

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a 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 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. DO NOT SEND IN COPIES ONLY ORIGINAL CARDS ARE ACCEPTED**
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**. This is an internet pay site through PayPort. You can pay by echeck (additional fee of \$1.75) or credit card (additional fee of \$.90).

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, 4600 Innovation Drive, 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 8:00a – 4:00p To schedule an appointment: https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday – Thursday 8:00 a.m. to 5:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Mondays and Fridays 8:30a – 12:30p and 2:00p – 4:30p Tuesdays 9:00a – 4p Wednesdays 8:30a – 4p Thursdays 8:30a – 4:30p Call to schedule an appointment.
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 Criminal Identification Division (CID) 4600 Innovation Drive Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00a – 4p To schedule an appointment: https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

Criminal Identification Division (CID)
4600 Innovation Drive
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

APPLICATION FOR A WHOLESALE DRUG DISTRIBUTOR LICENSE

If you distribute only medical gases, you will need to use a separate application form. You can access the form at: <https://dhhs.ne.gov/licensure/Documents/MedicalGasDistApp.pdf>

NOTE: This application must be completed by the designated representative. If more space is needed to respond to any question, please attach a clearly identified separate piece of paper.

Name of Business (applicant):			
Address of Business:	Street/PO Box/Route:		
	City:	State:	Zip:
Telephone Number:		Fax Number: (optional)	
E-mail Address: (optional)			
Type of Business Entity:			
<input type="checkbox"/> Partnership	Name of each partner:		
	Name of Partnership:		
<input type="checkbox"/> Corporation	Name and title of each corporate officer and director:		
	All corporate names of applicant business:		
<input type="checkbox"/> Sole Proprietorship	State of incorporation:		
	Name of sole proprietor:		
	Name of the sole proprietorship:		
If the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member, please complete.	<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:		

List all trade or business names used by applicant:					
Names of persons in charge and names and addresses for all facilities used by the applicant for storage, handling, and wholesale distribution of prescription drugs:	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	List of all licenses, permits, or other similar documentation issued to the applicant in any other state authorizing the applicant to purchase or possess prescription drugs:	State:	License/Permit Type:	License/Permit #:	
		State:	License/Permit Type:	License/Permit #:	
		State:	License/Permit Type:	License/Permit #:	
State:		License/Permit Type:	License/Permit #:		
State:		License/Permit Type:	License/Permit #:		
State:		License/Permit Type:	License/Permit #:		
State:		License/Permit Type:	License/Permit #:		
State:		License/Permit Type:	License/Permit #:		

Name(s) and address(es) of the following:			
Owner(s):	Name:		
	Street/PO/Route:		
	City:	State:	Zip:
Manager(s):	Name:		
	Street/PO/Route:		
	City:	State:	Zip:
Designated Representative:	Name:		
	Street/PO/Route:		
	City:	State:	Zip:
Supervisor of the Designated Representative:	Name:		
	Street/PO/Route:		
	City:	State:	Zip:
Name(s) of all managerial employees for the facility:			

1.	The following information <u>regarding the designated representative:</u>			
	a.	Place of residence for the immediately preceding seven (7) years:		
		Street/PO/Route:		
		City:	State:	Zip:
		Inclusive dates at this address:		
		Street/PO/Route:		
		City:	State:	Zip:
		Inclusive dates at this address:	Inclusive dates at this address:	
	b.	Date of Birth:		Place of Birth:
c.	List of all occupations, positions of employment, and offices held during the immediately preceding seven (7) years, this list should include name of principal business and addresses:			
	Occupation/Position of employment/ offices:			

