

**Application Information for
Nebraska Podiatry License**

License Fee: Use the chart below to determine your applicable licensing fee. The prorated fee is applicable if the Licensure Unit issues your license during those months. **Pay by check/money order (your cancelled check is your proof of receipt).**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$32.75	\$32.75	\$32.75	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$131
Odd	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$32.75	\$32.75	\$32.75

Application Section A – Personal Information (Provide copies of the following documents)

1. **US Citizenship/Lawful Presence**

U.S. Citizens, 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 (Current Immigration Status) 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 one of the following**
 - 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
- Other document that shows current immigration status

*****NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

2. According to the Uniform Credentialing Act of Nebraska §38-129(1) you must be at least 19 years old.

Application Section B – Conviction Information (Provide copies of the following documents)

1. **Conviction Information:** If you have **EVER** had a misdemeanor conviction, 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 misdemeanors/felony convictions.

You must submit:

- a) A copy of the court record;
- b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, a copy of all evaluations/discharge summaries; and
- d) If currently on court ordered probation, a letter from your probation officer addressing the terms and current status of your probation.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none"> • MIP • DUI/DWI/OUI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Bad Check • 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 • False Information or Reporting • Leaving the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tags • Park Rule Violation / Curfew Violation • Fishing / Hunting without a License • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks
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Application Section C – Fingerprints (Please review the instructions found on page 5 for completing this process.)

- 1. **Fingerprints:** You need to submit 2 full sets of fingerprints.
- 2. **Fingerprint Fee:** To process your fingerprints, **\$45.25 must be paid directly to the Nebraska State Patrol**; Pay on-line at: www.ne.gov/go/nsp or mail payment to the Nebraska State Patrol (addresses can be found on Page 4).

Application Section D – Controlled Substances Registration

1. **Controlled Substances Registration:** If you are going to be prescribing, administering or dispensing controlled substances in Nebraska, you are required to submit a copy of your Federal Controlled Substances Registration.

Application Section E - Education

- 1. **Transcripts:** An Official Transcript which shows your podiatric medicine degree and date of graduation (date degree was conferred). The transcripts must be submitted directly from your podiatry program or the transcript may be in a sealed envelope from the school and submitted with your application. The Department cannot accept e-mailed transcripts.
- Educational Experience:** A verification which indicates completion of at least a one-year postgraduate residency program approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association on the form provided;

Application Section F – Examination Information

1. **Examination Information:** You are required to submit official score reports for your Parts I and II of the National Board Examination in Podiatry. The score reports must be submitted directly from the testing agencies giving the examinations or from the Federation of Podiatric Medical Boards.

Official documentation of passing NBPME Part III (formerly PMLexis) sent directly to our office from the Federation of Podiatric Medical Boards.

Part I, II & III (PMLexis) and Disciplinary reports should be ordered directly from the Federation of Podiatric Medical Boards via their online system at <https://www.fpmb.org>. Payment can be made with a credit card. Alternatively, online orders can be printed and mailed to the FPMB with a check.

Application Section G – Licensure Information

1. **Other Licensing Information:** If you hold or have held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit verification of the credential that includes whether you have ever been disciplined (do not send a copy of your license card).
2. **Disciplinary Action:** If you have had any disciplinary action(s) taken against your license, you must submit a copy of the disciplinary action(s), including alleged violations and findings.

Application Section I – Practice Information (This section only needs to be completed by applicants that are applying by reciprocity)

1. **Practice Requirement for Reciprocity Applicants:** If you are applying for a podiatry license by reciprocity, you are required to provide proof that you have been actively engaged in the practice of podiatry for at least three (3) years with one (1) of those years being within the past three (3) years. Acceptable proof of active practice can include:
 - a) A copy of your W-2's;
 - b) A letter from your employer/practice partner on their letterhead stating the beginning and ending dates of employment and approximate number of hours worked per week.

Application Section I – PRACTICE PRIOR TO CREDENTIAL

All applicants must complete this section. An individual who practices prior to the issuance of a credential is subject to an 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 such credential.

Application Section J – Attestation

All applicants are required to complete this section.

OTHER INFORMATION:

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.

Ankle Surgery: A podiatrist may perform surgery on the ankle only at a licensed hospital or ambulatory surgical center. Additionally, a podiatrist initially licensed in this state on or after September 1, 2001 must have successfully completed an advanced postdoctoral surgical residency program of at least two years duration which is recognized as suitable for that purpose by the Board. If you plan to perform ankle surgery please submit proof of completion of two years of a surgical residency.

Application Processing: All application will be processed in date order received. If a preliminary review shows that you are missing information, you will be contacted **by e-mail** within approximately 15 days.

