivery system with full face masks and connectors that is capable of delivering 100% oxygen to a patient under positive pressure, together with a backup system.~~
 - ~~(4) A nitrous oxide delivery system, with connectors, that is capable of delivering nitrous oxide (with oxygen) to a patient within 0% to 80% output range.~~
 - ~~(5) A recovery area that has oxygen, lighting, suction and electrical outlets. The recovery area can be the operating room. The patient must be able to be observed by a member of the staff at all times during the recovery period.~~
 - ~~(6) The following ancillary equipment:
 - ~~(a) Oral pharyngeal airway(s); and~~
 - ~~(b) Sphygmomanometer and stethoscope;~~~~
 - ~~(7) Patient records which include the following:
 - ~~(a) Medical history prior to the administration of inhalation analgesia (nitrous oxide) and physical evaluation records;~~
 - ~~(b) Inhalation analgesia (nitrous oxide) records, which must include any complications of inhalation analgesia (nitrous oxide) and name(s) of those assisting the dentist; and~~
 - ~~(c) Documentation verifying that any person who assists a dentist in the administration of inhalation analgesia (nitrous oxide) has a current certification in basic life support by either the American Red Cross or the American Heart Association or the equivalent.~~~~
 - ~~(8) Drugs with current dates available for treatment of medical emergencies; and~~
 - ~~l. For applicants applying for a permit to administer general anesthesia or parenteral sedation, proof of successful completion of the inspection, which includes review of the following routine procedures performed:
 - ~~(1) Preoperative evaluation of patients;~~
 - ~~(2) Management of medical risk patients;~~
 - ~~(3) Technique and method of administration of general anesthesia and/or parenteral sedation;~~
 - ~~(4) Monitoring of patients during procedures and recovery;~~
 - ~~(5) Recordkeeping;~~~~~~

- ~~_____ (6) Use and qualification of auxiliary personnel; and~~
~~_____ (a) When the applicant employs a person who will assist in the administration of general anesthesia, such assistant must be currently certified in basic life support by either the American Red Cross or the American Heart Association or the equivalent. Documentation of such certification must be provided during the time of the on-site evaluation.~~
~~_____ (7) Management of emergencies; and~~
- ~~3. Fee: The applicant must submit the required permit fee along with the application and all required documentation.~~

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

~~_____ 56-008.02B Inspections:~~

- ~~1. The Board or its representative(s) who holds a dental license and has anesthesia training beyond inhalation analgesia (nitrous oxide) must conduct an initial on-site inspection of all practice locations of a dentist applying for a permit to administer general anesthesia or parenteral sedation, prior to issuance of the permit; and~~
- ~~2. Subsequent on-site inspections are required at least every five years from the date of issuance for each general anesthesia and parenteral sedation permit.~~

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

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

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

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

~~56-008.07 Confidentiality: Social Security Numbers obtained under this section are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.~~

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

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

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

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

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

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

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

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

- ~~1. Application: The applicant must attest that all information in the application is truthful and complete, and the applicant, in his/her application:
 - ~~a. Must provide the following information:
 - ~~(1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
 - ~~(2) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);~~
 - ~~(3) The applicant's:
 - ~~(a) Social Security Number (SSN);~~~~~~~~

~~(b) — Alien Registration Number (A#); or~~

~~(c) — Form I-94 (Arrival-Departure Record) number.~~

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

- ~~b. May provide the following information about him/herself:~~
 - ~~(1) The applicant's telephone number including area code;~~
 - ~~(2) The applicant's e-mail address;~~
 - ~~(3) The applicant's fax number;—~~
- ~~c. Must attest that s/he:~~
 - ~~(1) Has met the requirement for maintaining a properly equipped facility and that any person assisting the dentist in the administration of anesthesia has maintained basic life-support certification;~~
 - ~~(2) Has read the application or has had the application read to him/her;~~
 - ~~(3) Is of good character;~~
 - ~~(4) Has not, since the last renewal of the permit, committed any act which would be grounds for action against a permit as specified in 172 NAC 56-007 or if an act(s) was committed, provide an explanation of all such acts; _____~~
 - ~~(5) For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, is a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and~~
 - ~~(6) For purposes of Neb. Rev. Stat. § 38-129, is a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~

