

Applicant for Licensure as an Advanced Practice Registered Nurse-Certified Nurse Midwife (APRN-CNM)

We are pleased that you wish obtain licensure as a Nurse Midwife in Nebraska. Authority to practice as a Certified Nurse Midwife in Nebraska is based upon two criteria:

1. Requirements for Licensure as a Nurse Midwife; and
2. Requirements Prior to Commencing Practice.

REQUIREMENTS FOR LICENSURE: To qualify for licensure as a Nurse Midwife in Nebraska you must:

1. Have a current Registered Nurse license in Nebraska or a multi-state RN license from another compact state under the Nurse License Compact Act;
2. Provide proof of age: Evidence of at least 19 years of age
3. Provide proof of lawful presence in the United States
4. Have completed an approved nurse midwifery education program that has been accredited by the American College of Nurse Midwives
5. Have taken and passed the national certification examination for nurse midwives given by the American College of Nurse Midwives; and
6. Within the previous five years, have graduated or practiced as a nurse midwife.
7. Complete a criminal background check by fingerprint.

To apply for licensure, you must submit the following:

1. APPLICATION
2. FEE: See Schedule
3. PROOF OF 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);
4. PROOF OF LAWFUL PRESENCE IN THE UNITED STATES: You must submit a copy of at least one of the following documents:
 - (a) A U.S. Passport (unexpired or expired);
 - (b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (c) An American Indian Card (I-872);
 - (d) A Certificate of Naturalization (N-550 or N-570);
 - (e) A Certificate of Citizenship (N-560 or N-561);
 - (f) Certification of Report of Birth (DS-1350);
 - (g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (h) Certification of Birth Abroad (FS-545 or DS-1350);
 - (i) A United States Citizen Identification Card (I-197 or I-179);
 - (j) A Northern Mariana Card (I-873);
 - (k) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (m) A document showing an Alien Registration Number ("A#")
 - (n) A Form I-94 (Arrival-Departure Record)
5. OFFICIAL TRANSCRIPT. Transcripts must be submitted directly from the institution where you completed your nurse midwifery course of study. The institution may charge a fee for this service.
6. NATIONAL CERTIFICATION. Verification of having passed the certifying examination. Verification of current certification from the American College of Nurse Midwives must be submitted directly from the certifying body. If you are a new graduate, please make arrangements for the examination results to be sent to our office.
7. ACTIVE RN LICENSURE VERIFICATION. If active RN licensure is in Nebraska, no action is required to meet this requirement. If your primary state of residence under the Nurse License Compact is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If your primary state of residence is a compact state other than Nebraska and you have a multi-state RN license in that state, please purchase a verification report at www.nursys.com and include a copy of the receipt with your application. If your primary state of residence is a non-compact state, you must apply for RN licensure in Nebraska.

**** **Other Licensing Information:** If you hold or have held a license/certificate/registration to provide health related services in a state/jurisdiction **other than Nebraska** (such as nurse, med aide, nurse aide, pharmacy tech, EMT, etc.), you must submit verification of the license. The NURSIS verification would verify most RN/LPN licenses in other states.

8. ADVANCE PRACTICE LICENSURE VERIFICATION. Advance Practice licensure from the original state of licensure must be verified. Contact your original state of licensure for applicable fee. (form enclosed)
9. COMPLETED CRIMINAL BACKGROUND CHECK BY FINGERPRINT (instructions enclosed). It may be several weeks before your background check is complete and received by our department.

Temporary permits. A temporary permit, as part of the licensure process, may be issued to:

1. Graduates, for 60 days or until the results of the examination are known, who have not previously taken an approved credentialing examination and who meet all of the requirements for licensure as an CNM except having passed an approved examination.
2. Applicants, for 120 days, who are lawfully authorized to practice as a CNM in another state pending completion of the application process; or
3. Applicants who meet all of the criteria for licensure as a CNM except the continued competency requirements and who require a reentry program or supervised practice.

To apply for a temporary permit as a new graduate, you must submit the following:

1. Application for licensure
2. Application fee (this fee also covers the permanent license)
3. Proof of age
4. Provide proof of lawful presence in the United States
5. **In-state** graduates: A completion letter from your advanced practice program OR **Out-of-state** graduates, an Official Transcript. **In-state** graduates must have an Official Transcript submitted prior to licensure;
6. Verification that you are authorized to take the certification examination (a notarized copy of your authorization will meet this requirement).
7. If RN licensure is other than Nebraska, verification of active multi-state RN license from another compact state. A notarized copy of your RN license will meet this requirement for purposes of obtaining a temporary permit. If your primary state of residence is a non-compact state, you must apply for licensure as an RN in Nebraska.
8. Completed criminal background check by fingerprint.

