

INSTRUCTIONS FOR APRN-NP LICENSURE APPLICATION

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)
4. **OFFICIAL TRANSCRIPT.** We require an official copy of your transcript documenting completion of a master's/doctorate degree in nursing or a post master's certificate in a nurse practitioner program. If you have a post master's and your master's/doctorate degree is from a different institution, we will need an official copy of your transcript documenting the master's/doctorate degree as well. 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.
5. **NATIONAL CERTIFICATION.** Verification of having passed a national credentialing examination and verification of current national certification must be submitted from the national certifying organization. If you are a new graduate, please make arrangements for the examination results to be sent to our office directly from the national certifying organization.
6. **ACTIVE PROFESSIONAL LIABILITY INSURANCE.** Attest that you have or will have personal or employer provided professional liability insurance prior to beginning practice. (attestation on the application).
7. **TRANSITION TO PRACTICE.** Applicants who have not practiced a minimum of 2000 hours following graduation and initial certification as a Nurse Practitioner must submit a Transition to Practice agreement (see form appended to this application). Applicants who do not have 2000 practice hours and who do not submit a Transition to Practice for any reason will be issued a temporary license (see *Temporary Licensure* below).
8. **ACTIVE RN LICENSURE VERIFICATION.** If you hold an active RN Nebraska license, no action is required to meet this requirement. If your primary state of residence is a Nurse Licensure 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 Nebraska or a non-compact state and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license by submitting a [reinstatement application](#). If your primary state of residence is Nebraska or a non-compact state, and you have never held a Nebraska RN license, you must apply for RN licensure using the [endorsement application](#).
9. **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, APRN, med aide, nurse aide, pharmacy tech, EMT, etc.), you must submit verification of the license. NURSYS verification of the RN/LPN licenses works for most state licenses. For states not on NURSYS, or for other health related services, print the official verification from that state's licensing website.
10. **ADVANCE PRACTICE LICENSURE VERIFICATION.** If you are currently licensed as a Nurse Practitioner 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.
11. **COMPLETED CRIMINAL BACKGROUND CHECK BY FINGERPRINT** (instructions enclosed). It may be several weeks before your background check is complete and received by our department. **NOTE:** The State Patrol will not be able to start the process of the Criminal Background Check until we receive your APRN-NP application in our office.

Temporary Licensure. A temporary license may be issued for 120 days. A temporary license may be extended for up to one year with the approval of the APRN Board. Temporary licenses may be issued to:

1. Graduates for whom results of the examination have not yet been received, and who have not previously taken an approved credentialing examination, and who meet all of the requirements for licensure as an APRN except having passed an approved examination.
2. Applicants, for 120 days, who are lawfully authorized to practice in an advanced role in another state pending completion of the application process; or
3. Applicants for purposes of completing the clinical portion of a reentry program or supervised practice as part of continuing competency activities established by the board.

To apply for a temporary license 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. An Official Transcript from an approved advanced practice program
6. Verification that you are authorized to take the certification examination (a notarized copy of your authorization will meet this requirement) or have national certification (see #5 Instructions).
7. Verification of an active RN license. If active RN licensure is in Nebraska, no action is required to meet this requirement. 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.
8. Completed criminal background check by fingerprint

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

1. Application for advanced practice 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 active advanced practice licensure/recognition in another state
6. A notarized copy of proof of current national certification
7. Verification of an active RN license. If active RN licensure is in Nebraska, no action is required to meet this requirement. 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.
8. Criminal background check by fingerprint that is currently being processed by the State Patrol

To apply for a temporary license if you have not graduated or practiced 2080 hours within the past five years and need to complete a reentry program, you must submit:

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. An official transcript from an approved advanced practice program
6. Verification of board approval for your reentry program from the APRN Board
7. Verification of an active RN license. If active RN licensure is in Nebraska, no action is required to meet this requirement. 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.
8. Completed criminal background check by fingerprint

FEE SCHEDULE

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".

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-NP 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.

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***

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for an APRN-Nurse Practitioner license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your APRN-Nurse Practitioner application.

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

Even if you have recently obtained a criminal background check for another state or another license, you **MUST** obtain a new criminal background check for the license you are currently applying for in Nebraska.

Completing the Fingerprint Card:

1. **Fingerprint Cards:** Fingerprint cards are available at any State Patrol office or law enforcement agency in NEBRASKA. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402/471-4376 and cards can be mailed to you.
2. **DO NOT FOLD THE FINGERPRINT CARDS.**
3. **Information to be completed on the Fingerprint Card:**
 - a. Print your full name, address with zip code, *Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **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.*
 - b. In the box labeled "Reason Fingerprinted" PRINT 'Controlled Substance'. If you are an *APRN/RN applicant (individuals applying for both at the same time)* you will need to submit two different sets of cards and pay twice (one for a "Controlled Substance License" and one for "Nursing"). Each license applied for requires an individual background check.

