

Division of Public Health, Licensure Unit, Rehab Section  
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Phone: 402/471-2299

Effective: 06/23/2012  
Revised: 12/19/2019

## NEBRASKA APPLICATION FOR CERTIFICATION AS A PHYSICAL THERAPIST ASSISTANT (PTA)

**IF YOU ARE APPLYING TO TAKE THE NATIONAL EXAMINATION, YOU MUST SUBMIT YOUR APPLICATION WITH REQUIREMENTS AT LEAST ONE (1) MONTH PRIOR TO YOUR GRADUATION OR ONE (1) MONTH PRIOR TO FSBPT'S REGISTRATION & PAYMENT DEADLINE**

**Examinations:** All applicants for physical therapist assistant certification are required to pass the two examinations listed below. Both examinations are administered by the Federation of State Boards of Physical Therapy (FSBPT):

- Pass the National Physical Therapist Assistant Examination with a scaled score that is greater than or equal to 600.
- Pass the NELAW Examination (Jurisprudence exam) with a scaled score that is greater than or equal to 600. (The NELAW examination covers the laws governing the practice of physical therapy in **Nebraska**.) The NELAW (Jurisprudence) Examination Study Material is located on the Physical Therapy webpage at:  
<http://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx>

Examination(s) eligibility requires:

- a completed application with requirements; and
- proof of graduation from an approved physical therapist assistant education program

**LICENSE FEE WAIVER:** Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee **is waived, (this does not waive** the fee for criminal background checks):

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, <http://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 <http://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 an 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. 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 and Transcript:** You must have your school submit (mail) an official college or university transcript **directly to our office:** Licensure Unit, P.O. Box 94986, Lincoln NE 68509. Transcripts must show proof of graduation.

**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 physical therapist and/or health related license(s) in any state (**other than Nebraska** (such as nursing, nail technology, massage etc.), you must contact that state and request a verification of your license (**do not send a copy of your license**).
4.  **Criminal Background Checks:** Fingerprints are required to be eligible for a Physical Therapist or Physical Therapist Assistant credential in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your Physical Therapist or Physical Therapist Assistant application. Refer to Attachment C.
5.  **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 <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI / Open Container</li> <li>• Controlled Substance</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Fail to Appear in Court</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• False Information or Reporting</li> <li>• Reckless Driving / Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**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/Pages/Investigations.aspx> or by phone 402-471-0175.

**STEP 2: Complete all pages and questions on the Application**

**STEP 3: 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 (unless you qualified for a fee waiver). See the license application for a listing of fees for (name of license type). <b>Pay by check/money order; debit or credit card is not accepted.</b>
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**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 business 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 and criminal background check 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.

**Read the step by step instructions pertaining to the basis of your application for a physical therapist assistant certification prior to completing your application requirements**

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Attachment B	Special Accommodations Request Form
Attachment C	Instructions For Criminal Background Checks

Effective June 23, 2012:

If you passed the National Physical Therapist Assistant Examination **more than three years** and have not practiced within the three (3) years preceding your application to Nebraska, you must:

- Retake the National Physical Therapist Assistant Examination and pass with a scaled score that is equal to or greater than 600.