To apply for a temporary permit if you have current advanced practice licensure/recognition in another state, you must submit the following:

1. Application for licensure
2. Application fee (this fee also covers the permanent license)
3. Proof of Age
4. Provide proof of lawful presence in the United States
5. A notarized copy of advanced practice licensure/recognition in another state;
6. A notarized copy of proof of current national certification; and
7. If RN licensure is other than Nebraska, verification of active multi-state license/temporary permit from the other compact state is required. A notarized copy of your RN license/temporary permit will meet this requirement for purposes of a temporary permit. If your primary state of residence is a non-compact state, you must apply for licensure as an RN in Nebraska.
8. Completed criminal background check by fingerprint that is currently being processed by the State Patrol.

To apply for a temporary permit if you have not graduated or practiced within the past five years and need to take a reentry program or complete supervised practice, you must submit:

1. Application for licensure;
2. Application fee (this fee also covers the permanent license)
3. Proof of Age
4. Proof of lawful presence in the United States
5. Verification that you are registered for a reentry program or have made arrangements for supervised practice and a letter from the program listing the beginning and ending clinical dates; and
6. If RN licensure is other than Nebraska, verification of active RN multi-state license from another compact state. A notarized copy of your RN license will meet this requirement for purposes of a temporary permit.
7. Criminal Background Check by fingerprint.

YOU MUST HAVE EITHER A LICENSE OR A TEMPORARY PERMIT PRIOR TO PRACTICING AND FULFILL THE FOLLOWING REQUIREMENTS:

Prior to commencing practice in Nebraska, you must submit a Certified Nurse Midwifery Practice Agreement with a collaborating physician/substitute physician that has been approved by the APRN Board.

1. Please read the Practice Agreement carefully.
2. Any change in the Practice Agreement must be requested and approved by the Boards before the change can occur.
3. All delegated medical functions require protocols.

If you have any questions regarding your Practice Agreement, please contact Karen Bowen Department of Health and Human Services, Public Health 402-471-6443

APPLICATION COMPLETION REMINDERS:

- Have you completed your application?
- Have you submitted the required fee?
- Have you requested an official transcript?
- Have you submitted proof of age and proof of lawful presence in the United States?
- Have you requested verification from the American College of Nurse Midwives?
- Have you submitted the appropriate requirements for a temporary permit if you are requesting one?
- Have you had your fingerprints submitted according to our instructions?

If after carefully reading these instructions and the enclosed regulations you have questions regarding this process, or need assistance in completing the procedure, please call (402) 471-2666.

Determine the month and year in which you plan to be licensed in Nebraska (keeping in mind application processing can take 8-10 weeks). If the month falls in the shaded area of the following chart, the fee for initial licensure is **\$68.00**. If the month falls in the unshaded area, the fee for initial licensure is **\$25.00** (license is issued within 180 days of the renewal). Make checks payable to "DHHS, Licensure Unit".

FEE SCHEDULE

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Year	68.00	68.00	68.00	68.00	25.00	25.00	25.00	25.00	25.00	25.00	68.00	68.00
Odd Year	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00

EXPIRATION OF LICENSES:

All APRN-CNM licenses expire on October 31 of each even-numbered year.

This means that your nursing license may be valid for varying lengths of time, anywhere from 1 day to 24 months, depending on when it is issued, and must be renewed on or before October 31.

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 his/her own documents.

The Department has up to 150 days to act upon a complete application. After this deadline, any incomplete applications will be destroyed and a refund will be issued following written notification to the applicant.

Mail this application, the appropriate fee and required supporting documentation to the address below. All supporting documentation from outside sources should also be mailed to this address:

***Department of Health & Human Services, Division of Public Health, Licensure Unit
P.O. Box 94986, Lincoln Nebraska 68509-4986***

CRIMINAL BACKGROUND CHECKS

Instructions – Revised 7/2015

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 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. Effective Date: May 19, 2011.

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.

EFFECTIVE JANUARY 1, 2017 THE FEE FOR BACKGROUND CHECKS IS \$45.25.

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 that have indicated appointments are required. 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 to capture your fingerprints, the Nebraska State Patrol will print one card to be submitted to the Department with your 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 fee is **\$45.25** and may be paid by a personal check, money order, or cashier's check made payable to the Nebraska State Patrol. **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 Street STE A, Lincoln NE 68521.**

New payment method available 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.

EFFECTIVE JANUARY 1, 2017 THE FEE FOR BACKGROUND CHECKS WILL BE \$45.25

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
4441 S 108th ST
Omaha, NE 68137
Phone: 402-331-3333

Monday through Friday 8:00 a.m. to 4:30 p.m.
(no appointment necessary)

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 12th 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.