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

- ~~a. Alien or 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.~~

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

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

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

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

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

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

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

- ~~1. Notify the Department that s/he wants to place his/her permit on inactive status upon its expiration;~~

- ~~2. Meet the requirements for renewal on or before the date of expiration of his/her permit; or~~
- ~~3. Otherwise fails to renew his/her permit.~~

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

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

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

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

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

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

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

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

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

- ~~1. Personal Information:
 - ~~a. First, middle and last name;~~
 - ~~b. Mailing address (street, rural route, or post office address), city, state, and zip code;~~
 - ~~c. Telephone number (optional); and~~
 - ~~d. Fax number (optional).~~~~

- ~~2. Information Regarding the Credential or Permit Being Offered for Surrender or Limitation:~~
 - ~~a. List credential(s) or permit(s) and credential or permit number(s) that would be surrendered or limited;~~
 - ~~b. Indicate the desired time frame for offered surrender or limitation:
 - ~~(1) Permanently;~~
 - ~~(2) Indefinitely; or~~
 - ~~(3) Definite period of time (specify);~~~~
 - ~~c. Specify reason for offered surrender or limit of credential or permit; and~~
 - ~~d. Specify any terms and conditions that the credential or permit holder wishes to have the Department consider and apply to the offer.~~
- ~~3. Attestation: The credential or permit holder must:~~
 - ~~a. Attest that all the information on the offer is true and complete; and~~
 - ~~b. Provide the credential or permit holder's signature and date.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ~~1. Application: The applicant, on his/her application:~~
 - ~~a. Must provide the following information:~~
 - ~~(1) Name;~~
 - ~~(2) Address;~~
 - ~~(3) The applicant's:~~
 - ~~(a) Social Security Number (SSN);~~
 - ~~(b) Alien Registration Number (A#); or~~
 - ~~(c) Form I-94 (Arrival-Departure Record) number.~~
 - ~~(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 on-site inspection. The on-site inspection is only required for general anesthesia and parenteral sedation permits; and~~
- ~~(5) Has not practiced in Nebraska since s/he last held an active credential or permit, or if the applicant has practiced in Nebraska since s/he last held an active credential or permit, the actual number of days practiced;~~
- ~~(6) Has not committed any act which would be grounds for action against a credential or permit as specified in 172 NAC 56-007 since the last renewal or issuance of the credential or permit (whichever is later), or if an act(s) was committed, provide an explanation of all such acts;~~
- ~~(7) Is of good character;~~
- ~~(8) For purposes of Neb. Rev. Stat. §§ 4-108 to 4-114, is a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and~~
- ~~(9) For purposes of Neb. Rev. Stat. § 38-129, is:
 - ~~(a) A citizen of the United States;~~
 - ~~(b) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or~~
 - ~~(c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~~~

- ~~2. Fee(s): The following fee(s):
 - ~~a. If the credential or permit is expired or inactive, the reinstatement and renewal fees; or~~
 - ~~b. If the credential or permit was voluntarily surrendered, the renewal fee.~~~~

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

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

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

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

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

~~56-011.01D The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.~~

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

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

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

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

~~Section I~~

- ~~(1) Have you had any disciplinary or adverse action imposed against a professional credential or permit in any state or jurisdiction?~~
- ~~(2) Have you voluntarily surrendered or voluntarily limited in any way a credential or permit issued to you by a licensing or disciplinary authority?~~
- ~~(3) Have you been requested to appear before any licensing agency?~~
- ~~(4) Have you been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?~~
- ~~(5) Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential or permit in any jurisdiction?~~
- ~~(6) Have you been asked to and/or permitted to withdraw an application for a credential or permit with any Board or jurisdiction?~~
- ~~(7) Has any state or jurisdiction refused to issue, refused to renew or denied you a credential or permit to practice?~~

