

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

Dear Applicant:

Thank you for your interest in becoming licensed to practice your profession in the State of Nebraska. Prior to submitting your application for licensure, it is important that you be aware of certain aspects of the application process.

The application form includes a series of questions about an applicant's history regarding licensure, physical and mental health, criminal conduct, and for some professions, malpractice. I encourage you to read these questions carefully. It is expected that applicants answer these questions completely and truthfully. If others are assisting you in the completion of your application, make sure to review the information completely before signing the application. An adverse event in your past is not an automatic disqualification from licensure. The Board will review all of the information surrounding the event in making a determination of your fitness to practice medicine and surgery.

It is important that you fully disclose all arrests, charges or convictions. Questions on the application ask about charges or complaints filed against you by any licensing or disciplinary authority and also about charges or complaints filed against you by any criminal prosecution authority. Even if the charges were dropped, dismissed, pled down or settled through diversion or if the sentencing was deferred or the conviction was expunged, set aside or pardoned, you must provide this information on the application. Failure to fully disclose could be considered as misrepresentation on your application which is grounds to deny your application for licensure.

Applicants are asked whether you have ever been convicted of a misdemeanor or felony. Some offenses that most people would consider as minor violations are actually misdemeanors, so it is important that you thoroughly review your history in order to provide accurate information regarding convictions. You may want to contact the court or seek the advice of an attorney to determine whether an event in your past resulted in a misdemeanor or felony conviction.

Applicants should also be aware that it is the policy of the Licensure Unit that applications may not be withdrawn to avoid or circumvent a denial decision or to circumvent public records and reporting requirements. Understand prior to submitting your application that you may not be allowed to withdraw. Applicants who do not meet the requirements for licensure will be denied.

Thank you for taking the time to read this letter. I hope my comments are helpful to you. If you have further questions regarding the application process, please contact the office at dhhs.medicaloffice@nebraska.gov or by telephone at 402/471-2118.

Sincerely,

Kathie Lueke, Program Manager
Licensure Unit

Helping People Live Better Lives

Deadlines for Licensure Applications & Supporting Documents

The following are the deadlines for receipt of licensure applications and supporting documents for applications required to be reviewed by the Board of Medicine and Surgery. Some applications will require review by the Board of Medicine and Surgery at their regular meeting. These deadlines will apply if the Department determines that your application will need Board review. Please submit your application according to this schedule, assuming that your application will be reviewed by the Board. If your application does not need Board review, you will receive a license document in the mail.

Application deadline: *The completed application form and check/money order must be received in the Licensure Unit office by this date. If you choose to mail your application Express or Overnight Delivery, please note that the delivery/signed for date may not reflect receipt of your application in our office. All mail is initially processed through a central mail room.*

Documents deadline: All supporting documents and additional information that our office requests must be received in our office by this date. Late submissions will cause your application to be reviewed at the next meeting date.

Please Note: Just because your application may be received by the deadlines above, does not guarantee a spot at that particular meeting. Applications are reviewed in the order they are received and depending on the work load of the office, applications can be pushed to the next meeting. We will try our best to review applications in a timely manner to meet the deadlines above.

APPLICATION DEADLINES	DOCUMENT DEADLINE	MEETING DATE
December 15, 2016	December 29, 2016	January 20, 2017
February 2, 2017	February 16, 2017	March 10, 2017
March 30, 2017	April 13, 2017	May 5, 2017
May 11, 2017	May 25, 2017	June 16, 2017
July 13, 2017	July 27, 2017	August 18, 2017
September 7, 2017	September 21, 2017	October 13, 2017
October 26, 2017	November 9, 2017	December 1, 2017
December 21, 2017	January 4, 2018	January 26, 2018

CRIMINAL BACKGROUND CHECKS

Instructions – Revised 01/2017

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

FINGERPRINTING PROCEDURE – Please read and follow these instructions carefully to avoid delays in processing.

Fingerprints must be obtained and submitted to the Department with your application for licensure. The Department is required to verify to the Nebraska State Patrol that you have made application for licensure in Nebraska prior to the Nebraska State Patrol processing your request for a criminal background check. The applicant must send the fee for the Criminal Background Check (\$45.25) separately, directly to the Nebraska State Patrol as explained below.

