

Nebraska Department of Health & Human Services  
Division of Public Health, Licensure Unit  
PO Box 94986  
Lincoln, NE 68509-4986  
402-471-4376 or fax 402-471-1066

**Affidavit of Practice/Non-Practice**

You must complete the following:

\_\_\_\_\_ I **have not** practiced as an APRN-CNS prior to my application for licensure.

\_\_\_\_\_ I have practiced as an APRN-CNS prior to my application for licensure.

The actual number of partial or whole days that I practiced without authority is \_\_\_\_\_.

If you have practiced nursing without a license/temporary permit or proper authority under the Nurse Licensure Compact, you will be required to pay an administrative penalty fee of \$10 for each day you practiced up to a maximum of \$1,000. You may enclose any penalty due with this form. If you do not enclose the penalty you will receive a Notice of Administrative Assessment and you will be required to pay the penalty at that time.

**Employer Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**Personal Information:**

Print Your Name: \_\_\_\_\_ Your License #: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**Affidavit:**

I hereby attest that I am the person referred to in this affidavit, that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date