TIME FRAME FOR PROCESSING:

Fingerprints: approximately 6-8 weeks
License Decision: 8-10 weeks from receipt of a complete application

Please note:

1. You have 90 days to complete an application. If your application is not completed after 90 days, your application and all supporting documents will be destroyed and a refund will be processed, less a \$25 administrative fee.
2. If an individual other than the applicant pays the licensure fee, refunds will be issued to that individual and their social security number will be required to process the refund.
3. If a business entity will be paying the licensure fee, refunds will be issued to that business entity and a copy of their W-9 is required to process the refund.

Contact Information: Licensure Unit, 301 Centennial Mall South, PO Box 94986, Lincoln NE 68509-4986
 Telephone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a Podiatry 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 Podiatry 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.

FEE: \$45.25

There are 2 ways to pay for fingerprint processing:

Credit Card/E-Check: Pay \$45.25 by credit card at 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.

1. The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose "Controlled Substance". You will then need to enter the applicant's name, date of birth or the last 4 digits of applicant's social security number (optional). 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.**

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.

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.
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 "Podiatry License".

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.

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 and sent electronically to the CID for processing. If you are out-of-state and Live Scan is available, have them print 2 copies of your prints to be forwarded to the NE CID.
- **Ink and Paper Finger Prints:** Applicants outside of Nebraska or at an office than the below listed State Patrol offices have traditional ink and paper fingerprinting.

Offices of the Nebraska State Patrol And the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108 th ST Omaha NE 68137 Phone: 402-331-3333	Monday through 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 through Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 W Old Potash Highway Grand Island NE 68803 Phone: 308-385-6000	Tuesday 9:00 a.m. to 4:00 p.m., Wednesday 8:30 a.m. to 4:00 p.m. and Thursday 9:00 a.m. to 1:30 p.m. (all times - appointment required)
Troop D 300 West South River Rd North Platte NE 69101 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. and (appointment required)
Troop H Investigative Services Center 3800 NW 12 th 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 fingerprinting 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 to practice as a registered nurse or a licensed practical nurse or to practice a profession which is authorized to prescribe controlled substances 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 or a licensed practice nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. 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



Division of Public Health /Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986

For Office Use Only	
BU # 25550143	Issue Date:
License #	

NEBRASKA
Application for a Podiatry License

Check below how you will be applying for the license:

- EXAMINATION (Individuals that have taken a practical examination within the last 5 years)
- RECIPROCITY (Individuals must be able to provide proof of practicing for 3 years and at least 1 year is required to be within the last 3 years)

You must complete all sections of this application that apply to you.

SECTION A – PERSONAL INFORMATION			
1	You must provide your Legal Name below		
	First:	Middle:	Maiden Name:
	Last Name:		
	List any other names you are or have been Known As (AKA)		
2	Mailing Address:	Street/PO/Route:	
		City:	State or Country:
		Zip:	
3	Date of Birth (mm/dd/yy):	Place of Birth (City/State or Foreign COUNTRY):	
4	Phone #: (optional)*	Additional Phone #: (optional)*	
5	E-Mail Address: (optional)*		
	*phone number and e-mail are optional, but providing this information will speed up communication w/ you		
6	Check the correct box(s) and provide your number#:	<input type="checkbox"/> Social Security Number (SSN):	
	Providing your SSN is mandatory	<input type="checkbox"/> Alien Registration Number ("A#"):	
Social Security Numbers obtained are not public information but may be shared by the Licensure Unit for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.			

OFFICE USE ONLY

NDEN	Yes__	No__		NSP CBC	Yes__	No__
FPMB	Yes__	No__		FBI REC	Yes__	No__
NPDB	Yes__	No__		BOARD	Yes__	No__

SECTION B – CONVICTION INFORMATION (All applicants must complete this section) **Failure to disclose any such conviction, regardless of when the action occurred, could result in disciplinary action, including but not limited to, censure or civil penalty.**

1	I have been convicted of a felony?	YES	NO
2	I have been convicted of a misdemeanor?	YES	NO

I have provided the following for Board review (for each conviction)...	Description
<input type="checkbox"/>	Copy of court records including charges and disposition.
<input type="checkbox"/>	Letter of explanation which includes events leading to the conviction and a summary of actions taken to address the behaviors/actions related to the conviction.
<input type="checkbox"/>	If the conviction involved drug/alcohol and you were required to obtain an addiction/mental health evaluation, a copy of the evaluation is required.
<input type="checkbox"/>	If the above evaluation recommended that you obtain treatment, then you are required to submit a copy of your discharge summary from treatment program.
<input type="checkbox"/>	If you were placed on criminal probation, a letter from the probation officer addressing the probationary conditions and current status of your probation.

The Board may request that you to submit additional documents such as police reports.