**DO NOT MAIL THE APPLICATION INFORMATION PAGES OR THE INSTRUCTION PAGES TO OUR OFFICE WITH YOUR APPLICATION**

## INSTRUCTIONS PAGE 1 OF 2

<b>Instructions for Certification as a Physical Therapist Assistant by Examination</b> <ul style="list-style-type: none"><li>• Applicant who has not taken or successfully passed the National PTA Examination; or</li><li>• Applicant who has been licensed in another jurisdiction – <i>and has not practiced within three (3) years of application</i>; or</li><li>• Applicant who is unlicensed – <i>and passed the National PTA Examination more than three (3) years of application</i>;</li></ul>	
<b>Step 1 – DETERMINE AND SELECT YOUR NATIONAL PHYSICAL THERAPIST ASSISTANT EXAMINATION – TEST DATE.</b> Test dates are located online at the Federation of State Boards of Physical Therapy (FSBPT) at: <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a>	
When selecting your National Physical Therapist Assistant Examination, you must consider the following: <ul style="list-style-type: none"><li>• To be eligible for a specific test date, your official PTA graduation date <b>must be prior</b> to that test date's '<b>Registration &amp; Payment Deadline</b>';</li><li>• Applicants <b>will not</b> be made eligible to sit for the National Physical Therapist Assistant Examination until after their official date of graduation from the PTA education program has occurred. When selecting a test date, you must have graduated prior to that test's '<b>Registration &amp; Payment Deadline</b>'; and</li><li>• Applicants will not be made eligible to test if they have not completed the application requirements prior to the FSBPT <b>Registration &amp; Payment Deadline</b>.</li></ul>	
A	Register and pay your National Physical Therapist Assistant exam fee of <b>\$485.00</b> online to <b>FSBPT</b> at the website above.
B	Register and pay your Nebraska Jurisprudence (NELAW) exam fee of <b>\$65.00</b> online to FSBPT at the website above.
<b>STEP 2 – APPLICATION FOR CERTIFICATION AS A PHYSICAL THERAPIST ASSISTANT</b>	
A	<b>Mail</b> your completed Application for Certification As A Physical Therapist Assistant to the Licensure Unit immediately after completing Step 1. Applications must be submitted with the following: <ol style="list-style-type: none"><li>(1) A copy of your proof of age. Refer to page 5 of the application for acceptable document.</li><li>(2) Documentation of proof of United States citizenship, lawful presence, and/or immigration status in the United States. Refer to page 5 of the application for acceptable document. A copy of your driver's license, Hospital birth certificate or SSN card is not proof of citizenship.</li><li>(3) Appropriate application fee payable to the Licensure Unit. (Refer to Section A of the application for fee amount.)</li><li>(4) If you have been convicted of a misdemeanor or felony, you must list all convictions in Section C of the application and submit the following with your application:<ol style="list-style-type: none"><li>(a) Copy of the court record(s), which includes charges and disposition</li><li>(b) Written explanation of the events leading to the conviction(s)</li><li>(c) All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;</li><li>(d) A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.</li></ol></li></ol> <p><b>Applications with convictions will be held for Board approval.</b></p>
B	EDUCATION - Request your Physical Therapist Assistant School mail your <b>Official transcript</b> showing proof of graduation directly to our office. <b>E-mailed or faxed transcripts are not acceptable.</b> <b>Information Relating to Military Education, Training, or Service:</b> If you have completed education, training, or service that you believe is substantially similar to the education 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. The department, with the recommendation of the appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential.
<b>STEP 3 – CRIMINAL BACKGROUND CHECKS/FINGERPRINTS – Refer to Attachment C</b>	
<b>STEP 4 – REVIEW</b>	
A	Review the FSBPT candidate handbook at: <a href="https://www.fsbpt.org/Free-Resources/NPTE-Candidate-Handbook">https://www.fsbpt.org/Free-Resources/NPTE-Candidate-Handbook</a>
B	Wait for our office to respond to you in writing regarding the status of your Application and then complete any noted incomplete requirements by the deadline given.
C	Decide which Prometric Test Center you would like to test at by viewing the test centers and locations at: <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a>
D	<b>Upon completion/receipt of all requirements listed above (and approval from the Board, if applicable),</b> our office will make you eligible for both exams and notify you in writing. The business day after we make you examination eligible, #1 and #2 below will occur: <ol style="list-style-type: none"><li>(1) FSBPT will <b>E-MAIL</b> you an "Authorization to Test" (ATT) letter for the National PTA examination which will include instructions on how to schedule your examination with the Prometric Test Center. Note: At the time you schedule your NPTE with the Prometric Test center, you will be required to pay the test center <b>\$82.60</b> for the National PTA Examination.</li><li>(2) FSBPT will <b>E-MAIL</b> you an "Authorization to Test" (ATT) for the NELAW Examination which will include instructions on how to schedule your examination with the Prometric Test Center. Note: At the time you schedule your NELAW examination with the Prometric Test center, you will be required to pay the test center <b>\$29.50</b> for the NELAW examination.<ol style="list-style-type: none"><li>(a) <b>NE Law/Jurisprudence Exam Study Materials (NE Law Exam Candidate Handbook)</b> It is necessary for you to review the study materials for the NELAW Examination. Study materials are located online at: <a href="http://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx">http://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx</a></li></ol></li></ol>

**INSTRUCTIONS PAGE 1 OF 2 Continued**

<b>STEP 5</b> – We will notify you in writing of your examination results once we have received <b>both</b> results	
*	If you pass both certification examinations and have met all requirements, your PTA certificate will be issued and mailed to you.
*	If you fail the <b>National PTA examination</b> , your application will be denied. You may take the National PTA exam three (3) times within a 12-month period. You may re-apply by resubmitting a new <b>Application for Certification As a Physical Therapist Assistant</b> with application fee and also re-paying your National PTA examination fee to FSBPT.
*	If you fail the Nebraska Jurisprudence (NE LAW) Exam and pass the National PTA examination, you must re-pay your NE Law exam fee to FSBPT and our office will make you eligible to re-take that examination.