Criminal background checks are NOT expedited for any reason.

1. If you received a printed application from the Licensure Unit, two fingerprint cards were enclosed. Take the fingerprint cards (2) to any State Patrol office or law enforcement agency. Contact information for the Nebraska State Patrol offices is included with these instructions. You must call ahead to schedule an appointment at the Nebraska State Patrol offices. Please note that some offices have limited hours when fingerprinting will be conducted.
2. If you obtained your application online, fingerprint cards can be obtained by contacting the Licensure Unit. Fingerprint cards may also be available at any State Patrol office or law enforcement agency. The fingerprint cards are the standard FBI Applicant format, form number FD 258, and are blue and white cards.
3. **DO NOT FOLD THE FINGERPRINT CARDS.**
4. Live Scan fingerprinting refers to both the technique and the technology used by law enforcement agencies and private facilities to capture fingerprints electronically, without the need for the more traditional method of ink and paper. Live Scan is available at all Nebraska State Patrol locations. If Live Scan is used in Nebraska to capture your fingerprints, the Nebraska State Patrol will NOT give you cards to submit with your application. They will submit the cards to the Department directly for verification of application. Although other states may have Live Scan available, it is common that other states will not capture fingerprints using Live Scan for persons who are being fingerprinted for purposes outside of that state. Applicants outside of Nebraska may have traditional ink and paper fingerprints done where they are located, or they may travel to a Nebraska State Patrol location to use Live Scan.
5. The Nebraska State Patrol does not charge for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.
6. You must take one form of photo ID with you when obtaining your fingerprints. Acceptable forms of ID include a driver's license, visa or passport. If you are from a foreign country and do not have one of these forms of photo identification, provide any documentation issued by your country, legal sovereign or consulate.
7. Please print your full name, address with zip code, *Social Security Number, date and place of birth, and physical identifiers on the fingerprint cards. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provide. **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.*

8. If you are one of the following professions: Dental, Physician, APRN*, Physician Assistant, Optometrist, Podiatrist, Veterinarian, Temporary Educational Permit or Wholesale Drug Distributor, put Controlled Substance License in the box labeled "Reason Fingerprinted". If you are applying for an RN or LPN license put Nursing License in the box labeled "Reason Fingerprinted".

New APRN/RN applicants (individuals applying for both at the same time) will need to submit two different sets of cards and pay twice (one "Controlled Substance License" one "Nursing"). Each license applied for requires an individual background check.

9. After the fingerprinting procedure is completed, the cards should **NOT** be given to you.

- If you obtained the cards from the Licensure Unit, request the person who took your fingerprints to place the cards in the envelope provided by the Licensure Unit along with your completed application for licensure, and mail the envelope to the Department.
- If you obtained the cards from a State Patrol office or other law enforcement agency, request the person who took your fingerprints to place the cards in an envelope provided by you (**DO NOT FOLD THE FINGERPRINT CARDS**) along with your completed application for licensure, and mail the envelope addressed to: **Nebraska DHHS, Division of Public Health, Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE 68509-4986**

The fee for Criminal Background Check is to be sent separately, directly to the Nebraska State Patrol. The \$45.25 fee, made payable to the Nebraska State Patrol, can be paid by a personal check, money order, cashier's check and credit card. When sending payment, it is important to include a note that clearly identifies the name of the person for whom the criminal background check is requested, and the type of license for which the person is applying.

Payment must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521.**

Pay 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. You need to choose "Controlled Substance License or Nursing" depending on your profession (see #8). You will then need to put in the applicant's name, date of birth and the last 4 digits of social security number (optional). If a company is paying for an applicant – the applicant's information needs to be submitted on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

10. ****This process takes several weeks for the results of your criminal background check to be received by the Department.** No licensing decision will be made until all information is received.**