SECTION C – FINGERPRINTS (All applicants must complete this section)

1	I have had my fingerprints taken.	YES	NO
2	I have paid for my fingerprint processing.	YES	NO

SECTION D – CONTROLLED SUBSTANCES REGISTRATION (Check on of the following)

I have enclosed a photocopy of my Federal Controlled Substances Registration (DEA Registration).	YES	NO
I am currently applying for a Federal Controlled Substances Registration (DEA Registration).	YES	NO
I do not have nor am I applying for a Federal Controlled Substances Registration (DEA Registration) and I will not be prescribing, administering or dispensing controlled substances in Nebraska. PLEASE NOTE: I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time, I am to supply a photocopy of the registration to the State of Nebraska.	YES	NO

SECTION E – EDUCATION

High School	Name	Location	Date Completed
Pre-Podiatry College	Name	Location	Date Completed
Podiatry College	Name	Location	Date Completed

Indicate which of the following criteria you have met within the two years immediately preceding the application for a Nebraska license. (All applicants must meet one of the following criteria).

<input type="checkbox"/>	I have been in the active practice of the profession of podiatry under a license in another state or territory of the United States or the District of Columbia for a period of one year. <i>Submit a list professional activities (employment as a podiatrist) for the last two years, including name of business, location, duties and dates of employment.</i>
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<input type="checkbox"/>	I have completed at least one year of a postgraduate residency program approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association. <i>Provide documentation showing postgraduate residency information.</i>
<input type="checkbox"/>	I have completed continuing competency in podiatry approved by the Board. <i>Provide documentation of completion of continuing competency.</i>

SECTION F – EXAMINATION INFORMATION (All applicants must complete this section) **Scores from the practical examinations will be accepted for a period of five years from the date the examination was passed.**

1	I have taken the National Board examination and have requested my scores be sent directly to the Department.	YES	NO
2	I have taken all of the following practical examinations and have requested scores to be sent directly to DHHS Licensure Unit:	<input type="checkbox"/> Parts 1	<input type="checkbox"/> Parts II
		<input type="checkbox"/> NBPME Part III (formerly known as PMLexis)	

SECTION G – LICENSURE INFORMATION (All applicants must complete this section, if they hold or have held a license in another state or jurisdiction) Direct source verification to the Licensure Unit is required for all licenses. **Failure to disclose disciplinary action, regardless of when the action occurred, could result in disciplinary action, including but not limited to, censure or civil penalty.**

1	Have you ever been licensed in another state or jurisdiction?	YES	NO
	List all other states, jurisdictions, or US territories where you have been or are currently licensed.		
	STATE	License #	Issue Date
			Expiration Date
2	Has the licensee listed above ever...	Been Disciplined?	NO
	If you answer YES to any of these questions, you are required to submit documentation and a letter of explanation for Board review.	Received Adverse Action?	NO
		Denied?	NO
		Denied the right to take a credentialing examination?	NO
		Received other actions?	NO

SECTION H – PRACTICE INFORMATION (This section only needs to be completed by applicants that are applying by reciprocity). You must provide proof of practicing by submitting a copy of your W-2's or a letter from your employer or practice partner on their letterhead, stating the beginning and ending dates of employment and the approximate number of hours worked per week.

1	Have you submitted proof that you have been actively engaged in the practice of podiatry for at least three (3) years?	YES	NO
2	Have you submitted proof that one (1) of the years has been within the three (3) years immediately preceding the date of this application?	YES	NO

SECTION I – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section) An individual who practices prior to the issuance of a credential is subject to an 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 such credential.

1	<input type="checkbox"/> NO. I have not practiced podiatry in Nebraska without a license. <input type="checkbox"/> YES. I have practiced podiatry in Nebraska without a license.		
2	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: <i>Students of medicine and surgery enrolled in an accredited college of medicine who gratuitously practice medicine and surgery under the supervision of a licensed physician are exempt from needing a Permit or License in the State of Nebraska, pursuant to Neb. Rev. Stat. 38-2025(4)). Once an individual has graduated from medical school, however, a Permit or License is required in the State of Nebraska in order to practice medicine and surgery. The question above, therefore, refers to the time since you have graduated from medical school until such time as you have received a Permit or License to practice medicine and surgery in the State of Nebraska.</i>	Number of days:	
Name of Business:			
City:			
Telephone #:			

SECTION J - 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.
- 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.

Application Attestation and Signature: 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: _____

Contact Information:

Telephone: 402-471-2118
 Email: DHHS.medicaloffice@nebraska.gov

Mailing Address:

DHHS, Division of Public Health
 Licensure Unit – 1st Floor
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986

Physical Address:

DHHS, Division of Public Health
 Licensure Unit- 1st Floor
 301 Centennial Mall South,
 Lincoln, Nebraska 68508