

**NEBRASKA APPLICATION INFORMATION FOR
TEMPORARY OCCUPATIONAL THERAPY LICENSE**

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee and temporary license fee **may be waived.**

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

APPLICATION PROCESS - To apply for a License:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be and original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. **US Citizenship/Lawful Presence (must be at least 19 years old):**
U.S. Citizens, a PHOTOCOPY of one of the following:
- _____ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted)
 - _____ U.S. Passport (unexpired or expired).
 - _____ Certificate of Naturalization.
 - _____ Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:

- _____ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- _____ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- _____ Employment Authorization Card **AND one of the following**
 - _____ An approved deferred action status (DACA);
 - _____ A pending application for asylum in the United States;
 - _____ A pending or approved application for temporary protected status in the United States; or
 - _____ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of

Homeland Security. This process may take 4-6 weeks.

2. **Education and Transcript:** You must have your school or electronic transcript service submit an Official college or university transcript directly to our office. If sending by e-mail, send to dhhs.rehaboffice@nebraska.gov.

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

3. **Other State License Information:** If you hold or have held a health related license in any state you must contact that state and request a verification of your license (**do not send a copy of your license**).

4. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none">• MIP• DUI / DWI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear in Court• False Information or Reporting• Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Parks Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks• Bad Check• Not Wearing Seat Belt
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NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone at 402-471-0175.

5. **Examination:** Request the Official NBCOT Score Report be sent directly to our office;
6. **Additional Competency Information**, if applicable, documentation that may include: certificates of attendance; course objectives; letters documenting attendance from providers; and/or transcript from education institutions; of completing 50 continuing education hours:
 30 hours must relate to the clinical practice of occupational therapy and
 20 hours must relate to the practice of occupational therapy

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

STEP 2: Complete all pages and questions on the Application

Submit your application to the Licensure Unit	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> NBCOT Examination Information <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). Pay by check/money order; debit or credit card is not accepted.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**APPLICATION FOR A
 TEMPORARY LICENSE IN
 OCCUPATIONAL THERAPY**

Please choose one of the following:

<input type="checkbox"/> Occupational Therapist Temporary License	<input type="checkbox"/> Occupational Therapy Assistant Temporary License
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A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **may be waived**. **Check only one box:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers
Temporary License Fee - \$25

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

SECTION A – Personal Information – This section is public information and will be displayed on the internet <https://www.nebraska.gov/LISSearch/search.cgi> NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office

Legal Name	First:	Middle/MI:	Last:
Maiden Name	Name:	Other Names you are known as (AKA):	
Mailing Address	Street/PO/Route:		
	City:	State or Country:	Zip:

Additional Information Requested – This information will not be displayed on the internet. Submit the required documentation of age, citizenship, etc. as listed in the NOTE Section on page 4 of this application.

Date of Birth Month/Day/Year:	Place of Birth-City/State or Country:	
Check the Appropriate Box(s) and provide a number:	<input type="checkbox"/> Social Security Number (SSN);	SSN#
	<input type="checkbox"/> Alien Registration Number (“A#”); or	A#

If you have both a SSN and an A#, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.

**Phone #	**Fax # (Optional)	**E-Mail Address:	
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Have you ever been denied the right to take a license examination in any State?

Yes No If yes, explain:

SECTION B – Education and Field Work Requirements. Submit official transcripts showing graduation date from the OT or OTA program you completed. If more space is needed, use additional paper.

Institution Name:					
Address:	Street/PO/Route:				
	City:	State:		Zip:	
Date of Graduation:			Major:		
Dates of Supervised Field Experience:	From:			To:	

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION C – Supervising Occupational Therapist – Print the name of the Nebraska licensed Occupational Therapist whom you will practice in association with after the issuance of a temporary license.

Occupational Therapist Name:					
License Number:				Phone Number:	
Business Name:					
Address:	Street/PO/Route:				
	City:	State:		Zip:	

SECTION D – Conviction And Licensure Information – Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty. Answer each of the following questions by placing an (X) in the appropriate box (Yes or No) and completing the information requested. All 'Yes' responses MUST be explained in detail and you must submit the requested documentation.

	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of court / Entity taking action
Have you <u>ever</u> been convicted of a misdemeanor or a felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

Do you hold or have you ever held a license in any other state(s)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what state(s) are you credentialed in? and when?	What type of credential do you hold?	
If yes, has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner?	<input type="checkbox"/>	<input type="checkbox"/>	Type of License Action	Date of Action	Name Of Entity Taking Action

NOTE:

If you have disciplinary charges pending on your license/registration/certification in another state or if your license/registration/certification has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

SECTION E – Practice In Nebraska Prior To Obtaining A Credential – An individual who practices in Nebraska prior to issuance of credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.		
Have you actively practiced in Nebraska as an Occupational Therapist/Occupational Therapy Assistant before submitting this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the actual number of days you practiced in Nebraska?	Days _____	
What is the business name, location and telephone number of the practice?		
Business Name:	Location	Telephone #

SECTION F – Examination Information		
I have applied to take the National Board of Certification in Occupational Therapy Examination.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have requested the “Confirmation of Examination of Registration and Eligibility to Examine” notice be sent to Nebraska Board of Occupational Therapy OR I have received the Authorization to Test (ATT) from NBCOT by e-mail. If you have received an Authorization to Test (ATT) letter by e-mail from NBCOT you may forward it to: DHHS.RehabOffice@nebraska.gov .	<input type="checkbox"/>	<input type="checkbox"/>
I have requested that the Official Score Transfer be sent to Nebraska.	<input type="checkbox"/>	<input type="checkbox"/>
The date for my exam is: _____.		
I have not scheduled a date for the exam yet but will notify you when I set the date.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I must submit an application for Permanent OT/OTA licensure before I take the NBCOT examination (see Note #9 on page 4 for more explanation).	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G – Attestation

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below):

I attest that:

- I am a citizen of the United States.
- I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that:

1. I have read the application or have had the application read to me;
2. I am of good character and all statements on the application are true and complete

Print Name: _____

Signature: _____ Date: _____

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>