

**APPLICATION
 NURSING HOME ADMINISTRATOR
 OVERSEEING UP TO 3 LICENSED FACILITIES**

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	Alien Registration Number ("A#"):	
		I-94#:	
<p><u>Neb. Rev. Stat. §§38-123 and 38-130</u> 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.</p>			

SECTION B: FACILITY INFORMATION (Complete the following information relating to the facilities that you plan to oversee)

1	What is the travel time between the two facilities the farthest apart? (must use motor vehicle travel time and not exceed 2 hours)	Time:
2	What is the distance between the two facilities the farthest apart? (must not exceed 150 miles)	Distance:
3	What is the combined total number of beds in the facilities? (must not exceed 200)	Total Beds:

SECTION C: FACILITIES (Complete the following information relating to the facilities that you plan to oversee)

1	Name of Nursing Home:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Number of Beds:			

2	Name of Nursing Home:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Number of Beds:			

3	Name of Nursing Home:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Number of Beds:			

SECTION D: CONVICTION AND LICENSE INFORMATION
 Failure to list any convictions or disciplinary actions could result in disciplinary action.

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 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 • 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 • 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: <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.

1	Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain below		
2	Do you hold or have you held a license in any other state(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what state(s)?	What type of license?	
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of State Taking Action

NOTE: If you have disciplinary charges pending on your license in another state or if your license 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: 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)

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, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that:

- I have read the application or have had the application read to me; and
- I am of good standing and all statements on this application are true and complete.

Print Name: _____ Signature: _____ Date: _____

You must submit the following documents (if applicable):

- Conviction Information:** If you have convictions, you must submit:
 - A copy of the court record for each conviction;
 - 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;
 - 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.

- Other Credentialing Info:** If you hold/have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit a certification of your; and
 - Disciplinary Action:** If you have had any disciplinary action taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.