## INSTRUCTIONS PAGE 2 OF 2

<p><b>Instructions for Application for Certification as a Physical Therapist Assistant - based on certification issued in Another Jurisdiction (State) or Unlicensed Applicant:</b></p> <ul style="list-style-type: none"> <li>• Applicant who is currently practicing or practiced within preceding three (3) years of application; or</li> <li>• Applicant who is licensed in another jurisdiction (state) and has not practiced within three (3) years of application – <i>passed the National PTA Examination within three (3) years of application; or</i></li> <li>• Applicant who is Unlicensed – <i>passed the National PTA Examination within three (3) years of application</i></li> </ul>	
<p><b>STEP 1</b> – Transfer your National Physical Therapist Assistant (PTA) Examination to Nebraska and pay your NELAW Examination fee for Nebraska online to the Federation of State Boards of Physical Therapy (FSBPT) website: <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a></p>	
A	Have the Federation of State Boards of Physical Therapy (FSBPT) transfer your National PTA exam score to Nebraska. The fee for score transfer in on the FSBPT webpage.
B	Register and pay your Nebraska Jurisprudence (NELAW) exam fee of <b>\$65.00</b> online to FSBPT at the website above.
<p><b>STEP 2 – APPLICATION FOR CERTIFICATION AS A PHYSICAL THERAPIST ASSISTANT</b></p>	
A	<b>Mail</b> your completed Application For Certification As A Physical Therapist Assistant to the Licensure Unit immediately after completing Step 1. Applications must be submitted with the following:
(1)	A copy of your proof of age. Refer to page 5 of the application for acceptable document.
(2)	Documentation of proof of United States citizenship, lawful presence, and/or immigration status in the United States. Refer to page 5 of the application for acceptable document. A copy of your driver's license, Hospital birth certificate or SSN card <b>is not</b> proof of citizenship.
(3)	Appropriate application fee payable to the Licensure Unit. (Refer to Section A of the application for fee amount.)
(4)	If you have been convicted of a misdemeanor or felony, you must list all convictions(s) in Section C of the application and submit the following with your application:
(a)	Official court records, which includes charges and disposition
(b)	Written explanation of the events leading to the conviction(s)
(c)	All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
(d)	A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.
<p><b>Applications with convictions will be held for Board approval.</b></p>	
B	Verification/Certification from other states. (Attachment A of the Application) Contact all states you list in Section C-4 of your application and have those states send a Certification/Verification of your license(s) to Nebraska. Contact info for other state physical therapy licensing agencies are listed on the FSBPT website at: <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a> <b>NOTE: For assistance in obtaining verifications from other states, contact Irene Eckman at irene.eckman@nebraska.gov prior to contacting other states. When 'requesting assistance with verifications' via e-mail, include your name, PT or PTA license number and states.</b>
C	Education - Request your Physical Therapist Assistant Educational Program <b>mail</b> your <b>official</b> transcript directly to our office. Transcripts must show proof of graduation. <b>E-mailed or faxed transcripts are not acceptable.</b> <b>Information Relating to Military Education, Training, or Service:</b> If you have completed education, training, or service that you believe is substantially similar to the education 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. The department, with the recommendation of the appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential.
<p><b>STEP 3 – CRIMINAL BACKGROUND CHECKS/FINGERPRINTS – Refer to Attachment C</b></p>	
<p><b>STEP 4 – REVIEW</b></p>	
A	Review the FSBPT Candidate Handbook <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a>
B	Wait for our office to respond to you in writing regarding the status of your Application and then complete any noted incomplete requirements by the deadline given.
C	Decide which Prometric Test Center you would like to test at by viewing the test centers and locations at: <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a>
D	<b>Upon completion/receipt of all requirements listed above (and approval from the Board, if applicable),</b> our office will make you eligible to take the NELAW examination and notify you in writing. The business day after we make you examination eligible, #1 below will occur:
(1)	FSBPT will <b>E-MAIL</b> you an "Authorization to Test" (ATT) for the NELAW Examination which will include instructions on how to schedule your examination with the Prometric Test Center and that you will have a 60-day eligibility period to take this examination. Note: At the time you schedule your NELAW examination with the Prometric Test center, you will be required to pay the test center \$29.50 for the NELAW examination.
(a)	<b>NE Law/Jurisprudence Exam Study Materials (NE Law Exam Candidate Handbook)</b> It is necessary for you to review the study materials for the NELAW Examination. Study materials are located online at: <a href="http://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx">http://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx</a>
<p><b>STEP 5 - Our office will notify you in writing of your examination results</b></p>	
*	If you pass the Nebraska Jurisprudence (NE LAW) examination and have met all PTA certification requirements, your credential will be issued and mailed to you.
*	If you fail the Nebraska Jurisprudence (NE Law) examination, you must re-pay your NE Law exam fee to FSBPT and our office will make you eligible to re-take the examination.

