NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

APRN REINSTATEMENT
from Inactive, Expired, or Lapsed Status
INSTRUCTIONS

Rev.07.02.25

These instructions are only for persons who hold an inactive, expired, or lapsed APRN-NP, APRN-CRNA, APRN-CNM, or APRN-CNS license. Do **not** use the attached application if your license is revoked, suspended, or voluntarily surrendered. Persons with revoked, suspended, or voluntarily surrendered licenses should contact our office to obtain the correct application.

Requirements for Reinstatement

1. Have an active Nebraska RN license or (if you reside and another state that belongs to the Nurse Licensure Compact and are not moving to Nebraska) hold an active multistate RN license from your home state.

2. Meet the following continuing competency requirement(s)

   If you are a CRNA, Midwife, or Clinical Nurse Specialist, you must have current, national certification for your APRN role from an approved certification program.

   If you are an APRN-Nurse Practioner license you must:
   a. Have current, national certification in a nurse practitioner clinical specialty area from an approved certification program, and
   b. Have either graduated from a nurse practitioner education program within the previous five years **or** have completed 2,080 practice hours as a nurse practitioner within the previous five years.

Military Waiver – If you have served in the regular armed forces of the United States or been actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately prior to applying for reinstatement: 1) you can waive the practice hour requirement and 2) you are not required to pay the renewal/reinstatement fee. You will need to submit a copy of your military orders to qualify for the waiver.

Refresher Course – If you do not meet the continuing competency requirements and need to complete a refresher course, contact the DHHS Licensure Unit at (4002) 471-4376 or DHHS.NursingOffice@nebraska.gov for more information.

To apply for reinstatement, submit the attached application and the following items:

☐ **Reinstatement fee**. Make check or money order payable to DHHS Licensure Unit. The reinstatement fee is reduced when a license is reinstated within six months prior to its expiration date. Use the chart below to find the month and year in which you expect your license to be reinstated. (Allow at least 3-4 weeks for processing of your application.) If the month falls in the shaded area of chart, the reinstatement fee is **$103.00**. If the month falls in the unshaded area, the fee is **$60.00**.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Year	103.00	103.00	103.00	103.00	60.00	60.00	60.00	60.00	60.00	60.00	103.00	103.00
Odd Year	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00	103.00

☐ **Documentation of U.S. citizenship or lawful presence**

U.S. Citizens – Submit a photocopy of one of the following:

- Birth certificate issued by a state, county, municipal authority, outlying possession of the United States, or U.S. Dept. of State bearing an official seal. Hospital-issued birth certificates are not accepted.
- U.S. Passport (unexpired or expired)
- Certificate of Naturalization (N-550 or N-570) or Certificate of Citizenship (N-560 or N-561)
- Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)

Non-Citizens – Submit photocopies of documents listed for one of the following options:

- Green card, also known as a Permanent Resident Card. (Copy both the front and back of the card.)
- U.S. immigrant visa with an unexpired I-551 stamp.
- Form I-94 and an unexpired foreign passport.

- Employment Authorization Document (EAD) (cannot be expired) and at least one other document issued by USCIS or other government agency verifying your immigrant or non-immigrant status. Examples of acceptable documents include: Form I-94, letter from USCIS listing your current status, or a Form I-20.

☐ **Verification of National Certification**

☐ **If you have had any disciplinary action(s) taken against a health-care related license in another state,** you must submit a copy of the disciplinary action(s), including charges and findings.

☐ **If you have been convicted of a misdemeanor or felony since the last time you renewed your license**, see attached application for required documentation.

Nurse Practitioners: If have not practiced a minimum of 2000 hours following graduation and initial certification as a Nurse Practitioner, you must have a formal, written Transition to Practice agreement with a supervising provider.

- The supervising provider must be a physician, osteopathic physician, or nurse practitioner licensed and practicing in Nebraska.
- The supervising provider must practice in the same practice specialty, related specialty, or field of practice as the nurse practitioner being supervised.
- A nurse practitioner who serves as a supervising provider must have practiced as a nurse practitioner for a minimum of ten thousand (10,000) hours.
- If the supervising provider is a nurse practitioner, verification that the provider has 10,000 practice hours must be filed with the Department by submitting the "Attestation of Supervision" form. The form can be downloaded at: https://dhhs.ne.gov/Licensure/Documents/TransitionToPracticeAgreement.pdf.

Certified Nurse Midwives: You must have a practice agreement with one or more collaborating physicians who are licensed in Nebraska and whose practice includes obstetrics

- The form required for the Nurse Midwife Practice Agreement can be downloaded from https://dhhs.ne.gov/licensure/Documents/agreement.pdf.
- The Nurse Midwife Practice Agreement must be on file with DHHS Division of Public Health, Licensure Unit, prior to commencing practice as a nurse midwife in Nebraska.
- If any changes are made to the Practice Agreement, a copy of the revised agreement must be submitted to the DHHS Licensure Unit.

Incomplete Applications. If you file a license application and fail to complete all application requirements with 90 days, your application will be destroyed and the application fee will be refunded except for a $25.00 administrative fee.

To verify license status, go to https://www.nebraska.gov/LISSearch/search.cgi. You can print a license wallet card from this site after your license is reinstated. **We no longer mail wallet cards to licensees**.

