

GENERAL INSTRUCTIONS FOR LICENSURE IN VETERINARY MEDICINE AND SURGERY

Licensure by Examination: Applicants must have passed the North American Veterinary Licensing Examination (NAVLE) within the last five years with a converted score of at least 70.

Licensure by Reciprocity: Applicants must meet both of the following conditions:

- 1) Have been actively engaged in the practice of veterinary medicine and surgery at least one of the three years immediately preceding the application under a license in another state or territory of the United States, the District of Columbia, or a Canadian province.
- 2) Passed either the NAVLE or NBE/CCT with a converted score of at least 70.

How to apply: The following items must be submitted to this Department.

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation).
2. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal; (**Birth Certificates issued by a Hospital will not be accepted**)
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number ("A#") with Visa Status; or
 - (14) A Form I-94 (Arrival-Departure Record) with Visa Status;
3. Jurisprudence Examination: A completed Nebraska State Jurisprudence Examination. You will need to refer to the following statutes and regulations in order to complete the exam. The statutes and regulations can be found on the Veterinary Medicine and Surgery homepage: <http://dhhs.ne.gov/licensure/pages/Veterinary-Medicine-and-Surgery.aspx>
 - a) Uniform Credentialing Act;
 - b) Statutes Relating to Veterinary Medicine and Surgery;
 - c) Regulations Governing the Practice of Veterinary Medicine and Surgery;
 - d) Regulations Governing Mandatory Reporting By Health Care Professionals, Facilities, Peer and Professional Organizations, and Insurers; and
 - e) Statutes Relating to Pharmacy.
4. Criminal Background Check – See Instructions: Applicants must submit fingerprints to the Nebraska State Patrol. The State Patrol will forward the results of the background check to our office. You may contact our office to obtain the blank fingerprint cards.
5. Transcripts or Certificate of Education Equivalence: Graduates of AVMA-accredited veterinary programs must have certified transcripts sent to this office directly from their school. Applicants who did not graduate from an AVMA-accredited program must have official documentation of ECFVG or PAVE certification sent to this office directly from the issuing agency.

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 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.

6. **NAVLE or NBE Scores:** Scores must be sent directly to this office from the American Association of State Veterinary Boards (AAVSB). Score transfers can be ordered online at www.aavsb.org or by phone at (877) 698-8482.
7. **Certification of Licensure (Reciprocity Applicant):** If applying by reciprocity, a certification of licensure must be sent directly to this office from the licensing agency of the jurisdiction where the applicant was initially licensed as a veterinarian. The certification must indicate whether or not the license has been disciplined in any manner, and the nature of any disciplinary actions taken. (Not required if applying by examination.)
8. **Fee:** Pay the fee indicated in the month/year you're submitting your application. Depending on **issuance** of the license, additional fees may be required. Processing time for applications depends on how busy the office is. Just because you submitted your application with a certain fee paid does not guarantee your license will be issued within that time frame. Money order and checks need to be made payable to: **Nebraska Licensure Unit**.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$62.50*	\$62.50*	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
Odd	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$62.50*	\$62.50*	\$62.50*

*When a license will expire within 180 days after its initial issuance date the initial licensure fee is ¼ of the full fee. The full renewal fee will be due by April 1 of an even year. You may request that your license be issued after April 1 by indicating that in writing with the application. Issuance of the license after April 1 will require the full \$250 fee.

APPLICANTS TO TAKE THE NAVLE: If you wish to apply to take the NAVLE through Nebraska, you need to submit the [NAVLE Approval through Nebraska Application](#) and the required application fee directly to the National Board of Veterinary Medicine Examiners (NBVME). In addition, you will need to submit the NBVME [NAVLE Application](#) and the required NAVLE fee directly to the NBVME. Instructions and forms for this process are online at www.nbvme.org NBVME's telephone number is 701/224-0332.

Accreditation: To obtain accreditation to sign health papers for brucellosis or tuberculosis or to do state program work, contact the USDA/APHIS Veterinary Services office at (402) 434-2300.

DEA Registration: You must apply for a Federal Controlled Substances Registration if you intend to administer, prescribe, or dispense controlled substances in Nebraska. Applications are available online at www.deadiversion.usdoj.gov. If you obtain a DEA Registration, you will need to submit a photocopy of the registration to our Department.

New graduates cannot practice under the license of another veterinarian or a license from another state. Graduate status does not authorize you to practice without a Nebraska license.

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a Physician 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 Physician 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 402/471-2118 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 'Controlled Substance'.

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.** 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 "Controlled Substance". 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.**

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.

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
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 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.

Lic# _____
Date: _____
Office Use Only Revised 10/2018

**APPLICATION FOR LICENSE TO PRACTICE
 VETERINARY MEDICINE AND SURGERY**
 PLEASE PRINT OR TYPE
 Fee: 250.00

APPLYING BY:

Examination (Check this box if you took the NAVLE within the last five (5) years.

Reciprocity (Check this box if you took the NBE/CCT or NAVLE more than five (5) years ago.

SECTION A – PERSONAL INFORMATION: Items 1 and 2 are public information. Name and Licensure information will be displayed on the INTERNET at <http://www.nebraska.gov/LISSearch/search.cgi>

NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.