**Print or type application and mail to the address on the left.**  
**Print the application pages one (1) sided only.**  
**Do not print application-double sided.**

Check below the basis for application:

- Certification by examination – Applicants who have not taken or have not successfully passed the National PTA Examination**
- Certification in another jurisdiction (state):**
  - Current practice or practiced *within* the preceding three (3) years of application
  - Have not practiced within the three (3) years preceding application - *passed the National PTA Examination within three (3) years of application*
  - Have not practiced within the three (3) years preceding application - *passed the National PTA more than three years of application*
- Unlicensed Applicant:**
  - Passed the National PTA Examination *within three (3) years of application*
- Passed the National PTA Examination *more than three (3) years of application*
- Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska

**APPLICATION FOR CERTIFICATION AS A PHYSICAL THERAPIST ASSISTANT**

**SECTION A – PTA CERTIFICATION FEE**

**A. Fee Waiver:**

If you meet one of the following fee waivers, your initial license and temporary license fee **is 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:**

**All Physical Therapist Assistant certificates expire November 1<sup>st</sup> of odd-numbered years.** The initial Physical Therapist Assistant application fee is \$90.00. If your license is issued within 180 days of the expiration date of November 1<sup>st</sup> of odd-numbered years, the application fee is prorated and will be \$25.00.

**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.

Review the following chart to determine the fee required based on the month and year in which your license **will be issued:**

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
Odd	\$90	\$90	\$90	\$90	\$25	\$25	\$25	\$25	\$25	\$25	\$90	\$90

**SECTION B - PERSONAL INFORMATION - All applicants must complete this section.**

1	Name:	Last:	First:	Middle:
	Maiden Name	Name:	Other names you are known as (AKA)	
2	Address:	Street/PO/Route:		
		City:	State:	Zip:

**THIS BOX IS FOR OFFICIAL USE ONLY**

BACKGROUND CHECK		
BOARD REVIEW		
LICENSE #		

Additional information requested: (The following information is not displayed on the internet.) Submit evidence of age, i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation. A U.S. birth certificate will satisfy the requirement for proof of age and proof of U.S. citizenship.						
3	Date of Birth (Month/Day/Year)	____/____/____	Age:			
(Submit proof of age of majority: i.e., copy of birth or marriage certificate or driver's license')						
4	Place of Birth	City/County/State/Country:				
5	Check the Appropriate Box(s)	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number		SSN#		
				A#		
				I-94#		
If you have a SSN and an A#, you must report both. <i>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.</i>						
6	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)	
If you provide us with the optional information, it will allow our office to expedite communication relating to the status of your application and examination(s). <b>E-mail address must be the same one used to register for examination(s) with FSBPT.</b>						
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, explain:						
<b>SECTION C – CONVICTION AND CERTIFICATION INFORMATION - All applicants must complete this section. 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 civility penalty.</b>						
Answer each of the following questions by placing a (✓) 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.						
1	Have you ever been convicted of a misdemeanor or felony in any jurisdiction? If yes, list all misdemeanor or felony convictions below. (Use additional sheet if space is inadequate.)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Charge/Crime		Date of Charge/Crime		Name/Location of Court/Entity Taking Action		
2	Have you practiced in Nebraska as a physical therapist assistant <b>prior</b> to certification?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many days have you practiced in Nebraska as a physical therapist assistant prior to certification?				Number of days _____		
Name of Business:						
Location /Address of Business:						
Phone Number of Business:						
3	Have you previously held a physical therapist assistant certificate in Nebraska? <b>If yes STOP, you must submit a Physical Therapist Assistant Reinstatement Application</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Are you or have you been credentialed to provide health services, health-related services, or environmental services in another jurisdiction (state)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
List all other state(s) where you have a current or expired credential. (Continue on reverse side or use additional sheet if space is inadequate.)						
State		Type of Credential		License Number	Date Issued	Expiration Date
You must request a certification of your credential(s) ( <b>current or expired</b> ) be sent to Nebraska. Submit Attachment A (Certification of Credential in Another Jurisdiction) to the appropriate licensing agencies.						