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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-4376

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

APPLICATION FOR CERTIFIED NURSE MIDWIFE

Do you want a Temporary Permit? YES [] NO [] _____ Date Needed.
(Please see requirements for issuance of a temporary permit.)

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET 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.

Form with fields for Legal Name (First, Middle, Maiden, Last), other names, Mailing Address (Street/PO/Route, City, State or Country, Zip).

Additional information requested: (This information is not displayed on the internet)

Form with fields for Date of Birth, Place of Birth, Phone #, Alternate Phone #, E-Mail Address, Social Security Number.

SECTION B - PRIMARY STATE OF RESIDENCE (All applicants must complete this section)

I declare that my current primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principal home for legal purposes and is my domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc. If you indicated another compact state as your primary state of residence, will you be moving to Nebraska and declaring Nebraska as your primary state of residence? YES [] NO [] If yes, date you plan to move_____.

If you have declared Nebraska as your primary state of residence, what date did Nebraska become your primary state of residence?_____

Are you a military/federal employee? YES [] NO []

SECTION C – NURSE MIDWIFERY EDUCATIONAL PROGRAM

Name of School:	
Location:	(city, state or country)
Date Completed:	
Credential:	<input type="checkbox"/> Masters <input type="checkbox"/> Post Masters Certificate <input type="checkbox"/> Certificate

To be eligible for certification in Nebraska, an official transcript must be submitted directly from your nurse midwifery program. Ask the program to indicate your current name if transcripts are in a different name.

SECTION D – 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.

Answer each of the following questions and complete the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			
2	Do you currently have any charges pending which may result in a felony or misdemeanor conviction?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A CERTIFIED copy of the Court Record, which includes charges and disposition;
- 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;
- 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;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

Not submitting all pertinent documentation can significantly delay issuance of your license

The following questions relate to a license that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

#	Question	Yes	No			
3	Do you hold or have you held a license that was issued by Nebraska, another State, or jurisdiction to provide health care services, health related services or environmental services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, where are you licensed or have been licensed?	What type of license do you hold or have held?	
4	Have any of the licenses listed above ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
5	Are there any disciplinary charges pending against any health profession license?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		
6	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

If you answered YES to #4, #5, or #6, you must request the following documents be sent directly to this office:

- Certification of your license in each state that you hold or have held a license
- Official Documents from the State Board in which the disciplinary action was taken

SECTION E – LICENSE ELIGIBILITY INFORMATION. You must hold a current license as a Registered Nurse in Nebraska or hold a multi-state RN license from another compact state under the Nurse Compact Act.

State:		RN License #:	
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If your primary state of residence is a compact state other than Nebraska and you have a multi-state RN license in that state, please purchase a verification report at www.nursys.com and include a copy of the receipt with your application. If your primary state of residence is a non-compact state, you must apply for RN licensure in Nebraska.

SECTION F – NATIONAL CERTIFICATION. You must have successfully passed or be scheduled to take the National Midwifery Certification Examination given by the American College of Nurse-Midwives Certification Council, Inc. or similar examination approved by the boards to qualify for certification in Nebraska. An official record from the American College of Nurse-Midwives Certification Council, Inc. attesting to having passed the National Midwifery Certification Examination must be submitted to qualify you for certification as a nurse midwife in the State of Nebraska. Please contact the Council and ask them to send official notification of the date of examination you successfully completed.

Date Scheduled/Year of Examination	
Certification No.	
If more than five years have elapsed since you completed the Midwifery educational program, have you practiced within the previous five years? If no, please contact this office for information regarding a reentry program.	YES____ NO____

SECTION G – PRACTICE PRIOR TO LICENSURE

An individual who practices prior to issuance of a license 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	<input type="checkbox"/> I have not practiced as an APRN – Certified Nurse Midwife in Nebraska without a license before submitting the application. <input type="checkbox"/> I have practiced as an APRN – Certified Nurse Midwife in Nebraska without a license prior to submitting the application.	
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	# of days: _____ Name of Business: City: Telephone #:

SECTION H – 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 I – ATTESTATION

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that

- I am a citizen of the United States; or
- I am a qualified alien under the Federal Immigration and Nationality Act.
- I am a nonimmigrant lawfully present in the United States

Check this box if you are **not** a citizen of the United States nor a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States.

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;
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;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

(Signature of Applicant)

(Date)

The Department has up to 150 days to act upon an application. After this deadline, any incomplete applications will be destroyed and a refund will be issued following written notification to the applicant.

