



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Applicants should also be aware that it is the policy of the Licensure Unit that applications may not be withdrawn to avoid or circumvent a denial decision or to circumvent public records and reporting requirements.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 me by e-mail at becky.wisell@nebraska.gov or by telephone at 402/471-2118.

Sincerely,

A handwritten signature in cursive script that reads 'Becky Wisell'.

Becky Wisell, Administrator
Medical and Specialized Health
Licensure Unit

NEW PROCESSING INFORMATION FOR PHYSICIAN LOCUM TENENS APPLICATIONS

- Locum tenens applicants will now need to abide by specific deadlines for Board review as found on the Deadlines for Board Review document. (include link here)
- All locum tenens applicants who may need their application reviewed by the Board (Dr. has had malpractice settlements, state discipline, history of alcohol or drug issues, etc), should plan to have the application file completed in our office according to the deadlines as listed. Completed application means all the required documentation as listed in the instructions as well as any additional information that is requested by our office, based on information in the application or otherwise obtained by our office.
- Our criteria for Board review is not public information. Note that many issues which may not necessarily result in license discipline are still issues that will require Board review. Even issues which were resolved some time ago will, in most cases, still require Board review.
- Our office will not be able to determine if an application will need Board review in advance of submission of the application.
- Locum tenens applications that do not need board review will continue to be processed as quickly as possible. These applications can be processed in shorter timelines and will not be required to be submitted as far in advance as is required by Board review deadlines. However, our office needs adequate time to process the application. We have a very limited number of staff who must complete many duties, in addition to processing locum tenens applications. Locum tenens applications which will not need Board review need to follow these timeframes:
 1. Application forms and the fee should be submitted at least two weeks in advance of the requested start date.
 2. Applications which are not completed at least one week in advance of the start date cannot be guaranteed to be issued in time to start on that date.

TIPS -To help our office give you the best and quickest service possible!

Have only one contact person to work with our office for each locum tenens application.

E-mail is the best form of contact, but phone calls are acceptable. Please minimize the number of both e-mails and phone calls you make to our office. Be assured that our office is working on your application as quickly as possible, and repeated unnecessary contacts (ie daily calls, calls to multiple people in our office, etc) only slows the processing of applications for you and everyone else.

Deadlines for Licensure Applications and Supporting Documents

For applications for a license to practice Medicine & Surgery, Osteopathic Medicine & Surgery, Locum Tenens and Temporary Educational Permits.

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 DEADLINES	DOCUMENT DEADLINE	MEETING DATE
December 18, 2014	January 2, 2015	January 23, 2015
February 5, 2015	February 19, 2015	March 13, 2015
March, 26, 2015	April 9, 2015	May 1, 2015
May 7, 2015	May 21, 2015	June 12, 2015
July 23, 2015	August 6, 2015	August 28, 2015
September 10, 2015	September 24, 2015	October 16, 2015
October 29, 2015	November 12, 2015	December 4, 2015
December 17, 2015	January 2, 2016	January 22, 2016

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.

INSTRUCTIONS TO APPLY FOR LOCUM TENENS

Please be advised that Nebraska statutes provide that some form of Nebraska licensure must be issued before a locums physician can practice in Nebraska in a locality outside of a U.S. Military Base or a federal reservation.

In order for this office to grant a locum tenens, or temporary practice rights to practice medicine, the locums physician must be duly licensed to practice Medicine and Surgery or Osteopathic Medicine and Surgery in at least one state and that license must be current and in good standing.

In addition, a Locum Tenens may only be granted for one of the following two reasons:

1. Written request from a duly licensed Nebraska physician or osteopathic physician due to vacation, sickness or hospitalization or other leaves of absence (complete Attachment B -Requesting Physician form). This form MUST be signed by the physician.
2. Written request from a hospital in a health professional shortage area (complete Attachment B – Shortage Area form). This form MUST be signed by the Hospital Administrator or CEO.

Attachment A must be completed by the Secretary of the State Medical Board that issued a license which is current, or a verification of license may be submitted on the State Medical Board's own form. This may be from ANY state board where the locum physician holds a current, unrestricted license to practice.

The fee for each Locum Tenens is \$100. Please make check or money order payable to Nebraska Licensure Unit.

The applicant will receive a letter from this office authorizing him or her to practice for the specified dates for the specified situation. If such a letter is not received prior to the starting date, the locums physician should not begin practice until s/he has contacted this office. If the locums physician begins practice prior to approval to practice as a locum tenens, s/he is in direct violation of the laws of the State of Nebraska.

