

**Applicant for Reinstatement of Advanced Practice Registered Nurse – Clinical Nurse Specialist  
Licensure Staff (402) 471-2666 or (402) 471-4376**

**To qualify for reinstatement of your APRN-CNS license, you must:**

1. Have current national certification or re-certification or be approved by the APRN board to use an alternate method of competency assessment; and
2. Have practiced as an APRN-CNS for a minimum of 2080 hours within the previous five years preceding the renewal period in which you are applying, AND 40 contact hours of continuing education in the clinical specialty area within the last two years previous to the renewal period.
3. At least 500 of the 2080 practice hours shall be in a clinical role in which there was a direct nurse/patient relationship.
4. If you have not been licensed in Nebraska or authorized by any other jurisdiction for a minimum of 2 years, you do not need to meet the practice or continuing education requirements.
5. If you have been licensed in Nebraska or authorized in any other jurisdiction for more than two but less than five years, you do not need to meet the practice requirement, but do need to have the continuing education.

---

**If you do not meet one of the requirements listed above, you must complete an approved reentry program. You must obtain a temporary permit to perform the supervised practice portion of the reentry program. To issue you a temporary permit, our office will need:**

1. Completed Application
2. Fee. The reinstatement fee covers the temporary permit as well.
3. Affidavit of Non-Practice
4. The reentry plan you have submitted, approved by the Advanced Practice Registered Nurse Board
5. Verification of RN licensure. If active RN license is in Nebraska, no action is required. If your primary state of residence is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If RN licensure is other than Nebraska, verification of active multi-state license from another compact state is required. A notarized copy of your RN license will meet this requirement for purposes of a temporary permit. If RN licensure is in a non-compact state, you must apply for a Nebraska RN license by endorsement. Contact our office for an application.

---

**The following documents must be received and approved by our office before your license can be reinstated:**

1. Fee
2. Application for Reinstatement of License. Please complete this form.
3. Documentation of National Certification. Official verification of current certification must be submitted from the national certifying organization. Or, if you have obtained board approval to use an alternate method of competency assessment, you must submit the appropriate documentation.
4. Submit proof of continuing education. Please submit photocopies of the completion certificates.
5. Verification of RN licensure. If active RN license is in Nebraska, no action is required. If your primary state of residence is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If your primary state of residence is a compact state other than Nebraska and you have a multi-state license in that state, please purchase a verification report at [www.nursys.com](http://www.nursys.com) and include a copy of the receipt with your application. If you have never had a Nebraska license, and your current license is not a compact state, you must apply for a Nebraska RN license by endorsement.
6. If you are **NOT** a U.S. Citizen, **you must submit a copy of at least one of the following documents:**
  - (1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green 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#"); or
  - (4) A Form I-94 (Arrival-Departure Record)

Upon our receiving your application, you have 150 days to complete your reinstatement, or you will need to start a new reinstatement, unless an extension is requested for the purpose of completing a reentry program.

## APPLICATION FOR REINSTATEMENT OF CLINICAL NURSE SPECIALIST LICENSE

LICENSE # :  
 NAME:  
 ADDRESS:  
 PHONE:  
 EMAIL:

### FEE SCHEDULE

Determine the month and year in which you plan to be licensed in Nebraska (keeping in mind application processing can take 8-10 weeks). If the month falls in the shaded area of the following chart, the fee for reinstatement is **\$103.00**. If the month falls in the unshaded area, the fee for reinstatement is **\$60.00** (license is issued within 180 days of the renewal). Make checks payable to "DHHS, Licensure Unit"

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Year	103.00	103.00	103.00	103.00	60.00	60.00	60.00	60.00	60.00	60.00	103.00	103.00
Odd Year	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00

In order to reinstate your Nebraska license, you must meet one of the following criteria.

- \_\_\_\_\_ I. I was licensed as an APRN-CNS within the previous two (2) years: OR
- \_\_\_\_\_ II. I was licensed as an APRN-CNS more than two (2) but less than five (5) years ago and I have completed (40) contact hours of continuing education in my clinical specialty area within the previous two (2) years; OR
- \_\_\_\_\_ III. I have practiced at least two thousand eighty (2080) hours as an APRN-CNS within the previous five (5) years immediately preceding renewal AND I have completed forty (40) contact hours of continuing education in my clinical specialty area within the previous two (2) years.
- \_\_\_\_\_ IV. I am applying for a re entry program.

- ACTIVE NATIONAL CERTIFICATION.** Official documentation of current national certification/re-certification by an official record sent directly from the national certifying body.
- ACTIVE RN LICENSURE VERIFICATION.** If active RN licensure is in Nebraska, no action is required to meet this requirement. If your primary state of residence under the Nurse License Compact is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If your primary state of residence is a compact state other than Nebraska and you have a multi-state RN license in that state, please purchase a verification report at [www.nursys.com](http://www.nursys.com) and include a copy of you receipt with the application. If your primary state of residence is a non-compact state, you must apply for RN licensure in Nebraska.
- Current RN license status & State** \_\_\_\_\_

If you answered yes to any of the questions below, please submit a letter of explanation and submit certified court records and disposition. Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a civil fine.

- Have you ever been denied a license/certificate to practice in another state or jurisdiction? Yes \_\_\_ No \_\_\_
- Are there any pending complaints or disciplinary action **OR** have disciplinary proceedings ever been instituted against any license/certification by a licensing agency? Yes \_\_\_ No \_\_\_
- Has your nursing license ever been disciplined for any reason? Yes \_\_\_ No \_\_\_

Have you ever been convicted of or are there now any felony or misdemeanor prosecutions against you in any court other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

List all states in which you have been authorized to practice in an advanced practice role

\_\_\_\_\_

Please indicate most recent advanced practice nursing employment:

Name of employer (company)	Complete Address	Phone number
_____ to _____	_____	_____
Start Date	End Date	Supervisor
_____	_____	_____
		Position Held
		_____

**AFFIDAVIT OF PRACTICE PRIOR TO LICENSE**

An individual who practices prior to issuance of a license 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 license.

1 \_\_\_\_\_ I **have not** practiced as an APRN-CNS without a license in Nebraska before submitting the application.  
 \_\_\_\_\_ I **have** practiced nursing as an APRN-CNS in Nebraska without a license before submitting the application.

2 If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
	Name of Business: _____
	City: _____
	Telephone #: _____

**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; or
- I am a qualified alien under the Federal Immigration and Nationality Act.
- I am a nonimmigrant lawfully present in the United States

Check this box if you are **not** a citizen of the United States nor a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. 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.

**Alien or Non-immigrant Status:** If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you 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; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
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).

Your credential will **NOT** be reinstated until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

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

**Application Attestation:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Department has up to 150 days to act upon an application. After this deadline, any incomplete applications will be destroyed and a refund will be issued following written notification to the applicant.