

**Application Information
 APRN-CLINICAL NURSE SPECIALIST
 License**

To apply for a Nebraska APRN-Clinical Nurse Specialist License, you must submit the following:

- APPLICATION**
- FEE** (unless you qualify for a waiver).

The application fee is reduced when a license is issued within six months prior to its expiration date. Use the chart below to find the month and year in which you expect your license to be issued. (Keep in mind that the application process can take 8-10 weeks to complete.) If the month falls in the shaded area of chart, the application fee is **\$68.00**. If the month falls in the unshaded area, the fee is **\$25.00**. Make checks payable to *DHHS, Licensure Unit*.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Year	68.00	68.00	68.00	68.00	25.00	25.00	25.00	25.00	25.00	25.00	68.00	68.00
Odd Year	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00

License Fee Waiver The application fee will be waived if you meet one of the following waiver options. (You must still pay for the criminal background check.)

1. **Young Worker:** You are between the ages of 18 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. The current income guidelines can be found at <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>.
 - 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, submit a copy of your most recent tax return (Form 1040).
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, or an un-remarried surviving spouse of a deceased service member of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, separation documents (DD 214), 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>

- PROOF OF CITIZENSHIP or LAWFUL PRESENCE**

U.S. Citizens – Submit a photocopy of one of the following:

- o Birth certificate issued by a state, county, municipal authority, outlying possession of the United States, or U.S. Dept. of State bearing an official seal. Hospital-issued birth certificates are not accepted.
- o U.S. Passport (unexpired or expired)
- o Certificate of Naturalization (N-550 or N-570) or Certificate of Citizenship (N-560 or N-561)
- o Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)

Non-Citizens – Submit photocopies of documents listed for one of the following options:

- o Green card, also known as a Permanent Resident Card. (Copy both the front and back of the card.)
- o An unexpired foreign passport with an unexpired I-551 stamp.
- o Form I-94 and an unexpired foreign passport with a valid U.S. visa.
- o Employment Authorization Document (EAD) (cannot be expired) and at least one other document issued by USCIS or other government agency verifying your immigrant or non-immigrant status. Examples of acceptable documents include: Form I-94, letter from USCIS listing your current status, or a Form I-20.

- PROOF OF AGE.** A copy of your birth certificate, driver's license, government-issued ID, or other document verifying that you are at least 19 years of age.
- OFFICIAL TRANSCRIPTS.** Submit official transcripts documenting that you hold a graduate degree in a nursing clinical specialty area, or that you have a graduate degree in nursing and have successfully completed a graduate-level clinical nurse specialist education program.

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.

- NATIONAL CERTIFICATION.** Verification that you passed a national certification examination and that you hold a current national certification must be submitted to our office directly from the national certifying organization. In situations where national certification is not available, you may request that the Nebraska APRN Board approve an alternative method of competency assessment.
- ACTIVE RN LICENSURE.** You need either an active Nebraska RN license or – if you live in a Nurse Licensure Compact state – an active multistate RN license from your home state. A list of Compact states can be found at <https://www.ncsbn.org/nurse-licensure-compact.htm>.
 - If you currently hold an active Nebraska RN license, no action is required to meet this requirement.
 - If you live in Nebraska or a non-Compact state and you have never held a Nebraska RN license, apply for an RN license using the endorsement application found at <https://dhhs.ne.gov/Licensure/Documents/EndorsementRNLPN.pdf>.
 - If you live in Nebraska or a non-Compact state, and your Nebraska RN license is inactive or expired, apply for reinstatement using the reinstatement application found at <https://dhhs.ne.gov/Licensure/Documents/RNLPNReinstatementApp.pdf>.
 - If you hold a *multistate* RN license from your home state, you need to purchase a verification of your RN license at www.nursys.com, requesting that the verification be sent to Nebraska. This option only applies to applicants who live in Compact states and are not moving to Nebraska.
- LICENSE VERIFICATION.** Request verifications be sent to our office for all licenses that you hold or have held in any state other than Nebraska to practice as an APRN, RN, LPN, or to practice any other health profession. Purchase a Nurse License Verification for Endorsement at www.nursys.com to verify any RN or LPN license for states that participate in Nursys verifications. For APRN licenses, for RN/LPN licenses from states that do not participate in Nursys verifications, or for non-nursing licenses, contact the state agency that issued the license to request a verification.
- DISCIPLINE.** If any disciplinary actions have been taken against your license in another state, submit a letter of explanation and a copy of the discipline order.
- CONVICTION INFORMATION**

You are required to list **ALL** convictions on the application regardless of when they occurred. You are not required to list infractions, diversions or dismissals. If you have EVER received a ticket from law enforcement or animal control, you should check with the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Ask for a search of both traffic and criminal court records as some traffic court cases can result in misdemeanor convictions.