5	Has any disciplinary action ever been taken against your credential(s) by a state licensing agency, or is any currently pending?	☐ Yes	☐ No
If yes, fill in the information below:			
	Action	Date of Action	Type of Credential
			Name/Address of State Agency
Submit a copy of the disciplinary action(s), including charges and disposition with this application to our office.			

**SECTION D: PTA CERTIFICATION APPLICATION CATEGORY – All applicants must complete either #1 or #2 below, whichever is applicable**

1	<p><b>National Physical Therapist Assistant Examination candidates must complete all questions in Item 1. If the <u>basis</u> for your application for physical therapist assistant certification is:</b></p> <ul style="list-style-type: none"> <li><b>Certification by Examination;</b> or</li> <li><b>Certification in Another Jurisdiction (state)</b> – Have not practiced within the three (3) years preceding application – passed the National PTA Examination <b>more than</b> three (3) years; or</li> <li><b>Unlicensed Applicant</b> – Passed the National PTA Examination <b>more than</b> three (3) years preceding application</li> </ul> <p>You must register for a National Physical Therapist Assistant test date and pay your examination fee of \$485.00 online with the Federation of State Boards of Physical Therapy (FSBPT). The FSBPT website is: <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a></p>
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a	Are you applying to take the National Physical Therapist Assistant through the state of Nebraska?	☐ Yes	☐ No
	If yes, which National Physical Therapist Assistant test date?	____/____/____	
	Have you registered and paid your National Physical Therapist Assistant examination fee?	☐ Yes	☐ No
b	Have you ever failed the National Physical Therapist Assistant Examination?	☐ Yes	☐ No
	If yes, list the examination date(s) you failed.	____/____/____    ____/____/____    ____/____/____	

2	<p><b>If the <u>basis</u> for your application for certification as a Physical Therapist Assistant is:</b></p> <ul style="list-style-type: none"> <li>Certification in another jurisdiction (state) – Current practice or practice within the preceding three (3) years of application</li> <li>Unlicensed Applicant – passed the National Physical Therapist Assistant examination <b>within</b> three (3) years of application</li> </ul> <p>You must transfer your National Physical Therapist Assistant examination score to Nebraska; and register and pay your NELAW exam fee of \$65.00 online with the Federation of State Boards of Physical Therapy (FSBPT). The FSBPT website is: <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a></p>
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a	Have you taken and passed the National Physical Therapist Assistant Examination through another state?	☐ Yes	☐ No	☐ Results pending
b	List date you passed the National Physical Therapist Assistant examination or date you will sit for the National PTA examination and jurisdiction (state):	Exam date: ____/____/____	Exam Jurisdiction (state): _____	

**All applicants must complete #3 and #4 below.**

3	Have you paid your NELAW (Jurisprudence) Examination fee to FSBPT?	☐ Yes	☐ No
4	Do you have a disability that requires special accommodations for taking examinations?	☐ Yes	☐ No
If yes, an Accommodation Request Form (Attachment C) must be completed and submitted with your application. If no, do not submit the Accommodation Request Form (Attachment C) with your application.			