Office of the Nebraska State Patrol	Days/Hours that Fingerprinting Conducted
Troop A 4411 S 108 th ST Omaha, NE 68137 Phone: 402-331-3333	Monday through Friday 8:00 a.m. to 4:30 p.m. (appointment required)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Usually on Tuesdays (appointment required)
Troop C 3431 Potash Grand Island NE 68802 Phone: 308-385-6000	Mondays from 10:00 a.m. to noon and from 1:00 p.m. to 2:45 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69101 Phone: 308-535-8265 ext. 219	Monday, Tuesday, Thursday, Friday from 8:30 a.m. to 5:00 p.m. Wednesday from 8:30 a.m. to 2:30 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Wednesdays after 1:00 p.m. (appointment required)
Criminal Identification Division (CID) 3800 NW 12 th ST STE A Lincoln NE 68521 Phone: 402-479-4971	Monday through Friday 8:00 a.m. to 4:00 p.m. (appointment required) Last person fingerprinted at 4:00 p.m.

This form may be completed online and mailed to the address listed below.



Department of Health and Human Services
 Division of Public Health - Licensure Unit
 301 Centennial Mall South
 P.O. Box 94986 - Lincoln, Nebraska 68509
 Telephone #: 402-471-2118

Lic# _____
Date: _____
Office Use Only Revised 01/2017

APPLICATION FOR TEMPORARY EDUCATION PERMIT

Fee \$25.00

SECTION A – PERSONAL INFORMATION: (All applicants must complete this section) 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); <input type="checkbox"/> Alien Registration Number ("A#"); <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number		SSN#	
				A#	
				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)		

Office Use Only			Office Use Only	
BOARD	Yes__	No__	Federation	Yes__ No__
	Yes__	No__	NPDB	Yes__ No__
	Yes__	No__	NDEN	Yes__ No__

SECTION B – PRELIMINARY AND PRE-MEDICAL EXAMINATION Give the name and location of institutions attended, beginning with high school. List diplomas or certifications and date received for preliminary and pre-medical education.

<u>NAME OF HIGH SCHOOL</u>	
City/State/Country	
Diploma/Certificate	
Date: (MO/YR)	
<u>NAME OF PRE-MEDICAL COLLEGE</u>	
City/State/Country	
Diploma/Certificate	
Date: (MO/YR)	
<u>NAME OF PRE-MEDICAL COLLEGE</u>	
City/State/Country	
Diploma/Certificate	
Date: (MO/YR)	

Foreign medical graduates must indicate their ECFMG number: _____

SECTION C – MEDICAL EDUCATION List in chronological order, beginning with high school and ending with medical school, the name and location of all institutions attended. List the diplomas or certificates earned and dates received for all preliminary (high school), pre-medical education and medical education. (Attach additional pages if necessary).

MEDICAL EDUCATION		
Name of Institution		
Degree Earned/ Date Conferred	Degree :	Date Conferred:
City/State/Country		
Attended From:	(M/D/Y)	
Attended To:	(M/D/Y)	
MEDICAL EDUCATION Name of Institution		
Degree Earned/ Date Conferred	Degree :	Date Conferred:
City/State/Country		
Attended From:	(M/D/Y)	
Attended To:	(M/D/Y)	
GRADUATE MEDICAL EDUCATION		
Name of Institution		
Name of Specialty	<input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship	
City/State/Country		
Attended From:	(M/D/Y)	
Attended To:	(M/D/Y)	

SECTION D - PROFESSIONAL ACTIVITIES List in chronological order all of your medical activities for the last ten years, or since graduation from medical college if less than ten years ago to present. Also list all periods of non-professional activity or employment for periods of non-medical activity of more than three months. Please account for all time and explain all gaps of more than three months. (Attach additional pages if necessary). This information must be completed below. **Do not attach CV or other work history forms.**

From: Month/Year		To: Month/Year	
Name of Facility			
City/State/Country			
Activity			
From: Month/Year		To: Month/Year	
Name of Facility			
City/State/Country			
Activity			
From: Month/Year		To: Month/Year	
Name of Facility			
City/State/Country			
Activity			

SECTION E – CONTROLLED SUBSTANCES REGISTRATION (Check one that applies)

1	<input type="checkbox"/>	I have enclosed a photocopy of my current Federal Controlled Substances Registration. Federal Controlled Substances Registration #: _____ Expiration Date: _____
2	<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.
3	<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 F – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section) 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 and you must submit the requested documentation (see pages 8 & 9 of application).** 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 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 G – LICENSURE IN OTHER STATE (All applicants must complete this section)

