NOTE: In order for your application to be considered complete, all applicants MUST also submit a copy of the following documents:

1. ☐ Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. ☐ Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
   (1) A U.S. Passport (unexpired or expired);
   (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
   (3) An 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#") with Visa Status; or
   (14) A Form I-94 (Arrival-Departure Record) with Visa Status;
3. ☐ Education: If you are a graduate from an accredited school/college/university must have submitted an official transcript or if you graduated from a non-accredited dental school/college/university the transcript must be translated (if applicable) and provide proof of at least 2 years of postgraduate education from an accredited dental education institution;
4. ☐ Examination: Graduates of accredited dental programs must submit a completed Nebraska jurisprudence examination. Graduates of non-accredited dental programs must have an official score report sent directly to our office from Joint Commission on National Board Dental Examination (JCNBDE) and complete the Nebraska jurisprudence examination.
5. ☐ Contract: You must request a certification of employment as a full-time faculty member be submitted;
6. ☐ Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
   (1) A copy of the court record, which includes charges and disposition;
   (2) 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;
   (3) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
   (4) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
7. ☐ Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in another state or jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
8. ☐ Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition; and
9. ☐ Fee: The required fee. Please see fee chart below.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	$165	$165	$165	$165	$165	$165	$165	$165	$41.25	$41.25	$41.25	$41.25
Odd	$41.25	$165	$165	$165	$165	$165	$165	$165	$165	$165	$165	$165

10. ☐ Criminal Background Check: Applicants must submit fingerprints to the Nebraska State Patrol. The State Patrol will forward the results of the background check to our office. Please read the following instructions carefully for this procedure.

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.

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

DHHS
NEBRASKA

DHHS - Licensure Unit
P.O. Box 94986
Lincoln NE 68509-4986
Telephone #: 402-471-2118

APPLICATION FOR A LICENSE TO PRACTICE DENTISTRY
FACULTY LICENSE
(Please print or type application)

_____

Date: _____

Fee (includes the LAP Fee): $165.00

SECTION A - LICENSE APPLICATION CATEGORY and FEE (All applicants must complete this section) ***Check the category that apply.***

☐ Dental Faculty Licensure – Graduated from an Accredited Dental Program
☐ Dental Faculty Licensure – Graduate of a Non-accredited Dental Program

SECTION B – 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** ***Items 1-2 are displayed on the internet.***

NOTE: To expedite notification of any pending requirements, the notification will sent to your e-mail address or mailing address you provide. If you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
4	Check the Appropriate Box(s):	☐ Social Security Number (SSN); ☐ Alien Registration Number ("A#"); or ☐ Form I-94 (Arrival-Departure Record) number: ***If you have both a SSN and an A# or I-94 number, you must report both.***	SSN#: A#: I-94 #:	
	Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.			
5	Phone #: (optional)		Fax #: (optional)	
6	E-Mail Address: (optional)			

SECTION C –LICENSURE INFORMATION (All applicants must complete this section) Direct source verification/certification of any dental license that you hold or have held is required. You will need to request that each state or jurisdiction sends a verification/certification of your license directly to our office.

1	Have you ever been licensed as a dentist in another state or jurisdiction?	YES ☐	NO ☐
	List all other states, jurisdictions, or territories of the U.S. where you have been or are currently licensed, including license number, issue date, and expiration date.		

State	License #	Issue Date	Expiration Date

Revised 08/2016

NDEN	Yes__	No___	**NSP CBC**	Yes__	No___
AADE	Yes__	No___	**FBI REC**	Yes__	No___
NPDB	Yes__	No___	**BOARD**	Yes__	No___

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.

- 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://www.dhhs.ne.gov/reg/investi.htm or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation and you may attach a separate page if needed.

The following questions relate to any credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.			
1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	YES ☐	NO ☐
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	YES ☐	NO ☐
3	Have you ever been requested to appear before any licensing agency?	YES ☐	NO ☐
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	YES ☐	NO ☐
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	YES ☐	NO ☐
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	YES ☐	NO ☐
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	YES ☐	NO ☐
8	Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	YES ☐	NO ☐
9	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	YES ☐	NO ☐
10	Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	YES ☐	NO ☐
11	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	YES ☐	NO ☐
12	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, place on probation, counseled, received a warning or been subject to any remedial or disciplinary action during dental school or postgraduate training?	YES ☐	NO ☐
13	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	YES ☐	NO ☐
14	Have you ever been requested to voluntarily resign or suspend hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other dental related employment?	YES ☐	NO ☐
15	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	YES ☐	NO ☐
16	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	YES ☐	NO ☐
17	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	YES ☐	NO ☐
18	Have you ever been convicted of a felony? **Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of $500 civil fine.**	YES ☐	NO ☐
19	Have you ever been convicted of a misdemeanor? **Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of $500 civil fine.**	YES ☐	NO ☐
20	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	YES ☐	NO ☐
21	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	YES ☐	NO ☐
22	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	YES ☐	NO ☐
23	Have you ever surrendered your state or federal controlled substances registration?	YES ☐	NO ☐
24	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	YES ☐	NO ☐
25	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	YES ☐	NO ☐
26	Are you aware of any professional liability claims currently pending against you?	YES ☐	NO ☐

PLEASE NOTE: There is a separate application for anesthesia permits are available on our website at the following address:

Separate anesthesia permits are required at each location you will be administering anesthesia.

SECTION E - EDUCATION (All applicants must complete this section) A certified transcript showing graduation from your college/school of dentistry or a translated (if applicable) verification of graduation from a non-accredited dental college must be sent directly to our office.

College/School of Dentistry Attended:	Name:		
School Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:	Date:	Degree:	

Graduates from a non-accredited dental college/school are required to provide proof of completing at least two years of postgraduate education at an accredited dental education institution. Proof should be sent directly from the accredited dental education institution directly to our office.

Name and location of Institution	Name of Internship/Residency/Fellowship	Dates Attended

SECTION F - EXAMINATION AND CONTRACT INFORMATION (All applicants must complete this section)

- ☐ I have taken the examination given by the Joint Commission on National Board Dental Examinations and requested that an official copy of my score report to be sent to your office directly.
- ☐ I have completed and submitted the Nebraska jurisprudence examination.
- ☐ I have requested a Faculty Certification Form to be submitted directly to the Department from the dean of an accredited dental education institution within the State of Nebraska stating that you have a contract to be employed as a full-time faculty member.

SECTION G – Controlled Substances Registration: (check one of the following)

1	☐	I have enclosed a photocopy of my current Federal Controlled Substances Registration.	
		Federal Controlled Substances Registration #:	Expiration Date:
2	☐	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.	
3	☐	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 H – PRACTICE PRIOR TO CREDENTIAL

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of $10 per day up to $1,000, or such other action as provided in the statutes and regulations governing the credential.

1	I have practiced dentistry in Nebraska before submitting the application?	YES ☐	NO ☐
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# 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, I attest as follows (please check ONLY ONE of the boxes below):

- ☐ I am a citizen of the United States; or
- ☐ I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- ☐ I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#") - an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

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.

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 Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____ Date: _____