

## **Applicant for State Licensure as an Advanced Practice Registered Nurse-Clinical Nurse Specialist (APRN-CNS)**

We are pleased that you wish to pursue licensure to practice as a CNS in Nebraska. You may not practice as an APRN-CNS in Nebraska until you are issued a license.

**REQUIREMENTS FOR LICENSURE:** To qualify for licensure as an APRN-CNS in Nebraska you must:

1. Have a current Registered Nurse license in Nebraska or a multi-state 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 a master's degree or a doctoral degree in a nursing clinical specialty area or have a master's degree in nursing and have successfully completed a graduate-level clinical nurse specialist education program.
5. Have taken and passed an approved Certification Examination. See below for a list of approved exams
  - A. American Nurses Credentialing Center (ANCC) – CNS examinations in Adult Health, Adult Psychiatric and Mental Health, Advanced Diabetes Management, Child/Adolescent Psychiatric and Mental Health, Community Health, Gerontological Nursing, or Pediatric Nursing
  - B. American Association of Critical-Care Nurses (AACN) – CNS examinations in Adult Acute and Critical Care, Neonatal Acute and Critical Care, or Pediatric Acute and Critical Care
  - C. Oncology Nursing Certification Corporation – Advanced Oncology CNS examination
  - D. American Association of Critical-Care Nurses- Adult-Gero CNS examination, Neonatal CNS examination, and Pediatric CNS examination and CNS examination wellness through acute care (Adult Gerontology, Pediatric or Neonatal).

(If a certification is not available for you and you wish to use an alternate method of competency assessment, please call 402-471-2666. You must have board approval to use an alternate method of competency assessment.)

### **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:
  - (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#")
  - (14) A Form I-94 (Arrival-Departure Record)
5. OFFICIAL TRANSCRIPT: Transcripts must be submitted directly from the institution where you completed your advanced course of study. The institution may charge a fee for this service.
6. NATIONAL CERTIFICATION. Verification of having passed an approved certifying examination and official verification of current certification must be submitted from the national certifying organization. Or, if you have obtained board approval to use an alternate method of competency assessment, you must submit the appropriate documentation.
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](http://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.
8. ADVANCED PRACTICE LICENSURE VERIFICATION. If you are currently licensed as a Clinical Nurse Specialist in another state, advance practice licensure from the original state of licensure must be verified. Please submit the Advanced Practice Licensure Verification form (enclosed) to your original state of advanced practice licensure. They may charge you a fee.

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

<http://dhhs.ne.gov/publichealth/Licensure/Documents/APRNCNSapp.pdf>

**APPLICATION COMPLETION REMINDERS:**

- Have you completed your application?
- Have you submitted proof of age and lawful presence in the United States?
- Have you submitted the required fee?
- Have you requested official transcripts?
- Have you requested verification of certification or requested to use an alternate method of competency assessment?

Determine the month and year in which you are submitting your application. 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-CNS 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***

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



**APPLICATION FOR  
 CLINICAL NURSE SPECIALIST**

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

**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.**

1	Legal Name	First:	Middle:	Maiden Name:	Last Name:
	List any other names by which you have been known				
2	Mailing Address	Street/PO/Route:			
		City:	State or Country:	Zip:	

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

3	Date of Birth (Month/Day/Year):	Place of Birth (City/State or Country):
4	Phone #: (optional)	Alternate Phone #: (optional)
5	E-Mail Address:	
6	Social Security Number (SSN):	

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

**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](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 any license, certification or registration that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

#	Question	Yes	No		
3	Are you licensed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?
#	Question	Yes	No		
4	Has your license 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:

- Explanation from the applicant of any discipline, denial or pending discipline on any license, certification or registration
- 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](http://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: CERTIFICATION** (You must have successfully passed an approved Certification Examination or board approved other method of determining competency)

Name of Certifying Organization:	
Name of Examination:	
Year of Examination	
Certification No.	
Have you been approved by the board to use an alternative method of competency assessment? (please make sure your documentation is attached)	
If more than five years have elapsed since you completed the CNS program, have you practiced at least 2080 hours within the previous five years?	

<http://dhhs.ne.gov/publichealth/Licensure/Documents/APRNCNSapp.pdf>

**SECTION G – PRACTICE PRIOR TO LICENSURE**

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	<input type="checkbox"/> I have not practiced nursing as a clinical nurse specialist in Nebraska without a license before submitting the application. (Except under the provisions of the Nurse License Compact) <input type="checkbox"/> I have practiced nursing as a clinical nurse specialist in Nebraska without a license prior to submitting the application.					
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:	<table border="1" style="width: 100%;"> <tr> <td># of days: _____</td> </tr> <tr> <td>Name of Business:</td> </tr> <tr> <td>City:</td> </tr> <tr> <td>Telephone #:</td> </tr> </table>	# of days: _____	Name of Business:	City:	Telephone #:
# 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 and 4-108 through 4-114, I attest as follows:

*Please check the appropriate box(s) below:*

- I am a citizen of the United States
- I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act
- I am a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act

Check the appropriate box(s) and provide the information requested:	<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:	<table border="1" style="width: 100%;"> <tr> <td>SSN#</td> </tr> <tr> <td>A#</td> </tr> <tr> <td>I-94 #</td> </tr> </table>	SSN#	A#	I-94 #
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.					

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**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.

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 Clinical Nurse Specialist for official verification of your license. **THIS FORM ONLY APPLIES TO APPLICANTS WHO ARE ALREADY LICENSED AS A CLINICAL NURSE SPECIALIST 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**

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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 \_\_\_\_\_

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**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 \_\_\_\_\_