

**SHORTAGE AREA**

**ATTACHMENT B**

**Please Note:** This form is to be used for locum tenens requested by a hospital due to a health professional shortage. The form is required to be sent directly from the facility to the Medical Office.

I hereby request that the Licensure Unit issue a letter of authority for Locum Tenens Permit to the following physician: \_\_\_\_\_

The beginning date of this service is \_\_\_\_\_

And the ending date is \_\_\_\_\_. This is being requested due to a health care shortage in this specialty area: \_\_\_\_\_

(Specialty area)

In the county of \_\_\_\_\_

(Name of county)

A letter of authority to practice may be issued to an applicant by the Department upon the recommendation of the Board when there is a showing of good cause of a need for a locum tenens by a hospital in a health professional shortage area.

The reason for this request is:

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

Each location of practice shall not be listed, but the primary place of practice, and the address to which the letter of authority is to be sent is as follows:

\_\_\_\_\_

I understand that a letter of authority may be issued by your office. If I allow this physician to begin practice prior to approval to practice as a locum tenens, I and the physician practicing are in direct violation of the laws of the State of Nebraska. Sincerely,

Signature: \_\_\_\_\_  
(Hospital Administrator or CEO)

Print Your Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

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

\_\_\_\_\_

Contact name: \_\_\_\_\_

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

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Please submit form to: Department of Health and Human Services, Public Health, Licensure Unit, Attn: Jan Gadeken-Harris, PO Box 94986, 301 Centennial Mall South, Lincoln, NE 68509-4986. Phone: 402-471-2118, Fax: 402-742-8355 or email to [dhhs.medicaloffice@nebraska.gov](mailto:dhhs.medicaloffice@nebraska.gov).