



DHHS DPH, Licensure Unit, Office of Nursing and Nursing Support  
 P.O. Box 94986 - Lincoln, NE 68509-4986  
 Telephone: (402) 471-4376

# RENEWAL NOTICE

Licensed Practical Nurse (LPN)

Your **Licensed Practical Nurse License expires 10/31/11**. The renewal fee of **\$123.00** and this document must be postmarked on or before 10/31/2011 to avoid expired status. You will have to reinstate your license if you do not renew by 10/31/11.

LICENSE # : \_\_\_\_\_

Printed Name \_\_\_\_\_

Address  Please check the box if your address has changed since the last renewal of your license, and you have not notified our office of that change.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### TWO YEAR RENEWAL

For the fastest renewal response, please use the online renewal process at  
<https://nebraska.mylicense.com/>  
 (Microsoft Internet Explorer works best for the online renewal process.)

### SELECT ONE:

ACTIVE \$123.00

INACTIVE No Fee

MILITARY No Fee

[I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial licensure renewal date. If you meet this exemption, you are not required to pay the renewal fee.] **You must submit a copy of the military orders.**

**PRIMARY STATE OF RESIDENCE:** Nebraska is a member of the Nurse Licensure Compact. **As a condition of licensure in a compact state, you are required to declare your primary state of residence.**

- If you declare NEBRASKA as your primary state of residence, you will be issued a multi-state license, which will allow you to practice in ANY COMPACT STATE.
- If you declare another COMPACT STATE as your primary state of residence you cannot renew your practical nurse license in Nebraska unless you are employed in a federal facility (\*complete **Contact Information** section).
- If you declare a NON-COMPACT STATE as your primary state of residence, you will be issued a Nebraska single-state license which authorizes you to practice only in Nebraska.

**You MUST declare your primary State of residence during EACH renewal.** This state is referred to as your home state under the Nurse Licensure Compact and means that it is your declared fixed permanent and principal home for legal purposes and is your domicile. Indicators of a domicile include, but are not limited to, where real property is located and where you live, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc.

**MY CURRENT PRIMARY STATE OF RESIDENCE IS:** \_\_\_\_\_ **(Name of State)**

**If you move to another compact state, your Nebraska LPN license will be made inactive.**

**NAME & ADDRESS CHANGES:** If your name or address is incorrect, cross out incorrect information and print correction. For name changes, you must submit legal documentation of the change. Such documentation may be a photocopy of the marriage certificate, court order, etc. If not submitted, the license will be issued in the name as printed above.

**Internet:** All Nebraska Licensing Information is public information, and is on the internet at <http://www.dhhs.ne.gov/lis/lisindex.htm>

### ONLINE LICENSE RENEWAL

You may renew your Nebraska Licensed Practical Nursing license online at: <https://nebraska.mylicense.com/>. You will need your license number, your social security number and a credit card to renew online.

The web site has been constructed to make the process as simple as possible, and the renewal fee can be paid by using a credit card. While the renewal information can be submitted online, for certain circumstances such as name change, convictions, legal presence etc., documentation must be submitted by mail. Although the renewal will not be completed until the documentation is received, the process should still be faster than doing the entire renewal through the mail. Please give the online license renewal process a try. For those who choose not to renew online, the option to submit the renewal through the mail is still available. Questions about online LPN license renewal can be sent to the Licensure Unit, [dhhs.nursingoffice@nebraska.gov](mailto:dhhs.nursingoffice@nebraska.gov) or you can call (402) 471-4376.

If you choose to renew through the mail, please make checks payable to: **DHHS LICENSURE UNIT.**

Daytime Telephone Number: \_\_\_\_\_

Employer \_\_\_\_\_  
 Federal Employer?  Yes  No

**You MUST answer ALL of the following questions:**

- Answer each of the questions for the time period since your last renewal (11/1/09 to 10/31/11). If you were initially licensed after 10/31/09, answer the questions for that time period.
- DO NOT use the scroll bar – this will change your answers.
- Please turn off your pop-up blocker before proceeding to receive important messages. Read each question carefully.
- If you fail to answer these questions, your renewal will not be processed and will be returned to you as incomplete.