~~Section II~~

- ~~(1) Are you currently, or have you been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?~~
- ~~(2) Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?~~
- ~~(3) Do you currently, or have you had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?~~
- ~~(4) Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?~~

~~Section III~~

- ~~(1) Have you been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during dental/dental hygiene school or postgraduate training?~~

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

~~Section IV~~

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

~~Section V (dentists only)~~

- ~~(1) Have you been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?~~
- ~~(2) Have you been called before any licensing agency or lawful authority concerned with DEA controlled substances?~~
- ~~(3) Have you surrendered your state or federal controlled substances registration?~~
- ~~(4) Have you had your state or federal controlled substances registration restricted or disciplined in any way?~~

~~Section VI~~

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

~~f. Must attest that s/he:~~

- ~~(1) Has met the continuing competency requirements for dentists and dental hygienists renewal; and~~
 - ~~(2) Has submitted proof of one of the following:
 - ~~(a) Practicing either dentistry or dental hygiene for at least 1,000 hours within the three years immediately preceding the date of the application;~~
 - ~~(b) Passing the practical examination administered by the Central Regional Dental Testing Service or any other regional or state practical examination that the Board of Dentistry determines is comparable to such practical examination within the three years immediately preceding the date of the application; or~~
 - ~~(c) Passing a competency assessment approved by the Board;~~~~
- ~~or~~

- ~~(3) If applying to reinstate a temporary dentist license, has submitted proof the applicant is still enrolled in a postgraduate/residency program; or~~
- ~~(4) If applying to reinstate an anesthesia permit, has submitted proof the applicant has met the requirement for maintaining a properly equipped facility, current basic life support certification, and an on-site inspection. The on-site inspection is only required for general anesthesia and parenteral sedation permits; and~~
- ~~(5) Has not practiced in Nebraska since s/he last held an active credential or permit, or if the applicant has practiced in Nebraska since s/he last held an active credential or permit, the actual number of days practiced;~~
- ~~(6) Has not committed any act which would be grounds for action against a credential 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.~~

EFFECTIVE
6/23/12

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

172 NAC 56

~~56-012.03 Administrative Hearing: When a person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.~~

~~56-013 FEES: Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.~~

TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 56 LICENSURE OF DENTISTS; MINIMAL, MODERATE, OR GENERAL ANESTHESIA / DEEP SEDATION

001. SCOPE AND AUTHORITY. These regulations govern the licensure of dentistry under Nebraska Revised Statutes (Neb. Rev. Stats.) §§ 38-1101 to 38-1152 of the Dentistry Practice Act and the Uniform Credentialing Act.

002. DEFINITIONS. Definitions set out in the Dentistry Practice Act, the Uniform Credentialing Act, Title 172 Nebraska Administrative Code (NAC) 10, 172 NAC 53, and 172 NAC 57 apply to this chapter.

003. LICENSE REQUIREMENTS. To obtain a temporary license or an initial license, an individual must submit a complete application provided by the Department, provide documentation demonstrating that the applicant meets the licensing requirements of Neb. Rev. Stat. §§ 38-1117 or 38-1120, Neb. Rev. Stat. § 38-131, 172 NAC 10, and these regulations.

003.01 EXPERIENCE. Applicants applying for an initial license or a temporary license on the basis of a credential in another jurisdiction must provide direct source verification of certification of a credential to practice dentistry submitted to the Department by the jurisdiction.

003.02 EXAMINATION. Applicants must:

- (A) Demonstrate passage of the licensure examination with a score of 75 or above on Part I and Part II of the National Board Dental Examinations or equivalent as approved by the Board;
- (B) Demonstrate passage of the practical examination with the score of 75 or above on each part of the examination within the past 5 years; and
- (C) Demonstrate passage of a jurisprudence examination with ~~an average~~ score of 75 or above.