Photo ID:

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legal in the U.S.

FEE: \$45.25

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay \$45.25 by credit card at www.ne.gov/go/nsp. This is an internet pay site through PayPort. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose "Controlled Substance". You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.
2. **Check or Money Order:** Payment of \$45.25 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521.**

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

Fingerprinting Process:

There are 2 ways to capture your fingerprints:

- **Live Scan:** Live Scan is available at all Nebraska State Patrol locations listed below and the fingerprints are captured electronically. The Nebraska State Patrol does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.
- **Ink and Paper Finger Prints:** Applicants outside of Nebraska or at an office other than the below listed State Patrol offices have traditional ink and paper fingerprinting.

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (walk-in only)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday – Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Monday – Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 3800 NW 12th ST STE A Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

Criminal Identification Division (CID)
3800 NW 12th ST STE A
Lincoln NE 68521

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

07/2017

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



DEPT. OF HEALTH AND HUMAN SERVICES

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

APRN Licensure Specialist: jennifer.vaneperen@nebraska.gov
Telephone #: 402-471-2666

**APPLICATION FOR
NURSE PRACTITIONER
LICENSE**

Do you want a Temporary Permit? YES NO _____ Date Needed.
(Please refer to attached instructions for 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 this address or have questions related to completing any portion of this application, please contact the APRN Licensure Specialist.

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 #:	Alternate Phone #: (optional)
5	E-Mail Address:	
6	Social Security Number (SSN):	

SECTION B – PRIMARY STATE OF RESIDENCE

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

If you have declared another 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 intend to remain in another state as your primary state of residence, is that state a Compact state. YES () NO ()
 (See <https://www.ncsbn.org/nurse-licensure-compact.htm> to identify Compact states).

If your primary state of residence is another Compact state outside of Nebraska, please acknowledge your understanding that Compact state residents must purchase a verification link at www.nursys.com and include a copy with this application. YES () NA ()

Are you a military/federal employee? YES NO

SECTION C – EDUCATION Please note: if you graduated after July 1996, (or July 2007 for the specialties of Women’s Health or Neonatal), you must have a Masters/Doctorate degree in nursing to be eligible for practice in Nebraska.

ADVANCED PRACTICE EDUCATIONAL PROGRAM			
Name of School:			
Location:	(city, state or country)		
Date Completed:		Specialty:	
Credential:	<input type="checkbox"/> Masters	<input type="checkbox"/> Post Masters Certificate	<input type="checkbox"/> Certificate <input type="checkbox"/> Doctorate
Do you have at least 30 academic contact hours of pharmacotherapeutics?(check one)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Location of program granting Masters/Doctorate degree if different than advanced practice program:			
Name of School:			
Location:	(city, state or country)		

SECTION D – NATIONAL CERTIFICATION. You must have successfully passed or be scheduled to take a national certifying examination to qualify for licensure in Nebraska. Verification of current national certification, or authorization to test must be submitted from the national certifying organization.

	Primary Certification	Secondary Certification
Name of Certifying Organization:		
Name of Examination:		
Date Scheduled/Year of Examination		
Certification No.		

SECTION E – OTHER LICENSURE/DISCIPLINE Failure to disclose disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

#	Question	Yes	No	
1	Do you have current RN licensure in Nebraska?			License #
2	Do you have current RN licensure in another state(s)?			List state(s)
	<input type="checkbox"/> If you intend to move and make Nebraska your primary state of residence, please acknowledge your understanding that must apply for Nebraska RN licensure. See item 7 on the instructions to determine correct application to submit			
4	Do you have current APRN licensure in another state(s)?			List state(s)

	Question	Yes	No			
5	Do you hold or have you held any other licensure in Nebraska, another state or jurisdiction to provide health care or related services? This includes prior RN or APRN licensure.	<input type="checkbox"/>	<input type="checkbox"/>	What type of license	State	
	I acknowledge that if I hold or have held any of the preceding license(s) in a state other than Nebraska, that I have requested verification of that license be sent directly to this office. (For verification from original state of Nurse Practitioner licensure, use form appended to this application.) <input type="checkbox"/>					
7	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
8	Are there any disciplinary charges pending against any health care professional license? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		
	I acknowledge that I have requested official documents from the State Board in which the disciplinary action was taken/is pending be sent directly to this office <input type="checkbox"/>					
9	Have you ever been denied the right to take an examination <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

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

SECTION F – CONVICTION INFORMATION Failure to disclose a conviction, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.						
#	Question	Yes	No	Type of Crime	Date of Action	Name of Court/Entity Taking action
1	Have you <u>ever</u> been convicted of a misdemeanor or felony? <input type="checkbox"/>	<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"/>	<input type="checkbox"/>			

If you answered yes to any question in Section F, you must submit additional documentation as listed on following page.