Have you ever been licensed as a physician, physician in training license/permit, educational or residency license/permit or any other license or permit allowing you to practice medicine in another state or jurisdiction?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
List all other states, jurisdictions, or territories of the U.S. where you <u>have been or are currently</u> licensed, including license number, issue date, and expiration date. (Include educational training/permit licenses). Attach list if needed.			
State	License #	Issue Date	Expiration Date

SECTION H – REQUESTING INSTITUTION

The institution listed below accepts _____ into a graduate medical education program, a fellowship, or a refresher course. (Name of Applicant)

As Dean of the School of Medicine, Associate Dean of Graduate Medical Education or other authorized official, I understand that the issuance of this permit does not entitle the holder to engage in the practice of Medicine and Surgery outside of the assigned graduate medical education program, fellowship, or refresher course.

Name of Institution:			
Mailing Address	Street:	City/State	Zip
Name of Graduate Medical Education Program			
Is the program ACGME Accredited?* (select one)	<input type="checkbox"/> YES	<input type="checkbox"/> NO *Programs not accredited by ACGME must submit an outline of the intended coursework for Board approval	
Type of Program (select one)	<input type="checkbox"/> Graduate Medical Education	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Refresher Course
Duration of Program	Begin Date (Month/Day/Year)	End Date (Month/Day/Year)	
Location of Training Areas			
Official Signature (Dean/Associate Dean/Official)			
Official Title of Signee			
Please Print Name of Signee			

SECTION I – 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.

1	I have practiced as a physician/osteopathic physician & surgeon in Nebraska before issuance of the Nebraska license.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice: <i>Students of medicine and surgery enrolled in an accredited college of medicine who gratuitously practice medicine and surgery under the supervision of a licensed physician are exempt from needing a Permit or License in the State of Nebraska, pursuant to Neb. Rev. Stat. 38-2025(4)). Once an individual has graduated from medical school, however, a Permit or License is required in the State of Nebraska in order to practice medicine and surgery. The question above, therefore, refers to the time since you have graduated from medical school until such time as you have received a Permit or License to practice medicine and surgery in the State of Nebraska.</i>	# of days: _____	
		Name of Business: _____	
		City: _____	
		Telephone #: _____	

SECTION J – ATTESTATION (All applicants must complete this section)

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check only one of the boxes below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-Immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A “Green Card” otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number (“A#”), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131, an applicant for an initial license to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Department of Health and Human Services (DHHS) with whom I am applying for licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for licensure.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name _____ Signature _____ Date _____

ORIGINAL SIGNATURE REQUIRED

CERTIFICATE OF MEDICAL EDUCATION

You must have this portion certified directly on the application OR you may submit a certified copy of your medical diploma.

It is hereby certified that _____
(Full Name of Graduate)

enrolled in _____

located at _____ and attended courses from _____ to _____
(City & State) MO/DAY/YR MO/DAY/YR

and received a diploma from _____ conferring the degree of
(Name of Institution)

Doctor of Medicine on the _____ day of _____, _____.

SIGNATURE _____ DATE _____
(Registrar) Signature Stamps Not Accepted (MO/DAY/YR)

TITLE: _____

(SEAL)

NOTE: In order for your application to be considered complete, all applicants MUST also submit a copy of the following documents:

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;
 - (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#"); or
 - (14) A Form I-94 (Arrival-Departure Record);
3. Education: proof of medical education in the form of a certified copy of your medical school diploma (documents not written in English must be accompanied by an official English translation), or have the enclosed Certificate of Medical Education completed by the Registrar of your medical school.
4. Foreign medical graduates: **MUST** have ECFMG send an official verification of their **permanent ECFMG Certificate that is valid indefinitely directly to our office** (the ECFMG phone number is 215-386-5900 and the website is www.ECFMG.org)
5. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - a. A copy of the court record, which includes charges and disposition;
 - b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - c. 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
 - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.
6. 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.
7. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate hi/her own documents.