004. DENTAL LOCUM TENENS. A dental locum tenens license may be issued under the following circumstances:

- (A) The unavailability of a Nebraska licensed dentist due to vacation, sickness or hospitalization, or other similar leaves of absence;
- (B) A public health emergency in the state of Nebraska such as incidents of widespread disease, natural or manmade disaster, or similar causes; or
- (C) For volunteer dental services such as the Mission of Mercy Program.

004.01 DENTAL LOCUM TENENS REQUIREMENTS. To receive a dental locum tenens license, an applicant must submit a completed application provided by the Department and meet all requirements set in Neb. Rev. Stat. §§ 38-1122 and the requirements in this chapter.

005. REMEDIAL COURSE. Any applicant who has failed on two occasions to pass any part of the practical examination will be required to complete a remedial course in accordance with Neb. Rev. Stat. § 38-1119. To receive approval of a remedial course ~~after 2 failed attempts in the required clinical exam,~~ an applicant must submit a complete application and the following:

- (A) Description of the subject matter of the remedial course. The subject matter for the remedial course must cover the content of the section(s) of the regional or state practical examination that the applicant failed;
- (B) Name, title, and qualifications (vitae or resume) of faculty member providing the remedial instruction;
- (C) 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. A remedial course must include a minimum of 15 hours of didactic and clinical instruction, of which at least 10 hours must be under the direct supervision of the faculty member providing the remedial instruction;
- (D) A written plan of evaluation for the course, indicating the method of evaluation;
- (E) A statement bearing the school seal from the institution providing the remedial course indicating that the course meets the criteria for approval; and
- (F) The signature of the faculty member providing course and the date signed.

006. RENEWAL, WAIVER OF CONTINUING EDUCATION, AND INACTIVE STATUS. The applicant must meet the requirements set out in 172 NAC 10. All dentistry licenses and permits expire on March 1 of each odd-numbered years.

007. CONTINUING EDUCATION. On or before March 1 of each odd-numbered year, each dentist holding an active license must complete at least 30 hours of acceptable continuing education during the preceding 24-month period. Each licensee is responsible for maintaining certificates or records of continuing education. A dentist holding a dental locum tenens license is not required to meet continuing education requirements. Temporary dental licenses will expire 1 year from the date of issuance, or when the postgraduate or residency program ends and are not required to meet continuing education requirements.

007.01 ACCEPTABLE CONTINUING EDUCATION TOPICS AND ACTIVITIES. The following are acceptable continuing education sources and activities:

- (A) State and national meetings of the local, state, or American Dental Association, local, state, or National Dental Association, or educational programs sponsored by the recognized specialty groups in dentistry of the American Dental Association;
- (B) Attendance at district meetings and study clubs;
- (C) Formal education courses which relate directly to the practice of dentistry;
- (D) College or University-sponsored courses in continuing education in dentistry;
- (E) Licensee acting as table clinician or lecturer to licensed dentists, licensed dental hygienists, licensed or unlicensed dental assistants or licensee attending table clinics;
- (F) Home study with a testing mechanism. If there is not a testing mechanism or certificate of completion, the licensee must submit an abstract or summary of the

material covered to the Board of Dentistry. The abstract or summary must be written by only the licensee and will be reviewed. Interactive webinars which include the ability of the participant to interact with the presenter are not considered home study;

- (G) Direct clinical observation;
- (H) Initial cardiopulmonary resuscitation (CPR) certification or cardiopulmonary resuscitation recertification;
- (I) Faculty overseeing dental clinic education of students;
- (J) Dental public health continuing education;
- (K) Ethics and professionalism continuing education;
- (L) Well-being or substance abuse continuing education;
- (M) Infection control continuing education;
- (N) Practice management continuing education;
- (O) Administration and management of anesthesia or sedation for the dental office continuing education;
- (P) Prescribing opiates and the prescription drug monitoring program; or
- (Q) Participating in a volunteer activity such as Mission of Mercy or equivalent.