**SECTION E – EDUCATION - All applicants must have their official transcript mailed directly to our office**

**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 F – PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAM INFORMATION – All applicants must complete this section**

Name of Physical Therapist Assistant College or University	
Address	
Physical Therapist Assistant Degree Awarded	
Date Degree Awarded (Month/day/year)	

**SECTION G: CERTIFICATION ISSUED ON THE BASES OF CERTIFICATION IN ANOTHER JURISDICTION – All applicants with an active, inactive or expired license in another jurisdiction (state) must fill out this section**

1	Name of Agency Issuing License: (Initial/first state of licensure)			
	Address:	Street/PO/Route:		
		City:	State:	Zip:

2	Date Issued:	
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3	Name of Written Examination:	
---	------------------------------	--

**4 A Certification in another jurisdiction (state) current practice or practice within the preceding three (3) years of application**

4A(1)	Are you <u>currently practicing</u> or <u>have you practiced</u> in another jurisdiction as a physical therapist assistant within the three years (3) preceding your application to Nebraska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, provide the name of the facility, address and dates you are actively **engaged** or **have been in the practice** of physical therapy. (Use an additional sheet if space is inadequate.) **Do not list your traveling agency name and address in this section.**

Name of Facility	Address	Start Date	End Date

**B Certification in another jurisdiction (state) – have not practiced within three years of your application**

4B(1)	Are you or have you practiced in another jurisdiction (state) within three (3) years of your application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Provide the date you passed the National Physical Therapist Assistant Examination with a scaled score that is greater than or equal to 600. National PTA Examination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If you passed the National PTA Examination within three (3) years preceding your application to Nebraska, have FSBPT transfer your score report.  
If you passed the National PTA Examination more than three (3) years preceding your application to Nebraska, you must re-take and pass the National PTA Examination.

**SECTION H: UNLICENSED APPLICANTS WHO HAVE PASSED THE NATIONAL PHYSICAL THERAPIST ASSISTANT EXAMINATION – All unlicensed applicants who have passed the National Physical Therapist Assistant Examination must complete this section.**

1	A	Did you passed the National Physical Therapist Assistant Examination with a scaled score that is greater than or equal to 600 <b>within</b> three (3) years preceding your application to Nebraska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	---	------------------------------	-----------------------------

If you passed the National Physical Therapist Assistant examination **within three (3) years** of your application to Nebraska, have FSBPT transfer your examination score report.

	B	Did you pass the National Physical Therapist Assistant Examination with a scaled score that is greater than or equal to 600 <b>more than</b> three (3) years preceding your application to Nebraska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	--	------------------------------	-----------------------------

If you passed the National Physical Therapist Assistant Examination **more than three (3) years** preceding your application to Nebraska, you must re-take and pass the National PTA Examination.

	C	Provide the name of the Jurisdiction (state) you took the National Physical Therapist Assistant Examination and passed with a scaled score that is greater than or equation to 600.	Jurisdiction/State
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		Provide the test-date you passed the National Physical Therapist Assistant Examination.	____/____/____
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**SECTION I: ATTESTATION - ALL APPLICANTS MUST COMPLETE THIS SECTION**

For the purpose of meeting 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; and
2. I am of good character and all statements on this 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 <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
LICENSURE UNIT  
PHYSICAL THERAPY

**CERTIFICATION OF CREDENTIAL  
IN ANOTHER JURISDICTION**

All applicants applying for a Nebraska Physical Therapist Assistant credential who are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s) (state), must have those jurisdiction(s) complete and submit this form directly to our office. **Section A must be filled out by the applicant and forwarded to the appropriate jurisdiction(s) to complete Sections B, C and D.**

<b>SECTION A – This section must be completed by the applicant</b>				
Applicant's Name:				
Credential Type:		Credential Number:		Credential Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other _____
Date of Issue:		Date of Expiration:		
<b>SECTION B – This section must be completed only if it is a certification of a Physical Therapist Assistant Credential.</b>				
Credential was issued on the basis of:				
<input type="checkbox"/> National Physical Therapist Assistant Examination      Date of Examination: _____ Score: _____ <input type="checkbox"/> State Examination      Date of Examination: _____ Score: _____ <input type="checkbox"/> Other. Please explain: _____				
Graduation from an accredited Physical Therapist Assistant Program:				
Name of Physical Therapist Assistant School: _____				
Degree: _____ Date of graduation: _____				
<b>SECTION C – This section must be completed</b>				
Based on the records of this Department, the applicant's credential:				
<input type="checkbox"/> Is in good standing. <input type="checkbox"/> Has been disciplined. Please explain any disciplinary action: _____ Submit supporting document of disciplinary action.				
Does the applicant have any pending complaints?				
<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please explain: _____ _____				
<b>SECTION D – This section must be completed</b>				
SIGNATURE:	<b>AGENCY SEAL</b>			
DATE:				
NAME (PRINT)				
TITLE:				
LICENSING AGENCY NAME AND ADDRESS:				