Street/PO/Route:		
City:	State:	Zip:
Inclusive dates at this address:		
Occupation/Position of employment/ offices:		
Street/PO/Route:		
City:	State:	Zip:
Inclusive dates at this address:		
Occupation/Position of employment/ offices:		
Street/PO/Route:		
City:	State:	Zip:
Inclusive dates at this address:		
d.	Have you been, at any time during the immediately preceding seven (7) years, the subject of any proceeding for the revocation of any license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain the nature of the proceeding, provide the date of the proceeding and its disposition, and submit official documentation from the entity that revoked the license:		
e.	Have you been, at any time during the immediately preceding seven (7) years, either temporarily or permanently enjoined by a court of competent jurisdiction from violations of any federal or state law regulating the possession, control or distribution of prescription drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the dates and details of such order and submit official documentation from the court:		
f.	Provide a description, including dates, of any involvement by the designated representative during the immediately preceding seven (7) years, other than the ownership of stock in a publicly traded company or mutual fund, with any business which manufactured, administered, distributed, or stored prescription drugs and any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits:	

	<p>g. Have you ever been convicted of any felony?</p> <p>If yes, the following documents must be sent directly to the Credentialing Division: 1) Official court records, which includes charges and disposition; 2) A letter from you explaining the circumstances surrounding the conviction; 3) If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required); and 4) If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>h. I have submitted with this application a photograph of the designated representative taken within the immediately preceding 30 days.</p>	
	<p>i. I have submitted fingerprint cards to the NE State Patrol for criminal background checks pursuant to 172 NAC 131-004 for the following personnel.</p> <p>Designated representative</p> <p>Supervisor of the designated representative</p> <p>Is the applicant business a non-publicly held company? <i>If yes, a criminal background check must also be obtained for each owner with greater than 10% interest in the wholesale drug distributor.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>j. I have submitted with this application proof of a bond as defined in 172 NAC 131.002.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Inspection Information:</p>	<p>Inspections will be accepted by the Department if they have been conducted within the six (6) months preceding the date of application or if accreditation status by either a nationally recognized accreditation program or another state or federal agency inspection approved by the Board remains current.</p>	
	<p>a. Has your facility been inspected by a nationally recognized accreditation program (example: VAWD) or another state or federal agency within the six (6) months preceding the date of your application?</p> <p>If not inspected by one of these entities within the previous six (6) months, do you hold current accreditation or inspection status from one of these entities?</p> <p>If no, identify the entity you wish to conduct the initial inspection:</p> <p><input type="checkbox"/> Nationally recognized accreditation program (example: VAWD)</p> <p><input type="checkbox"/> Other State Regulatory Agency State and Name of Agency:</p> <p><input type="checkbox"/> Federal Regulatory Agency: Name of Agency:</p> <p><input type="checkbox"/> Department (Inspection fee required pursuant to 172 NAC 131-012)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, submit documentation of passing that inspection.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, provide documentation of such current accreditation or inspection status.</i></p>
<p>3. Required Signatures:</p>	<p>a. Signature of designated representative:</p> <p>I attest that I have completed this application and that the statements on this application are true and complete to the best of my knowledge.</p> <p>Signature of designated rep: _____ Date: _____</p>	
	<p>b. <u>Lawful Presence in the United States Attestation:</u> If the applicant is a <u>sole proprietorship</u> the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows: <i>Please check the appropriate box below:</i> <input type="checkbox"/> I am a citizen of the United States.</p>	

<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act. My immigration and alien number are as follows: _____ and I agree to provide a copy of my USCIS	
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.	
I also attest that the statements on this application are true and complete to the best of my knowledge.	
One of the following:	
(1)	If applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member, signature of owner:
	Signature of owner: _____ Date: _____
(2)	If applicant is a limited liability company with more than two members, signature of two or more members.
	Signature of member: _____ Date: _____
	Signature of member: _____ Date: _____
(3)	If applicant is a corporation, signature of two officers:
	Signature of officer: _____ Date: _____
	Signature of officer: _____ Date: _____

PLEASE NOTE: With the passing of the Drug Quality and Security Act (DQSA) by the Food & Drug Administration (FDA), Nebraska is no longer requiring a state license for Manufacturers and Third Party Logistics Providers (3PLs).

06/02/2022