007.02 CONTINUING EDUCATION CRITERIA. To be considered acceptable for continuing education, the activity must meet the following criteria:

- (A) Be at least 50 minutes in duration;
- (B) Objectives must relate to the practice of dentistry;
- (C) Presenters must be qualified by education, experience, or training;
- (D) Must be open to all licensed dentists who meet the pre-requisites for the activity; and
- (E) The provider must have a process for verifying attendance and issue a certificate of attendance for each participant. Each certificate must include the following:
 - (i) Program name;
 - (ii) Name of the participant and the participant's license number;
 - (iii) Provider's name;
 - (iv) Dates the activity began and ended; and
 - (v) Number of hours attended by the licensee.

007.03 CRITERIA FOR A HOME STUDY PROGRAM. To be considered acceptable for continuing education, a home study program must meet the following criteria:

- (A) Objectives must relate to the practice of dentistry;
- (B) Must have a post-test or other method of assessment which verifies that the licensee completed the program; and
- (C) The author(s) or developer(s) of the program must meet the following qualifications:
 - (i) Experience in the content and subject matter of the program;
 - (ii) Expertise in teaching and instructional methods suitable to the subject presented; and
 - (iii) Suitable academic qualifications, certification credentials, or experience for or in the subject of the program.

007.04 CREDIT HOUR CALCULATIONS. Credits earned in excess of thirty hours in a 24 month renewal period do not carry over into the following period. A dentist may receive credit for acceptable continuing education activities, subject to the credit number limitations and requirements set out below:

- (A) A maximum of 10 hours each in a renewal period may be obtained through home study or for initial cardiopulmonary resuscitation (CPR) certification;
- (B) A maximum of 2 hours each in a renewal period may be obtained as a table clinician or lecturer or for direct clinical observation;
- (C) A maximum of 4 hours each in a renewal period may be obtained for cardiopulmonary resuscitation (CPR) re-certification or practice management continuing education;
- (D) A maximum of 5 hours in a renewal period may be obtained for faculty overseeing dental clinic education of students;
- (E) A minimum of 2 hours in a renewal period must be obtained in infection control continuing education;
- (F) If the licensee prescribes controlled substances, continuing education that meets the requirements set in Neb. Rev. Stat. § 38-145;
- (G) A minimum of 6 hours in a renewal period must be obtained in general anesthesia or sedation administration and management for the dental office continuing education for licensees holding any level of sedation permit;
- (H) A licensee who is a presenter of a continuing education program may receive a maximum of 2 hours for the creation of a presentation, and a maximum of 2 hours 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; or 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; and
- (I) A maximum of 5 hours in a renewal period for participating in a volunteer activity such as Mission of Mercy or equivalent.

008. UNPROFESSIONAL CONDUCT. Unprofessional conduct is set out in Neb. Rev. Stat. § 38-179 and includes the following:

- (A) Failure to keep written dental records and medical history records justifying the course of treatment of the consumer including, but not limited to, patient histories, examination results, test results, and X-rays, if taken;
- (B) Exercising influence on the consumer in such a manner as to exploit the consumer 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;
- (C) Refusing to provide professional service to a consumer because of such consumer's race, creed, color, sex, national origin, disability, or familial status;
- (D) Prescribing, selling, administering, or distributing any drug legally classified as a prescription drug other than for accepted dental therapeutic purposes;
- (E) Use of nitrous oxide or inhalants for other than dental therapeutic purposes;
- (F) Giving fraudulent prescriptions;
- (G) Maintaining fraudulent controlled substance records;
- (H) Failure to furnish the Board or Department, their inspectors or representatives, information legally requested by the Board or the Department;
- (I) Failure to submit a written report to the Board as required by Neb. Rev. Stat. § 38-1147;
- (J) Allowing a dental hygienist, licensed dental assistant, or a dental assistant to provide or perform services contrary to the statutes or regulations;