**RETURN THIS FORM TO:**

Licensure Unit  
ATTN: PHYSICAL THERAPY  
P.O. BOX 94986  
LINCOLN, NE 68509-4986

**Faxes acceptable: Attn: Physical Therapy/(402)-742-1152**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Division of Public Health**  
**Licensure Unit**  
**ATTN: Physical Therapy**  
**P.O. Box 94986**  
**Lincoln, Nebraska 68509-4986**

**Special Accommodations Request Form**

<b>Section I – Applicant Information</b>			
<b>Applicant Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>ADDRESS</b>	<b>Street/PO/Route:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone #:</b>	<b>Alternate Phone #:</b>	<b>Email Address:</b>	
<b>Date of Birth:</b> ____/____/____ <b>Month/ Day / Year</b>	<b>Gender:</b> _____ Male      _____ Female		
<b>Section II – Information about Your Disability and Requested Accommodations</b>			
<b>Describe the nature of your disability? <i>Please indicate the specific diagnosis.</i></b>			
_____			
_____			
_____			
_____			
<b>When was your disability first diagnosed?</b> _____			
<b>How does your disability affect your daily life?</b> _____			
_____			
_____			
_____			
<b>How does your disability affect your ability to take the examination?</b> _____			
_____			
_____			
_____			

**What accommodations are you requesting during the examination?**

- Additional Time – Time and a half
- Additional Time – Double Time
- Zoom Text (software that enlarges the print on the computer screen)
- Screen magnifier
- Reader
- Individual who enters the examinee's responses
- Separate Room
- Other (Non-Standard) – Please Describe

**What accommodations have you received in the past for the following exams?**

National Physical Therapy Exam \_\_\_\_\_

PT/PTA School Exams \_\_\_\_\_

Undergraduate College Exams \_\_\_\_\_

Standardized Exams (e.g., SAT, GRE, etc.) \_\_\_\_\_

**Section III - Documentation Requirements**

A comprehensive and current report (no more than three years old) from a professional qualified for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation.
- A diagnosis of the disability pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD), the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
- Recommendation for specific accommodations.
- Rationale for requesting specific accommodations.

**Section IV – Candidate Affirmation**

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

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

\_\_\_\_\_  
Date

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Division of Public Health**  
**Licensure Unit**  
**P.O. Box 94986**  
**Lincoln, Nebraska 68509-4986**  
**ATTN: Physical Therapy**

**Professional Documentation of Disability Form**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist, etc.) to certify that your disabling condition requires the requested test accommodation.

<b>Section I – Applicant Information</b>				
<b>Applicant Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	
<b>ADDRESS</b>	<b>Street/PO/Route:</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Date of Birth:</b>  <div style="text-align: center; margin-top: 10px;">           _____ / _____ / _____  <b>Month / Day / Year</b> </div>		<b>SSN:</b>		
Exam Type: <input type="checkbox"/> Physical Therapist (PT) Exam <input type="checkbox"/> Physical Therapist Assistant (PTA) Exam				
<b>Section II – About the Exam</b>				
<i>The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimal computer skills are required.</i>				
<b>Standard testing conditions:</b>				
Exam	Number of Questions	Time Allowed	Scheduled Break	Unscheduled Breaks
<b>PT</b>	250 (delivered in 5 sections of 50 questions each)	5 hours	15 minute break after Section 2	Breaks can be taken after sections 1, 3, and 4; however, the exam timer will continue to elapse
<b>PTA</b>	200 (delivered in 4 sections of 50 questions each)	4 hours	15 minute break after Section 2	Breaks can be taken after sections 1 and 3; however, the exam timer will continue to elapse

**Section III – Professional Contact and Background Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your CV to show this information.