**Health and Human Services Licensure Unit
PO Box 94986
Lincoln NE 68509
402/471-4376 or fax 402/742-2360**

NURSE MIDWIFE PRACTICE AGREEMENT

Between:

Name		Phone (H)	
Address		Phone (B)	
		APRN-CNM Lic No.	

Hereinafter referred to as a Nurse Midwife and legally defined as a Certified Nurse Midwife (APRN-CNM) who meets the requirements as defined in *Neb Rev Stat* §38-606 and who holds a current license as a APRN-CNM issued by the Department

and the collaborating physician(s) named below:

Physician Name		Physician Name	
Address		Address	
License #		License #	
Specialty		Specialty	
Physician Name		Physician Name	
Address		Address	
License #		License #	
Specialty		Specialty	

Hereinafter referred to as physician(s) and legally defined as a Nebraska licensed physician whose practice includes obstetrics.

at the practice sites identified below:

Office		Office	
Address		Address	
Hospital		Hospital	
Address		Address	
Public Health Agency		Public Health Agency	
Address		Address	

Whereas, the parties have developed this practice agreement provided for under Neb Rev Stat § 38-609 and 38-613; and

Now therefore, it is agreed by and between the physician(s) and the nurse midwife hereto:

This agreement shall not take effect until it has been completely executed and a copy has been filed in the office of the Department of Health & Human Services, Division of Public Health, Licensure Unit.

1. This agreement shall be continuous so long as conditions remain as agreed between parties on date of execution. Any change in terms of this agreement renders this practice agreement void. Any change in terms of practice agreement requires that an amendment to the agreement be filed with the Department of Health & Human Services, Division of Public Health, Licensure Unit and approval granted by the APRN Board. The APRN-CNM and collaborating physician have a duty to notify the Department of the termination of this agreement.
2. The collaborating physician(s) shall be responsible for supervision through ready availability for consultation and direction to the APRN-CNM when any delegated medical functions are provided by the APRN-CNM; and
3. The APRN-CNM and collaborating physician shall have jointly approved protocols for all delegated medical functions which shall guide the APRN-CNM's practice. The protocols shall be reviewed, updated, and reaffirmed by both parties on a regular basis and no less frequently than every two (2) years. Protocols must be available at all work sites; and
4. The specific medical functions delegated to the nurse midwife shall be based upon the educational preparation and continued experience of the nurse midwife. Validation, including documentation, of education/training and assessment of competency shall be the responsibility of the nurse midwife and the physician. Specific medical functions may include:
 - a) attending cases of normal childbirth;
 - b) providing prenatal, intra-partum, and postpartum care;
 - c) providing normal obstetrical and gynecological services for women;
 - d) providing care for the newborn immediately following birth; and
 - e) prescribing legend drugs, Schedule II controlled substances for up to 72 hours and for pain control, and Schedule III, IV, and V controlled substances.
 - f) An APRN-CNM may assist with cesarean sections

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a nurse practitioner in the State of Nebraska; 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 _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a physician in the State of Nebraska; 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 _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a physician in the State of Nebraska; 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 _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a physician in the State of Nebraska; 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 _____

STATE OF _____ COUNTY OF _____

I, _____ confirm that I am the person referred to in this Practice Agreement as a physician in the State of Nebraska; 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 _____

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

Advance Practice Licensure verification: Please use this form to contact the state where you were originally licensed as a Nurse Midwife for official verification of your license. **THIS FORM ONLY APPLIES TO APPLICANTS WHO ARE ALREADY LICENSED AS A NURSE MIDWIFE IN ANOTHER STATE. THIS DOES NOT APPLY TO NEW GRADUATES.**

PART 1: Complete Part 1 of form and forward to the ORIGINAL board of licensure DO NOT SEND TO NEBRASKA ADVANCED PRACTICE REGISTERED NURSING BOARD

Name (Last, First, Middle, Maiden) _____ Previous Name (s) _____

Current Address _____ City, State, Zip _____

Date of Birth (mo/day/yr) _____ Social Security Number _____ APRN License # _____ Date Issued _____ State _____

Nursing Education Program Completed _____ Location (state) _____ Graduation Date _____

I hereby authorize _____ Board of Nursing to release my licensure data to the Nebraska APRN Board.

Signature _____ Date _____

PART 2: To be completed by ORIGINAL state of licensure and forwarded to NEBRASKA ADVANCED PRACTICE REGISTERED NURSING BOARD

This is to certify that the above named individual was issued license number _____ Date issued _____

To practice as: Nurse Practitioner Certified Registered Nurse Anesthetist

Certified Nurse Midwife Clinical Nurse Specialist

Current Licensure Status: Active Inactive Lapsed _____ Expiration Date _____

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)?

If yes please explain _____

Signature _____

Title _____

seal

State _____ Date _____