		YES	NO
1	Have you been convicted of a misdemeanor or felony during this renewal period (11/1/09 to 10/31/11) that has not been reported?		
2	Do you hold a credential that was <b>issued</b> by another jurisdiction(s) to provide health care services, health-related services, or environmental services?		
3	Has any credential you hold in the other jurisdiction(s) been denied, refused renewal, or disciplined by the other jurisdiction(s) during this renewal period (11/1/09 to 10/31/11) that has not been reported?		
4a	I am a citizen of the United States.		
4b	I am an alien lawfully admitted into the United States for permanent residence under the Immigration and Naturalization Act (INA) and who is eligible for a credential under the Uniform Credentialing Act.		
4c	I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States		
5	Are you of good character?		
6	Do you have the mental and physical capacity to practice your profession?		
7	Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?		
8	Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?		
9	Have you practiced your profession fraudulently?		
10	Have you practiced your profession beyond its authorized scope?		
11	Have you practiced your profession with gross incompetence or gross negligence?		
12	Have you practiced your profession in a pattern of incompetent or negligent conduct?		
13	Have you practiced your profession while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?		
14	Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?		
15	Have you been denied the right to take a Credentialing Examination?		
16	Have you used untruthful, deceptive, or misleading advertising?		
17	Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?		
18	Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?		
19	Have you invaded a field of practice for which you are not credentialed?		
20	Have you violated The Uniform Credentialing Act?		
21	Have you violated Mandatory Reporting Regulations?		
22	Have you violated the Uniform Controlled Substances Act?		
23	Have you committed any acts of unprofessional conduct relating to the practice of your profession? (Refer to the practice act and regulation for your profession.)		

## **EXPLANATIONS**

**Expired License:** Licenses not renewed or placed on inactive status will automatically expire 11/01/11. You may not practice after your license has expired on 10/31/11. **If you continue to practice after your license has expired, you will be assessed an administrative penalty fee of \$10.00 per day up to a maximum of \$1000, and/or disciplinary action.**

**Inactive** means that you cannot practice but may represent yourself as having an inactive license. To change from inactive to active status you **MUST** reinstate your license. You will be required to meet the renewal requirements that are in effect at the time the status change is requested. (If you choose this option, you are not required to complete or sign the reverse side of this notice).

**Question 1 & 3: If a conviction/discipline has NOT been previously reported to our office you MUST request the following documents to be sent directly to this office:**

- Official Court Record, which includes charges and disposition;
- Copies of arrest records;
- A letter from you explaining the nature of the conviction;
- 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
- A letter from your probation officer addressing probationary conditions and your current status, if you are currently on probation.
- If your license in health care in another state has been revoked, suspended, limited, placed on probation, or disciplined in any way, an official copy of the disciplinary action, including charges and disposition. **If your license was disciplined in Nebraska, you do not need to submit documents.**

**NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you are required to report such actions to the Licensure Unit within 30 days following the conviction or disciplinary action. (Neb. Rev. Stat. 71-168(4)).**

### **Questions 4b & 4C: PROOF OF LEGAL STATUS**

If you are an alien lawfully admitted into the US for permanent resident OR a non-immigrant whose visa/application for visa for entry is related to such employment in the US, you must submit evidence of lawful permanent resident and/or immigration status which may include a copy of:

- 1) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
- 2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- 3) A Form I-94 (Arrival-Departure Record) with visa status.

**Questions 5 and 6:** If you answer NO to question 5 and/or 6, you must provide an explanation.

**Questions 8 through 23:** If you answer yes to any of questions 8-23, you must provide an explanation.

### **Affidavit of Continued Competency**

In order to renew my Nebraska nursing license, I attest that I have completed one of the following (**please check one**):

\_\_\_\_\_ I have practiced nursing for at least 500 hours during the past 5 years. (**Between 11/1/06 and 10/31/11**) AND Completed at least 20 contact hours of acceptable continuing education/in-service education within the past 2 years (**Between 11/1/09 and 10/31/11**). Of the 20 hours attested to, no more than 4 hours are CPR and/or BLS classes, and at least 10 hours are peer reviewed.

\_\_\_\_\_ I have graduated from a nursing program within the last 2 years (**Between 11/1/09 and 10/31/11**)

\_\_\_\_\_ I have graduated from a nursing program in more than 2, but less than 5 years (**Between 11/1/06 and 10/31/09**) AND have completed at least 20 contact hours of acceptable continuing education/in-service within the past 2 years (**Between 11/1/09 and 10/31/11**). Of the 20 hours, no more than 4 hours are CPR and/or BLS classes, and at least 10 hours are peer reviewed.

\_\_\_\_\_ I have completed a board-approved refresher course within the last 5 years (Between 11/1/06 and 10/31/11).

\_\_\_\_\_ I have obtained/maintained current certification in a nursing specialty granted by a nationally recognized certifying organization.

\_\_\_\_\_ I have developed and maintained a portfolio that includes my current continuing competency goals and evidence/verification of professional activities to meet those goals. Such evidence may include, but not be limited to, specialized training or experiences, continuing education, employer performance evaluations, or other evidence of demonstrated competency. **This is not the same as having your 500 work hours and 20 contact hours.**

\_\_\_\_\_ I have practiced nursing for at least 500 hours during the past 5 years. (**Between 11/1/06 and 10/31/11**) I request a waiver of the continuing education/in-service requirement due to: military assignment in a location where continuing education/in-service is not available \_\_\_\_\_; living outside of the USA and continuing education is not available \_\_\_\_\_; or serving as a missionary in a foreign country \_\_\_\_\_.