- (K) Any departure from or failure to conform to the American Dental Association's (ADA) Principles of Ethics and Code of Professional Conduct as published in November, 2018 excluding section 4.A. Patient Selection;
- (L) Misrepresenting the material facts of an individual's credential(s) in an application submitted to a healthcare facility, insurance company, or prospective employer;
- (M) Prescribing drugs to an individual based solely on answers to questions provided by tele-dentistry without first establishing a proper dentist-patient relationship;
- (N) Disruptive behavior such as:
 - (i) Outbursts of rage or violent behavior;
 - (ii) Throwing of instruments, records, or objects;
 - (iii) Striking, assaulting, or using insulting comments to a consumer, consumer's family member, dental staff, or other healthcare professionals; or
 - (iv) Poor hygiene;
- (O) Refusal to cooperate or failure to furnish requested information during any investigation by the Department;
- (P) Failure to ensure that the location requirements in this chapter for a general anesthesia or deep sedation permit or moderate sedation permit are met when the anesthesia or sedation for dental procedures at the location is provided by the dentist or an individual other than the dentist;
- (Q) Failure to exercise appropriate supervision over persons who are authorized to practice only under the supervision of a dentist; or
- (R) Advertising as an American Dental Association Specialist without having completed a post-doctoral program in a specialty area of dentistry consisting of at least 2 full-time years and which is accredited by an accreditation agency that is recognized by the United States Department of Education.

009. INITIAL ANESTHESIA OR SEDATION PERMIT. To receive a permit to administer general anesthesia or deep sedation, moderate sedation or minimal sedation at a location, an individual must submit a complete application for each location and meet all statutory requirements and the requirements in this chapter.

009.01 EDUCATION. An applicant must demonstrate the following:

- (A) For a general anesthesia or deep sedation permit:
 - (i) Fellowship in the American Dental Society of Anesthesiology; or
 - (ii) Successful completion of an advanced education program that is equivalent to that required for obtaining a fellowship as approved by the Board.
- (B) For a moderate sedation permit:
 - (i) Fellowship in the American Dental Society of Anesthesiology; or
 - (ii) Successful completion of an advance education program approved by the Board that has at least 60 combined didactic and clinical hours of comprehensive and appropriate training necessary to administer and manage moderate sedation.
- (C) For a minimal sedation permit:
 - (i) Successful completion of an advanced education program approved by the Board that has at least 16 hours of comprehensive and appropriate training necessary to administer and manage minimal sedation;
 - (ii) Training to the level of competency in minimal sedation consistent with the standards set by the American Dental Association for providing such sedation or approved by the board as substantially equivalent to such training; or

(iii) A comprehensive training program in minimal sedation approved by the Board.

009.02 CERTIFICATION. An applicant must demonstrate the following:

(A) For a general anesthesia or deep sedation permit:

- (i) Current certification in basic life-support skills for health care providers from the American Heart Association or from a substantially equivalent course as approved by the Board and
- (ii) Current certification in a hands on advanced cardiac life support from the American Heart Association; or
- (iii) Successful completion of an emergency management course for anesthesia and dental sedation approved by the Board as substantially equivalent to the course in this chapter.

(B) For a moderate sedation permit:

- (i) Current certification in basic life-support skills for health care providers from the American Heart Association or from a substantially equivalent course as approved by the Board and
- (ii) Successful completion of an emergency management course for anesthesia and dental sedation approved by the Board as substantially equivalent to the course in this chapter.

(C) For a minimal sedation permit:

- (i) Meet the requirements set out in this chapter; and
- (ii) If sedation will be provided to individuals 12 years of age and under, have current certification in pediatric advanced life support from the American Heart Association or from a substantially equivalent course as approved by the Board.

009.03 FACILITY REQUIREMENTS. An applicant must demonstrate the following:

(A) For a general anesthesia or deep sedation permit or for a moderate sedation permit, each location must have the following:

- (i) An operating room large enough to accommodate a patient on a table or in an operating chair and to allow an operating team consisting of at least 3 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 an airway, quickly alter a patient's position in an emergency and provide a firm platform for the management of cardiopulmonary resuscitation (CPR);
- (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 on-site generator powered and of an 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 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, lighting, suction, and electrical outlets. The recovery area can be the operating room. A member of the staff must be able to observe the patient at all times during the recovery period;
- (vii) Ancillary equipment, which includes the following:

- (1) Laryngoscope complete with selection of blades and spare batteries and bulb;
- (2) Endotracheal tubes and connectors;
- (3) Oral airways;
- (4) Endotracheal tube forceps;
- (5) Pulse oximeter;
- (6) Carbon Dioxide (CO₂) monitor (general anesthesia or deep sedation and either (6) or (7) for moderate sedation)
- (7) Precordial stethoscope (general anesthesia or deep sedation and either (6) or (7) for moderate sedation; and
- (8) Electrocardiogram (EKG) (general anesthesia and deep sedation only);
- (viii) Drugs with current dates available for treatment of the following medical emergencies:
 - (1) Laryngospasm and myocardial infarction (general anesthesia or deep sedation only);
 - (2) Bronchospasm;
 - (3) Angina pectoris;
 - (4) Hypotension;
 - (5) Hypertension;
 - (6) Cardiac arrest (general anesthesia or deep sedation only);
 - (7) Convulsions; and
 - (8) Respiratory arrest;
- (ix) Drugs for the reversal of anesthesia or sedation agents; and
- (x) Written procedures for the following:
 - (1) Preoperative evaluation of patients;
 - (2) Management of medical at-risk patients;
 - (3) Technique and method of administration of general anesthesia or deep sedation or moderate sedation, as applicable; and
 - (4) Management of emergencies; and
- (B) For a minimal sedation permit, each location must:
 - (i) Have 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 2 individuals to freely move about the patient; and
 - (ii) Meet the requirements of this chapter and have oral pharyngeal airway(s), sphygmomanometer, pulse oximeter and a stethoscope;

009.04 STANDARDS OF OPERATION, CARE, AND TREATMENT. The permit holder for each location has the responsibility for the total operation of the location and administration of anesthesia. The permit holder responsibilities include:

- (A) Ensuring compliance with all applicable state statutes and relevant rules and regulations;
- (B) Verifying the current licensure, certification, registration, or other credentials of staff prior to the staff assuming job responsibilities and must have implement procedures for verifying that such credentials are maintained;
- (C) Ensuring that each location maintains compliance with the requirements of this chapter, as applicable to the type of permit held; and
- (D) Ensuring the following documentation is kept:

- (i) For a general anesthesia or deep sedation permit or for a moderate sedation permit, each location must maintain records which include the following:
 - (1) Medical history and physical evaluation records for each patient;
 - (2) Anesthesia records for each patient, which must include blood pressure, pulse, drugs and amounts administered, length of the procedure, and any complications of anesthesia;
 - (3) Name of and documentation verifying any person who assists a dentist in the administration of general or deep sedation or moderate sedation for each procedure; and
 - (4) Documentation that each staff member assisting the permit holder during a procedure has a current certification in basic life-support for health care providers and the permit-holder performing a procedure has current certification in either advanced cardiac life support or has successfully completed an approved emergency management course for anesthesia and dental sedation.
- (ii) For a minimal sedation permit, each location must maintain records which include the following:
 - (1) Medical history prior to the administration of minimal sedation and physical evaluation records for each patient;
 - (2) Documentation of the medication and dosage administered for each patient;
 - (3) Name of the permit holder and any person who assists the permit holder after the administration of minimal sedation for each procedure; and
 - (4) Documentation verifying that the permit holder and any person who assists the permit holder after the administration of minimal sedation has a current certification as set out in this chapter, as applicable.

010. ADDITIONAL PROCEDURES. A dentist may only delegate duties to a dental assistant, a licensed dental assistant or expanded function dental assistant, a dental hygienist or expanded function dental hygienist as provided by Neb. Rev. Stats. § 38-1135, § 38-1136, § 38-1152, 172 NAC 53, and 172 NAC 57.

011. REINSTATEMENT. For reinstatement, the applicant must meet the requirements set out in 172 NAC 10.

012. FEES. Fees are set out in 172 NAC 2 and these regulations.

012.01 ANESTHESIA PERMIT FEES. The initial and renewal fees for all anesthesia permits is \$200.