\_\_\_\_\_  
\_\_\_\_\_

**Section IV – Disability and Requested Accommodations**

1. Describe the diagnosed disability and date of diagnosis. Attach all written evaluations supporting the diagnosis, including the scores and interpretive data for all administered diagnostic tests.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of your last consultation with the candidate \_\_\_\_\_

3. Please describe: (1) the nature, history, and extent of the disability; (2) how it limits one or more of the candidate's major life activities; (3) if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What effect does the disability have on the candidate's ability to perform on the test as described above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



5. What are your specific recommendations for accommodations for this candidate? **Please include an explanation of why these accommodations are required.**

- Additional Time – Time and a half
- Additional Time – Double Time
- Zoom Text (software that enlarges the print on the computer screen)
- Screen magnifier
- Reader
- Individual who enters the examinee's responses
- Separate Room
- Other (Non-Standard) – Please Describe

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of accommodations requested are based on my professional judgment. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Public Health  
Licensure Unit  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986  
ATTN: Physical Therapy**

*The following sections are to be completed by the person responsible for disability services at your Physical Therapist/Physical Therapist Assistant Program.*

**School ADA Accommodation History Form**

<b>Section I – Applicant Information</b>			
<b>Applicant Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>ADDRESS</b>	<b>Street/PO/Route:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date of Birth:</b> _____/_____/_____ <b>Month / Day / Year</b>		<b>SSN:</b> _____	<b>Phone:</b> _____
<b>Section II – School Contact Information</b>			
Name: _____ Title: _____			
School Name and Address: _____ _____			
Phone: _____ Fax: _____ Email: _____			
<b>Section III – Disability and Accommodations History</b>			
1. Specify the type of disability for which the candidate received accommodations (e.g., visual, learning/cognitive, psychological, etc.)			
_____			
_____			
_____			

2. What accommodations were provided to this candidate while he or she was a student at your institution?  
(Check all that apply.)

- Additional Time – Time and a half
- Additional Time – Double Time
- Zoom Text (software that enlarges the print on the computer screen)
- Screen magnifier
- Reader
- Individual who enters the examinee's responses
- Separate Room
- Other (Non-Standard) – Please Describe

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided by me on this form is true and correct to the best of my knowledge. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

**INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS****Criminal background checks are NOT expedited for any reason.**

**Fingerprints are required to be eligible for a Physical Therapist or Physical Therapy Assistant license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your Physical Therapist or Physical Therapy Assistant application.**

Please read and follow these instructions carefully to avoid delays in processing.

*Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for the license you are currently applying for in Nebraska.*

**Completing the Fingerprint Card:**

1. **Fingerprint Cards:** Fingerprint cards are available at any State Patrol office or law enforcement agency in NEBRASKA. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402-471-2299 and cards can be mailed to you.
2. **DO NOT FOLD THE FINGERPRINT CARDS.**
3. **Information to be completed on the Fingerprint Card:**
  - a. Print your full name, address with zip code, \*Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**

*\*Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*
  - b. In the box labeled "Reason Fingerprinted" PRINT 'PT 38-131'. Each license applied for requires an individual background check.

**Photo ID:**

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legal in the U.S.

**FEE: \$45.25**

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay \$45.25 by credit card at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp). This is an internet pay site through PayPort. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose 'PT'. You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

2. **Check or Money Order:** Payment of \$45.25 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521.** Indicate the name of the applicant and 'PT Licensure' in the memo line of the check.

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

## Fingerprinting Process:

There are 2 ways to capture your fingerprints:

- **Live Scan:** Live Scan is available at all Nebraska State Patrol locations listed below and the fingerprints are captured electronically. The Nebraska State Patrol does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.
- **Ink and Paper Finger Prints:** Applicants outside of Nebraska or at an office other than the below listed State Patrol offices have traditional ink and paper fingerprinting.

<b>Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted</b>	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (walk-in only)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday - Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 3800 NW 12th ST STE A Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)

## Where do you send the fingerprint cards?

**You must send all fingerprint cards to the following address:**

Criminal Identification Division (CID)  
3800 NW 12th ST STE A  
Lincoln NE 68521

**Criminal Background Check Notification:** Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license where a criminal background check is required by an interstate licensure compact shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant's federal report can be found at FBI.gov. To challenge an applicant's Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131 - **Criminal background check; when required.** (1) An applicant for an initial license to practice as a registered nurse, a licensed practice nurse, a psychologist, a physical therapist, a physical therapy assistant, an advanced emergency medical technician, an emergency medical technician, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Source: Laws 2005, LB 306, § 2; Laws 2005, LB 382, § 15; Laws 2006, LB 833, § 1; R.S. Supp 2006, § 71-104.01; Laws 2007, LB247, § 60; Laws 2007, LB463, § 31; Laws 2007, LB481, § 2; Laws 2011, LB687, § 1; Laws 2015, LB129. Effective Date: August 30, 2015.

## **PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### **Applicant Notification and Record Challenge**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background>