**NOTE: All licensees are subject to a random audit of renewal requirements; therefore proof of having met the renewal requirements should be retained for seven years.**

**YOU MUST COMPLETE THIS CERTIFYING INFORMATION:**

I hereby certify that the information on this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PRACTICAL NURSING WORKFORCE SURVEY 2011

**1. Race Ethnicity Category**

- Caucasian/**White**  
 African American/ Black  
 Native American  
 Asian/ Pacific Islander  
 Other \_\_\_\_\_

**3. Where was the location of the basic nursing education program that prepared you to take the LPN licensing examination?**

- Nebraska  
 Other state or US territory  
 Foreign country

**5. Are you currently enrolled in a nursing education program leading degree/certificate?**

- Not currently enrolled  
 Associate Degree Program  
 Diploma Program  
 Baccalaureate Degree Program  
 Master's Degree Program  
 Other \_\_\_\_\_

**7. Are you currently an LPN-C? (LPN certified for IV therapy)**

- Yes  
 No

**8. If yes, are you currently working in that role?**

- Yes  
 No

**2. Hispanic origin or descent?  Yes  No**

**2.b. If you speak another language other than English, please indicate.**

Spanish \_\_\_\_\_ French \_\_\_\_\_ German \_\_\_\_\_

Other (list) \_\_\_\_\_

**2.c. Are you fluent in sign language?  Yes  No**

**4. Which nursing education programs have you completed? (Mark all that apply)**

- Practical Nursing Program Diploma  
 Practical Nursing Program – Associate Degree

**6. If you have a non-nursing degree(s), did you earn this degree before entering your basic nursing education program that prepared you for LPN licensure?**

- Yes  
 No

**9. Which of the following best describes your current work situation? (Select one).**

- Working in a nursing position requiring an LPN license or a position enhanced by my nursing knowledge and licence  
 Working in a non-nursing job – looking for an LPN position  
 Working in a non-nursing job – not looking of an LPN position  
 Not employed – looking for an LPN position  
 Not employed – looking for a non-nursing job  
 Not employed – not looking for a job  
 Working in nursing only as a volunteer  
 Other \_\_\_\_\_

*If you are not currently working in a nursing position (if you selected any option except the first option to question #9), you do not need to respond to the remainder of the questions. Thank you for your participation.*

**10. For how many employers do you currently work as an LPN?**

- 1  
 2  
 3 or more

**11. What is your current annual salary for all nursing employment?**

- Less than \$5,000  
 \$5,000 - \$25,000  
 More than \$25,000 but less than \$35,000  
 At least \$35,000 but less than \$45,000  
 At least \$45,000 but less than \$55,000  
 At least \$55,000 but less than \$65,000  
 At least \$65,000, but less than \$85,000  
 At least \$85,000, but less than \$105,000  
 \$105,000 and more

**12.a. In which states/jurisdictions are you currently practicing nursing? (Practicing nursing includes a variety of roles as defined in the Nurse Practice Act. Providing education/consultation, providing or managing direct patient care or using technology – telephone, computer, etc. – to assess, teach or advise patients in another state constitutes practicing nursing in that state.) Circle all that apply.**

- |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|
| AL | AK | AS | AZ | AR | CA | CO |
| CT | DE | DC | FM | FL | GA | GU |
| HI | ID | IL | IN | IA | KS | KY |
| LA | ME | MH | MD | MA | MI | MN |
| MS | MO | MT | NE | NV | NH | NJ |
| NM | NY | NC | ND | MP | OH | OK |
| OR | PW | PA | PR | RI | SC | SD |
| TN | TX | UT | VT | VI | VA | WA |
| WV | WI | WY |    |    |    |    |

**12.b. In which compact state do you hold an active license to practice as an LPN (only one state)**

AZ AR CO DE ID IA KY ME MD **MO** MS NE NH NM NC ND RI SC SD TN TX UT VA WI

**12.c. In which non-compact states do you hold an active license to practice as an LPN (select all that apply)**

AL AK AS CA CT DC FM FL GA GU HI IL IN KS LA MH MA MI MN MS MT NV NJ NY MP OH OK OR PW PA PR VT VI WA WV WY

For the following questions, please use the following definitions:

**Principal Employment:** Where the greatest number of RN working hours are spent. **Secondary Employment:** Where the 2nd greatest number of RN working hours are spent

