



APPLICATION FOR REINSTATEMENT OF APRN-CRNA

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

LICENSE # : FEE: \$103.00
NAME:
ADDRESS:

PROOF OF LAWFUL PRESENCE IN THE UNITED STATES:

If you are NOT a U.S. Citizen, you must submit a copy of at least one of the following documents:

- (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;
(3) A document showing an Alien Registration Number ("A#"); or
(4) A Form I-94 (Arrival-Departure Record)

ACTIVE NATIONAL CERTIFICATION: Official verification of current national certification must be submitted directly to our office from the certifying body.

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.

Current RN license status & State _____

Daytime phone # _____

If you answered yes to any of the questions below, please submit a letter of explanation and submit certified court records and disposition. Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a civil fine.

- Has your license/certificate in any state ever been disciplined for any reason? Yes _____ No _____
Is there any pending disciplinary action or investigation regarding any health care license? Yes _____ No _____
Have you ever been convicted of any offense other than a minor traffic violation? Yes _____ No _____
Is there any pending misdemeanor/felony charges/investigation? Yes _____ No _____

Please list all states where you have ever been authorized to practice as a Nurse Anesthetist _____

AFFIDAVIT OF PRACTICE/NON-PRACTICE

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 license.

1 _____ I **have not** practiced as an APRN-CRNA without a license in Nebraska before submitting the application.
_____ I **have** practiced as an APRN-CRNA without a license in Nebraska before 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:	# of days: _____
		Name of Business: _____
		City: _____
		Telephone #: _____

SECTION I - 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);	SSN#
	<input type="checkbox"/> Alien Registration Number ("A#"); or	A#
	<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	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.

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).

Your credential will **NOT** be reinstated 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.

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
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179.
If you have committed any 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.