The attached application, the appropriate fee, and required supporting documentation should be mailed to:

DHHS Licensure Unit, Nursing Section
301 Centennial Mall South
P.O. Box 94986
Lincoln Nebraska 68509-4986

Contact info: Phone: (402) 471-4376 Fax: (402) 742-2360 Email: dhhs.nursingoffice@nebraska.gov

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DEPT. OF HEALTH AND HUMAN SERVICES
Division of Public Health, Licensure Unit
PO Box 94986, Lincoln NE 68509-4986
DHHS.NursingOffice@nebraska.gov (402) 471-4376

APRN Application for REINSTATEMENT
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Check the license type for which you are requesting reinstatement:

☐ **APRN-Nurse Practitioner** **Lic. #** _____ ☐ **APRN-Certified Nurse Midwife** **Lic. #** _____

☐ **APRN-CRNA** **Lic. #** _____ ☐ **APRN-Clinical Nurse Specialist** **Lic. #** _____

☐ Check here if you are an active duty member of the U.S. Armed Forces.

☐ Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska

A. Personal Information				
Legal Name	First	Middle	Last	
	Maiden	List any other names you have used or have been known as:		
Mailing Address	Street Address		PO Box	
	City	State or Country	Zip	
Date of Birth (Month/Day/Year)		**Place of Birth**	(City/State or Country)	
Phone # (optional)		Additional Phone # (Optional)		
We will use email to contact you about your application status.	**Email Address** (required)			
Providing your SSN is mandatory	**Social Security Number**			
Neb. Rev. Stat. 38-123 mandates the disclosure of your Social Security Number to DHHS. Your SSN is not public information, but DHHS may disclose it for child support enforcement purposes and to the Department of Revenue, the Department of Labor, and for other administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to the information. Other information supplied is part of the public record				
If you are not a U.S. Citizen provide your:	Alien Number (A#)			
	I-94 #			

B. **Indicate your RN Licensure status by checking the box that applies to you:**			
☐	I hold an active Nebraska RN License.	NE RN License #	
☐	I am applying for an initial or reinstated Nebraska RN License.		
☐	My legal state of residence is in the Nurse Licensure Compact, and I hold a multistate license in that state. I am not moving to Nebraska or I am military/military spouse and will not make NE my legal home state.	Home State RN License #	

C. National Certification. Verification of current, national certification must be submitted to our office from the certifying board.		
	Primary Certification	Secondary Certification
Name of Certifying Organization:		
Certification Number:		

D. Conviction Information. Failure to disclose misdemeanor and/or felony convictions can lead to disciplinary action.

1. Have you been convicted of any misdemeanor or felony in any state or jurisdiction since the date you last renewed your license? ☐ **Yes** ☐ **No**

If yes, list convictions below. If you need more space, list additional convictions on a separate sheet. For each conviction, you must submit the following:

- Explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors or actions related to the convictions.
- If the conviction occurred in a state other than Nebraska, a copy of the court record that includes the statement of charges and final disposition.
- If you are currently on probation, a letter from your probation officer addressing the terms and current status of the probation.

To aid in the evaluation of drug or alcohol related convictions, you may submit evaluation and discharge summaries of any drug or alcohol treatment obtained. Evaluations and discharge summaries may be submitted by the provider directly to the department.

	Type of Crime	Conviction Date	Name of Court or Jurisdiction
1			
2			
3			
4			

Pending Charges: If you have any pending criminal charges that result in a misdemeanor or felony conviction, you are required to report the conviction to the Investigations Unit within 30 days of the conviction. Reporting forms can be obtained from https://dhhs.ne.gov/Pages/Investigations or by calling (402) 471-0175.

E. License Information.

1. Do you hold or have you held a license or credential to provide health services, health-related services, or environmental services in any state or jurisdiction other than Nebraska? ☐ **Yes** ☐ **No**

If yes, complete the following. If you need more space, list additional licenses on a separate sheet.

Type of License/Credential	State or Jurisdiction	License Number	Date Issued	Expiration Date

2. Has any health care profession credential you hold or have held in another state or jurisdiction ever been denied, refused renewal, limited, suspended, revoked, or had other disciplinary measures taken against it? ☐ **Yes** ☐ **No**

If yes, list all actions below. If you need more room, list additional actions on a separate sheet. You must also submit a copy of the charges and disposition issued by the state that took the action.

License Type	State/Jurisdiction	Type of Action	Date of Action

NOTE: If you have any disciplinary charges pending that result in disciplinary action being taken against your license, you are required to report such actions to the Investigative Unit within 30 days of occurrence. Reporting forms can be obtained from https://dhhs.ne.gov/pages/Investigations.aspx or by calling (402) 471-0175.

F. Nurse Practitioner Practice Requirements:

1. **If you are applying for reinstatement of an APRN-NP license, check the box below that applies to you.**
2. **If you are not a Nurse Practitioner, skip this section and go to Section G.**

☐	I have completed an APRN-Nurse Practitioner educational program within the previous five years.
☐	I have practiced as an APRN-Nurse Practitioner for at least 2080 hours within the previous five years.
☐	I am applying for a temporary license for the purpose of completing a reentry program that has been approved by the Nebraska APRN Board.

G. Practice Prior to Licensure

An individual who practices prior to issuance of a credential is subject to 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 the license.

Have you practiced as an APRN in Nebraska without a Nebraska APRN license specific to your role prior to submitting this application?	☐ **Yes** ☐ **No**
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?	Number of Days:
	Name of Business:
	City:
	Telephone:

H. 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 qualified alien under the Federal Immigration and Nationality Act, nor a nonimmigrant lawfully present in the United State. (You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.)

Application Attestation

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: _____

*Sign your name after printing application. Electronic signatures are not accepted.