

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-CRNA prior to my application for licensure.

_____ I have practiced as an APRN-CRNA 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