If you have misdemeanor or felony convictions, you must submit:

- An explanation of the events leading to each conviction (what, when, where, why) and a summary of actions that you have taken to address the behaviors or actions related to the conviction.
- If the conviction(s) occurred in a state other than Nebraska, a copy of the court record including the statement of charges and final disposition.
- If you are currently on probation, a letter from your probation officer addressing the terms and current status of the probation.

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

Examples of Common Misdemeanors – This is not a complete list!	
This list is provided to help you identify misdemeanors that are sometimes mistaken for infractions.	
<ul style="list-style-type: none"> • MIP • DUI / DWI • 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 • Driving under Suspension / Revocation 	<ul style="list-style-type: none"> • 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 • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering • Fireworks • Bad Check

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 402-471-0175.

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must include the original notarized signature of the translator. An individual may not translate his/her own documents.

INCOMPLETE APPLICATIONS. If you file a license application and fail to complete all application requirements within 90 days, your application will be destroyed and the application fee will be refunded except for a \$25.00 administrative fee.

RECORDS RETENTION SCHEDULE. When your license is issued, your application and documents will be kept by the Department for 5 years. After that date all documents will be destroyed. We encourage you to keep a copy of your application for your records.

EXPIRATION OF LICENSE. All APRN licenses expire on October 31 of each even-numbered year. **This means that your nursing license will be valid after issuance for anywhere from 1 day to 24 months.** To keep your license active, it must be renewed on or before October 31st of each even-numbered year.

The attached application, the appropriate fee, and required supporting documentation should be mailed to:

**Department of Health & Human Services
Licensure Unit, Nursing Section
301 Centennial Mall South 1st Floor
P.O. Box 94986
Lincoln Nebraska 68509-4986**

Contact info: Phone: (402) 471-4376 Fax: (402) 742-2360 Email: dhhs.nursingoffice@nebraska.gov

**Application for
APRN-CLINICAL NURSE SPECIALIST
License**

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health, Licensure Unit
PO Box 94986, Lincoln NE 68509-4986
DHHS.NursingOffice@nebraska.gov (402) 471-4376

Rev 2-25-22

A. Personal Information			
Legal Name	First	Middle	Last
	Maiden	List any other names you have used or have been known as:	
Mailing Address	Street Address		PO Box
	City	State or Country	Zip
Date of Birth (Month/Day/Year)		Place of Birth	(City/State or Country)
Phone # (optional)		Additional Phone # (Optional)	
A valid email address speeds the processing of your application.	Email Address (optional)		
Providing your SSN is mandatory	Social Security Number		
<i>Neb. Rev. Stat. 38-123 mandates the disclosure of your Social Security Number to DHHS. Your SSN is not public information, but DHHS may disclose it for child support enforcement purposes and to the Department of Revenue, the Department of Labor, and for other administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to the information. Other information supplied is part of the public record</i>			
If you are not a U.S. Citizen provide your:	Alien Number (A#)		
	I-94 #		

Fee Waiver:

If you meet one of the following fee waivers, your application fee is waived. Check only one waiver. **See instructions to find out if you need to submit documentation.**

- 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. (Documentation required IF you are not enrolled in a NE program.)
 - My household adjusted gross income is below 130% of the federal income poverty guideline. (Documentation Required)
- 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, or un-remarried surviving spouse of a deceased service member of the armed services of the United States. (Documentation Required)

Fee Required if YOU DO NOT qualify for one of the above fee waivers:

See chart on instructions to determine correct fee. Submit check or money order made payable to DHHS Licensure Unit. Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card payments are not accepted

B. RN Licensure			
1.	<p>Declare your primary state of residence by checking a box below and completing the requested information. Your primary state of residence is the state where you have legal residency status. Proof of legal residency can include a current driver's license, a current voter registration card showing a home address, a current federal tax return with a primary state of residence declaration, Military Form 2018, or current W2 showing a declared state of residence. You will be notified if you need to submit verification of primary state of residency.</p> <p><input type="checkbox"/> Nebraska is my primary state of residence.</p> <p><input type="checkbox"/> I am currently residing in _____ and I plan to move and make Nebraska my primary state of residence on _____.</p> <p><input type="checkbox"/> My primary state of residence is _____, and I have no current plans to move to Nebraska.</p>		
2.	Indicate your RN Licensure status by checking the box that applies to you:		
<input type="checkbox"/>	I hold an active Nebraska RN License	NE RN License #	
<input type="checkbox"/>	I am applying for an initial or reinstated Nebraska RN License		
<input type="checkbox"/>	My primary state of residence belongs to the Nurse Licensure Compact and I have no plans to move to Nebraska. I hold a multistate RN license in my home state.*	Home State RN License #	
*You must request that a verification of your home state RN license be sent to Nebraska by purchasing a License Verification for Endorsement from www.nursys.com .			
3.	<p><input type="checkbox"/> Check here if you are active duty military.</p> <p><input type="checkbox"/> Check here if you are the spouse of an active duty member of the U.S. Armed Forces who has an active-duty assignment in Nebraska.</p>		