The Locum Tenens granted will only be granted for the period specified on the application and for the physician requesting such replacement and in no way may exceed 90 days in a 12-month period. However, a physician may serve additional locum tenens, provided he or she does not exceed 90 days of service during the 12-month period from the date of the issuance of the initial locum tenens. The authority to serve each locum tenens must be obtained directly from this office for each term of service. The fee of \$100 is required with each application.



Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2118

Lic# _____

Date: _____

Office Use Only
 12/2014 Version

**APPLICATION FOR PHYSICIAN LOCUM TENENS
 TO PRACTICE MEDICINE AND SURGERY IN NEBRASKA
 BY A PHYSICIAN LICENSED IN ANOTHER STATE**
 (Please print or type application)

FEE: \$100

I hereby apply for a Physician Locum Tenens granting me temporary medical practice rights in the State of Nebraska for a period of time not to exceed 90 days in the twelve-month period commencing on the date of original issuance and submit the following information concerning my qualifications.

***PLEASE NOTE:** A Physician Locum Tenens is granted for the period specified only and to replace a specific physician requesting such replacement or for a specific designated health professional shortage area as requested by the Hospital. A new application must be submitted to this office for each term of service requested, but may not exceed 90 days in a 12-month period.

SECTION A- PERSONAL INFORMATION (All applicants must complete this section) Items 1 and 2 are public information and will be displayed on the INTERNET http://www.nebraska.gov/LISearch/search.cgi				
<i>NOTE: All mailings will be sent to the address you indicate below- if you change your address, you must advise this office.</i>				
1	Legal Name	First:	Middle:	Last:
	Maiden Name	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 or Country:
4	Check the Appropriate Box(es)	<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		SSN#
				A#
				I-94 #
				If you have both a SSN and an A# or I-94 number, you must report both. Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.
5	Phone (optional)		Fax (optional)	
	Licensee E-mail Address (optional)		Credentialing contact e-mail Address (optional)	

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

SECTION B – REQUEST FOR LOCUM TENENS ASSIGNMENT - REQUIRED	
Beginning date of temporary medical practice:	
Ending date of temporary medical practice:	
Reason for temporary medical practice:	
Full name of licensed Nebraska physician for whom temporary medical practice rights are being requested: _____	
Date of last application for a Nebraska Locum Tenens, if any:	

SECTION C – MEDICAL EDUCATION		
Name of Medical School		
City/State/Country		
Attended	From (M/D/Y):	To (M/D/Y):
Degree Conferred	Date Conferred (M/D/Y):	
Name of Medical School		
City/State/Country		
Attended	From (M/D/Y):	To (M/D/Y):
Degree Conferred	Date Conferred (M/D/Y):	

Foreign medical graduates must indicate their ECFMG number here: _____

SECTION D – MEDICAL PRACTICE AND STATE LICENSES			
INDICATE YOUR TOTAL NUMBER OF YEARS OF MEDICAL PRACTICE:			
List all other states, jurisdictions, or territories of the U.S. where you have been or are currently licensed, including license number, issue date, and expiration date. (Attach additional pages if necessary).			
State	License #	Issue Date	Expiration Date

SECTION E – 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, including, but not limited to, payment of a civil penalty.

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 Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

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 page6 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?	YES	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?	YES	NO
3	Have you ever been requested to appear before any licensing agency?	YES	NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	YES	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?	YES	NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	YES	NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	YES	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?	YES	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?	YES	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?	YES	NO
4	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	YES	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?	YES	NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	YES	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?	YES	NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	YES	NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	YES	NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	YES	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.	YES	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.	YES	NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	YES	NO

Section V

1	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	YES	NO
2	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	YES	NO
3	Have you ever surrendered your state or federal controlled substances registration?	YES	NO
4	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	YES	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?	YES	NO
2	Are you aware of any professional liability claims currently pending against you?	YES	NO

SECTION G – PRACTICE PRIOR TO CREDENTIAL

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 submitting the application.	YES	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 H - ATTESTATION

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.

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;
3. I am of good character; and

Print Name: _____

Signature: _____

Date: _____

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, passport, 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 Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (4) An unexpired foreign passport **with an unexpired Temporary I-551** stamp bearing the same name as the passport;
 - (5) A document showing an Alien Registration Number ("A#") **with Visa Status**; or
 - (6) A Form I-94 (Arrival-Departure Record) **with Visa Status**;
3. Licensure in Good Standing: Direct source verification/certification of **ONE ACTIVE physician license, IN GOOD STANDING**, is required. You will need to request that the state send a verification/certification of your license directly to our office. If you have discipline in any state, a verification/certification from that state with copies of disciplinary action is required.
4. 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.
5. 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.
6. 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.
 7. Fee: The required fee of \$100.