13. Please identify the type of setting that most closely corresponds to your nursing practice positions:

	Principal Employment (Select <u>one</u> )	Secondary Employment (Select <u>one</u> )
Academic Setting	_____	_____
Agency Staff (temporary or scheduled)	_____	_____
Alcohol/Detox/Halfway House	_____	_____
Ambulatory Care	_____	_____
Assisted Living Facility	_____	_____
Dialysis Center	_____	_____
Forensic Nursing	_____	_____
Hospice	_____	_____
Hospital	_____	_____
Insurance Company/HMO	_____	_____
Nursing Education/Staff development	_____	_____
Nursing Home	_____	_____
Occupational Health	_____	_____
Parish Nursing	_____	_____
Physician's Office/Health Clinic	_____	_____
Public/Community/Home Health	_____	_____
Self-Employed	_____	_____
Student Health/School	_____	_____
Other _____	_____	_____

14. Please choose the major activity that best corresponds to your:

	Principal Employment (Select <u>one</u> )	Secondary Employment (Select <u>one</u> )
Administration	_____	_____
Case Management	_____	_____
Nursing Research	_____	_____
Patient Care	_____	_____
Quality Assurance/Utilization Review	_____	_____
Teaching/Instruction	_____	_____
Other _____	_____	_____

15. How long have you been employed by your current facility/employer?

	Principal Employment (Select <u>one</u> )	Secondary Employment (Select <u>one</u> )
Less than 1 year	_____	_____
1-3 years	_____	_____
At least 3 years, but less than 5 years	_____	_____
At least 5 years, but less than 10 years	_____	_____
More than 10 years	_____	_____

16. Of the total years you have been licensed as an LPN, how many years have you been employed in nursing?

___ < 1 year	___ At least 1 year but less than 5 years	___ At least 5 years but less than 10 years
___ At least 10 years but less than 20 years	___ At least 20 years but less than 30 years	___ 30 years or more

17. Write in zip code, county and state of your principal employment.

\_\_\_\_\_ Zip Code      \_\_\_\_\_ County      \_\_\_\_\_ State

18. On the average, how many hours per week (all employment) do you work as an LPN?

- \_\_\_ 10 hours or less
- \_\_\_ more than 10 hours, but less than 20 hours
- \_\_\_ at least 20 hours, but less than 30 hours
- \_\_\_ at least 30 hours, but less than 40 hours
- \_\_\_ at least 40 hours, but less than 50 hours
- \_\_\_ 50 hours or more

19. If you are planning to retire in the next 5 years, what is the primary factor that would persuade you to delay your retirement? (Check only one. If you are not planning to retire, check "do not plan to retire.")

- \_\_\_ A position less physically demanding
- \_\_\_ Better benefits package
- \_\_\_ Continued benefits
- \_\_\_ Employment opportunity for spouse/significant other
- \_\_\_ Increased salary
- \_\_\_ Less hours to commute
- \_\_\_ Shortened/flexible work hours
- \_\_\_ Other (specify) \_\_\_\_\_
- \_\_\_ Do not plan to retire.

20. How much longer do you plan to practice nursing?

- 1-5 years  
 6-10 years       21-30 years  
 11-15 years       >30 years  
 16-20 years       do not know

22. What do you like most about your principal nursing employment? (Select one)

- Benefits (insurance, paid vacation, retirement, etc.)  
 Hours/schedule  
 Location  
 People for whom I provide service (patients)  
 People with whom I work (co-workers)  
 Salary  
 Work itself  
 Other \_\_\_\_\_

24. How likely are you to leave your principal employment in the next 12 months?

- Very unlikely  
 Somewhat unlikely  
 Somewhat likely  
 Very likely

26. How satisfied are you with your current job?

- Very Satisfied       Somewhat Satisfied  
 Dissatisfied       Very Dissatisfied

28. Would you encourage others to choose nursing as a career?

- Yes       No

21. How many miles do you travel one way to get to work at your principal nursing employment? \_\_\_\_\_

- 0 - 5 miles       21 - 30 miles  
 6 - 10 miles       31 - 50 miles  
 11 - 20 miles       > 50 miles

23. What do you like least about your principal nursing employment? (Select one)

- Benefits (insurance, paid vacation, retirement, etc.)  
 Hours/schedule  
 Location  
 People for whom I provide service (patients)  
 People with whom I work (co-workers)  
 Salary  
 Work itself  
 Nothing, there isn't anything I don't like  
 Other \_\_\_\_\_

25. If very likely or somewhat likely that you will leave your principal employment in the next 12 months, what is the main reason? (Select one)

- Dissatisfaction with job       Retirement  
 Dissatisfaction with salary       Returning to school  
 Family/personal       Other \_\_\_\_\_  
 Lack of opportunity for upward mobility in the organization       Does not apply to me

27. If you had to do it over, would you choose nursing as a career?

- Yes       No

29. How satisfied are you with nursing as a career?

- Very Satisfied       Somewhat Satisfied  
 Dissatisfied       Very Dissatisfied