

INFORMATION FOR MILITARY SPOUSES – TEMPORARY LICENSE

Temporary License: If you have an **active** nursing home administrator license in another state and you are a military spouse, you may be issued a temporary license **pending completion of the permanent license requirements**. A temporary license specifically for military spouses is available under Neb. Rev. Stat. 38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a permanent license (starting with STEP 1 below) to determine which process is right for you.

To apply for this temporary license, you need **to be a resident of Nebraska** and submit the following:

- The attached application
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska
- A copy of your **active** nursing home administrator license from another state or jurisdiction
- The statutes, rules, and regulations governing the license which indicate standards that are similar to Nebraska's nursing home administrator licensing requirements.
- Permanent license fee.

Note: There is no additional fee for a military spouse temporary license.

REQUIREMENTS TO OBTAIN A PERMANENT NURSING HOME ADMINISTRATOR LICENSE IN NEBRASKA

STEP 1: Get the following documents:

1. **US Citizenship/Lawful Presence** (must be at **least 19** years old):

U.S. Citizen, 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, 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**
 - 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 up to 30 days.

2. **Education:** You must submit or have already submitted an official school, college, or university transcript. **(NOT required if applying based on reciprocity)**

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. **Examination:** Be sure you have passed both the NHA exam and CORE exam through the National Association of Long Term Care Administrator Boards (NAB) for Nursing Home Administrators. **(NOT required if applying based on reciprocity)**

4. **Conviction Information:** If you have **EVER** 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:

- (a) A copy of the court record for each conviction;
- (b) Your explanation of the events leading to each of the convictions (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- (c) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

NOTE: To assist the Board and Department in review of any drug and/or alcohol conviction(s), if you had an alcohol and drug evaluation and/or completed treatment, the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • 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 • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

5. **Other State License Information:** You must contact the states in which you are licensed or have held a license and request the State Office complete a certification. **(DO NOT send a copy of your license).**

Disciplinary Action: If you have had any disciplinary actions taken against your credential(s), you must submit a copy of the disciplinary action(s), including charges and disposition.

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

STEP 2: 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"/> The License Fee. See the license application for a listing of fees. Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.

<p>Application Review: All applications are reviewed in date order received.</p> <ul style="list-style-type: none"> • 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 compete 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 your 'approval to test' letter. <p>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.</p>
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Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
 Telephone: 402-471-4920 / FAX: 402-742-1106 / E-Mail: DHHS.Licensure2117@nebraska.gov



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit

P.O. Box 94986 - Lincoln, Nebraska 68509-4986

FAX: 402-742-1106 / Telephone # (402) 471-4920

E-Mail: dhhs.licensure2117@nebraska.gov

NURSING HOME ADMINISTRATOR LICENSE APPLICATION

Complete all sections of this application

SECTION A: PERSONAL INFORMATION			
1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.)		
2	Address:	Street/PO/Route:	
	City:	State or Country:	Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):
4	Phone #: (optional)*		Additional Phone #: (optional)*
	E-Mail Address:		
	* phone number and e-mail is optional, but providing this information will speed up communication with you		
5	Social Security Number:		
	If you have an A# or I-94# check the correct box(s) and provide your number	<input type="checkbox"/> Alien Registration Number ("A#"):	
		<input type="checkbox"/> I-94#:	
	<small><u>Neb. Rev. Stat.</u> §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</small>		
6	Military Spouse: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?		Yes <input type="checkbox"/> No <input type="checkbox"/> If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions.

SECTION B: LICENSE FEES

- Initial License
- Reciprocity License (licensed in another state)
- Temporary License (only applies to Military Spouses) – no fee

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt.

We are unable to accept electronic payments.

Fee is based on month and year your license will be issued:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Odd Numbered Year	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166
Even Numbered Year	\$166	\$166	\$166	\$166	\$166	\$166	41.50	41.50	41.50	41.50	41.50	41.50

NOTE: All licenses expire 12/31 of even-numbered years

SECTION C: 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.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred); 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 and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • 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 • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential 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: <http://dhhs.ne.gov/Investigations> or by phone **402-471-0175**.

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held to provide health related services (such as nursing, mental health, etc.) in a state **other** than Nebraska.

You must submit verification of your license completed by the licensing agency in each State(s) in which you are licensed.

1	Have you ever been denied the right to take a license examination?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<p style="color: red;">If you have disciplinary charges pending or if your credential 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.</p>				

This section (Section D) does not apply to applicants holding a current license as a Nursing Administrator in another state

SECTION D: ADMINISTRATOR-IN-TRAINING, MENTORING PROGRAM, OR EDUCATION (Check appropriate program below)	
<input type="checkbox"/>	AIT: I have completed at least 640 hours in an administrator-in-training program in NOT less than 4 months
<input type="checkbox"/>	MENTORING PROGRAM: I have completed at least 640 hours in a mentoring program in NOT less than 4 months
<u>OR</u>	
<input type="checkbox"/>	DEGREE OR ADVANCED DEGREE <u>IN HEALTH CARE</u> I have a baccalaureate, master's or doctorate degree from an accredited institution in health care, health care administration or services AND I have previous work experience in health care administration which includes at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm. If applying under this option, you must submit evidence from your employer of your previous work experience.

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 military, you may submit such evidence with your application for review. Military is defined as 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.

SECTION E: PRACTICE PRIOR TO LICENSE					
If you practice prior to being issued a license you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations.					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you practiced as a nursing home administrator in Nebraska without a Nebraska license?					
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Number of days:</td></tr> <tr><td style="padding: 2px;">Name of Business:</td></tr> <tr><td style="padding: 2px;">City:</td></tr> <tr><td style="padding: 2px;">Telephone #:</td></tr> </table>	Number of days:	Name of Business:	City:	Telephone #:
Number of days:					
Name of Business:					
City:					
Telephone #:					

SECTION F: ATTESTATION	
For the purpose of meeting Neb. Rev. Stat. §4-108 through §4-114 and §38-129, I attest that: (check only ONE of the boxes below)	
<input type="checkbox"/> I am a citizen of the United States.	
<u>OR</u>	
<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act.	
<input type="checkbox"/> I am a nonimmigrant lawfully present in the United States.	
<input type="checkbox"/> Check this box if you are 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; and 2. I am of good character and all statements on this application are true and complete.	
Print Name: _____	
Signature: _____	Date: _____



This form must or a similar form be completed by the state licensing board in each state that you are licensed or have been licensed.

**LICENSE CERTIFICATION
NURSING HOME ADMINISTRATOR**

SECTION A: License Information	
1	Name of Licensee:
2	License #:
3	License Type:
4	Date Issued:
5	Date Expires:
6	Disciplinary Action: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide copies of the Disciplinary Action

SECTION B: State Agency Information			
1	Name of State:		
2	Address:		
	<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	City	State
City	State	Zip Code	
3	OPTIONAL Telephone Number:		
4	Name and Title of Person Completing Form		
<table border="1"> <tr> <td>Name</td> <td>Title</td> </tr> </table>		Name	Title
Name	Title		
<p>_____ Signature</p> <p>_____ Date</p>			

STATE SEAL