If you answered YES to any question in Section F and have not previously submitted documentation, the following documents be sent directly to this office.

- A list of all 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

SECTION G – ATTESTATION TO PRACTICE			
#	Question	Yes	No
1	I have practiced a minimum of 2000 hours following graduation and initial certification as a Nurse Practitioner		
2	If NO to the preceding question, I acknowledge my understanding that I must submit a Transition to Practice Agreement before I can practice as a Nurse Practitioner (see form appended to this application).		
3	I have completed an APRN-NP educational program within the previous five years, or have practiced as an APRN-NP at least 2080 hours within the previous five years?		
4	If NO to the preceding question, I acknowledge my understanding that I must submit a reentry plan to the APRN Board		
5	I have or will have personal or employer-provided professional liability insurance prior to beginning practice.		
NOTE: You may be asked to provide documentation			

SECTION H – PRACTICE PRIOR TO LICENSURE: Practice prior to issuance of a temporary or permanent 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 license.

1	<input type="checkbox"/> I have not practiced as an APRN-Nurse Practitioner in Nebraska without a license before submitting the application.
2	<input type="checkbox"/> I have practiced as an APRN-Nurse Practitioner in Nebraska without a license prior to submitting the application. I have listed the actual number of days I practiced in Nebraska without a license and the business name, location, and telephone number of the practice:
	# of days:
	Name of Business:
	City:
	Telephone #:

SECTION I – 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 J – 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; 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;
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 following the above date. 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) 742-2360

Advance Practice Licensure verification: Please use this form to contact the state where you were originally licensed as a Nurse Practitioner for official verification of your license. **THIS FORM ONLY APPLIES TO APPLICANTS WHO ARE ALREADY LICENSED AS A NURSE PRACTITIONER 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 _____

Nebraska Department of Health & Human Services
Division of Public Health
Licensure Unit, PO Box 94986
Lincoln NE 68509-4986
(402) 471-2666 Fax (402)742-2360

TRANSITION TO PRACTICE AGREEMENT

Nurse Practitioner Name _____ Phone (H) _____ (W) _____

Address _____ Nurse Practitioner License # _____

_____ Specialty _____

Supervising Provider Name _____ Phone _____

Address _____ License Type and # _____

_____ Specialty _____

The above named parties have developed this Transition to Practice Agreement and agree to the following:

1. The Nurse Practitioner and supervising provider shall practice collaboratively within the framework of their respective scopes of practice; and
2. The Nurse Practitioner and supervising provider shall be responsible for his or her individual decisions in managing the health care of patients; and
3. The Nurse Practitioner and supervising provider shall have joint responsibility for patient care based upon the scope of practice of each practitioner; and
4. The supervising provider shall be responsible for supervision through ready availability for consultation and direction of the activities of the Nurse Practitioner within the Nurse Practitioner's defined scope of practice to ensure the quality of health care provided to patients.
5. The supervising provider and the Nurse Practitioner have a duty to notify the Department upon termination of this Agreement.

Nurse Practitioner

I _____ attest that I am the person referred to in this Transition to Practice Agreement as an Nurse Practitioner (NP) in the State of Nebraska; that the statements here in are true to the best of my knowledge and belief; and that I have read and understand the agreement.

Signature _____
Nurse Practitioner

Date _____

Supervising Provider

I _____ attest that I am the person referred to in this Transition to Practice Agreement as the supervising provider and that the statements herein are true to the best of my knowledge and belief; and that I have read and understand the agreement.

- I am a Nurse Practitioner who has completed 10,000 hours of practice as a Nurse Practitioner in Nebraska or another jurisdiction. I am a Nurse Practitioner licensed and practicing in Nebraska. I am practicing in the same practice specialty, related specialty or field of practice as the nurse practitioner being supervised.
- I am a physician or osteopathic physician licensed and practicing in Nebraska. I am practicing in the same practice specialty, related specialty or field of practice as the nurse practitioner being supervised.

Signature _____
Supervising Provider

Date _____

NOTE: It is your responsibility to notify the Department in writing when you have practiced 2,000 hours as a nurse practitioner.