C. Clinical Nurse Specialist Educational Program			
Name of School:			
Location:	(city & state or country)		
Date Completed:			Specialty:
Credential:	<input type="checkbox"/> Masters	<input type="checkbox"/> Post-Masters Certificate*	<input type="checkbox"/> Certificate* <input type="checkbox"/> Doctorate
*If your Clinical Nurse Specialist program was a certificate program, enter information for the program that granted you a master's degree or doctorate in nursing:			
Name of School:			Type of Degree
Location:	city & state or country	Date Completed	

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

D. National Certification. You must have successfully passed an approved certification examination or completed a Board-approved alternative method of competency assessment.

Name of Certifying Organization:		
Name of Examination:		
Year of Examination		Certification No.
<input type="checkbox"/>	Check this box if you do not have a national certification but have received approval from the APRN Board to use an alternative method of competency assessment. Attach verification that you have complied with the alternative assessment.	

E. License Information

1. Do you hold or have you held any APRN licenses, RN or LPN licenses, or other credentials to provide health services, health-related services, or environmental services in any state or jurisdiction other than Nebraska? **Yes** **No**

If yes, list all licenses or credentials you hold or have held to provide health services, health-related services, or environmental services in any state or jurisdiction other than Nebraska, including all APRN licenses and all RN and LPN licenses. If you need more space, list additional licenses on a separate sheet.

Type of License/Credential	State or Jurisdiction	License Number	Date Issued	Expiration Date

2. Has any health care profession credential you hold or have held in another state or jurisdiction ever been denied, refused renewal, limited, suspended, revoked, or had other disciplinary measures taken against it? **Yes** **No**

If yes, list all actions below. If you need more room, list additional actions on a separate sheet.

License Type	State/Jurisdiction	Type of Action	Date of Action

3. Are there any current investigations or pending disciplinary charges against any health care profession credential you hold or have held in another state or jurisdiction? **Yes** **No**

If yes, explain:

NOTE: If you have any disciplinary charges pending that result in disciplinary action being taken against your license, you are required to report such actions to the Investigative Unit within 30 days of occurrence. Reporting forms can be obtained from <https://dhhs.ne.gov/pages/Investigations.aspx> or by calling (402) 471-0175.

F. Conviction Information - Failure to disclose all misdemeanor and/or felony convictions, regardless of when the action occurred, can lead to disciplinary action.

1. Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, you must list ALL misdemeanor or felony convictions regardless of when they occurred or whether you listed them on a prior application. If you need more space, list additional convictions on a separate sheet. See instructions for required documentation.

	Type of Crime	Date of Conviction	Name of Court or Jurisdiction
1			
2			
3			
4			

2. Do you currently have any charges pending which may result in a misdemeanor or felony conviction? Yes No

	If yes, describe type of charge	Date of Offense	Name of County or Jurisdiction

Note: If you have any pending criminal charges that result in a misdemeanor or felony conviction, you are required to report the conviction to the Investigations Unit within 30 days of the conviction. Reporting forms can be obtained from <https://dhhs.ne.gov/pages/Investigations> or by calling (402) 471-0175.

G. Practice Prior to Licensure

An individual who practices prior to issuance of a 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 license.

Have you practiced as an APRN-CNS in Nebraska without a Nebraska APRN-CNS license prior to submitting this application? Yes No

If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location, and telephone number of the practice?

Number of Days:

Name of Business:

City:

Telephone:

H. 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.

Criminal Background Check Notification: All applicants for an initial license to practice as a registered nurse or a licensed practical nurse are subject to a criminal background check (Neb. Rev. Stat. §38-131).

I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Department of Health and Human Services (DHHS) with whom I am applying for licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for licensure.

I attest that:

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

Print Name: _____

Signature*: _____ Date: _____

*Sign your name after printing application. Electronic signatures are not accepted.

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>

Contact Information: Telephone: (402) 471-4376 Fax: (402) 742-2360 Email: dhhs.nursingoffice@nebraska.gov