1	Legal Name	First:	Middle Name:	Last:
	Maiden Name	Other Names you are known as (AKA):		
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth: Month/Day/Year:	Place of Birth (city/state/country):		Gender: M F
4	Check the Appropriate Box(es)	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#");	A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	I-94 #	
If you have both a SSN and an A# or I-94 number, you must report both. 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.				
	Phone		Fax (optional)	
	Licensee E-mail Address		Credentialing contact e-mail Address (optional)	

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

Section B – Education (All applicants must complete this section)

Pre-Veterinary College	Name	Location	Date Completed (mm/yyyy)
Veterinary College	Name	Location	Date Completed (mm/dd/yyyy)

If you did NOT graduate from an AVMA-accredited veterinary program, you must request official documentation of your Educational Equivalence Certificate (ECFVG or PAVE) to be forwarded directly to this office. (Please check the one you have requested):

ECFVG
 PAVE

<p>Military: Did you complete education, training, or service that you believe is <u>substantially similar</u> to the education or training (pick either education/training as required by profession) 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?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, include evidence with this Application.</i>
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SECTION C – CONVICTION AND LICENSURE INFORMATION: Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, include, but not limited to, payment of a civil penalty. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All ‘yes’ responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

Section I			
1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Section II			
1	Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION C CONTINUED – CONVICTION AND LICENSURE INFORMATION: Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, include, but not limited to, payment of a civil penalty. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

Section III

1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section IV

1	Have you ever been convicted of a felony? Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been convicted of a misdemeanor? Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section V

1	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever surrendered your state or federal controlled substances registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section VI

1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section E – Licensure in Other States/Provinces (All Applicants must complete this section)

Have you ever been licensed as a veterinarian in another state, province or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, list all states, provinces and jurisdictions where you have been or are currently license, and include license number and expiration date.

State/Provence	License Number	Initial Issue Date	Expiration Date

Section F – Reciprocity Information Applicants applying by *reciprocity* must complete the following questions. Applicants applying by examination should proceed to Section G.

List the name and address of the agency issuing initial license, date issued, initial license number and expiration date.

State or Canadian Province	Initial License Number	Initial Issue Date	Expiration Date
Have you requested to have certification of your initial veterinary license sent directly to the State of Nebraska from the state or province of initial licensure?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been actively engaged in the practice of veterinary medicine and surgery at least one of the three years immediately preceding this application under a license in another state or territory of the United States, the District of Columbia, or a Canadian Province?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Give the names of facilities, addresses and dates at locations where you have been actively engaged in the practice of veterinary medicine and surgery for the past three years. Use additional paper if needed.			
Name of Facility/Program	Address	City/State	Dates at Location

SECTION G – CONTROLLED SUBSTANCES REGISTRATION: (Check one that applies)

<input type="checkbox"/>	I have enclosed a photocopy of my current Federal Controlled Substances Registration.	
	Federal Controlled Substances Registration #:	Expiration Date:
<input type="checkbox"/>	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.	
<input type="checkbox"/>	I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. 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.	

Section H – Practice Prior to Credential (All applicants must complete this section)
 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 credential.

Have you actively practiced veterinary medicine in Nebraska prior to being issued a license? Effective July 1, 2004, the Department is authorized to assess an Administrative Penalty in the amount of \$10.00 per day, not to exceed a total of \$1000.00 when evidence exists that a person has practiced veterinary medicine prior to being issued a license.

	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, how many days have you <u>actually practiced</u> veterinary medicine in Nebraska?	# of days: _____	
	Name of Business:	
	City:	
	Telephone #:	

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check only **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.e.: permanent resident (green) card, I-94 document, asylum, etc.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

I am a nonimmigrant lawfully present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.) **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

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. **YOU MUST SUBMIT A COPY OF THIS DOCUMENT WITH YOUR RENEWAL**

NOTE: You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.(i.e.: DACA, pending asylum, pending refugee, etc.)

Signature and Application Attestation: I attest that:

1. I have read the renewal application or have had the renewal application read to me; and
2. All statements on this renewal application are true and complete.

Print Name: _____

Signature: _____

Date: _____

Email (Optional): _____

* Required Misdemeanor/Felony Conviction Information

If you have had any misdemeanor or felony convictions you must submit:

- a. Official Court Record, which includes charges and disposition;
- b. Copies of Arrest records;
- c. A letter from the applicant explaining the nature of the conviction;
- d. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- e. A letter from the probation officer addressing probationary conditions and current status, if the petitioner is currently on probation.

** Required Malpractice Information

Professional Liability (Malpractice) Information:

If You Answered YES To Section VI Question #1: Indicate the total number of claims you have had which resulted in:

- a. An adverse judgment against you;
- b. A settlement made on your behalf, including those made prior to suit in which the patient released any professional liability claim against you;
- c. An award was required or made by you or on your behalf.

Submit a detailed explanation of each claim to include the following:

1. Name, sex and age of patient
2. Date of occurrence
3. Initial event (procedure/diagnosis)
4. Subsequent event that precipitated the claim – include the time sequence in relation to the initial event
5. Damages – a description of damages or alleged damages resulting from the initial and subsequent events
6. Date of filing of malpractice claim in court (if applicable)
7. Outcome of claim – include the court disposition, whether or not the case was settled, and the amount of any monetary settlement or judgment made on your behalf.
8. Date of final outcome of claim.

If You Answered YES To Section VI Question #2: Indicate the total number of malpractice claims that are currently pending against you. Submit the following for each pending claim:

- a. A **detailed explanation** of the claim to include the information as outlined above, numbers 1-6;
- b. Copies of the court documents that outline the **statement of charges** (often called the “Complaint”);
- c. **Letter from the attorney** stating the current status of the claim.