

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#"); or
 - (14) A Form I-94 (Arrival-Departure Record);
3. **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;
4. **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;
5. **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

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.



APPLICATION FOR A LOCUM TENENS FOR DENTISTRY
(Please print or type application)

Date: _____

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

SECTION A - LICENSE APPLICATION CATEGORY (All applicants must complete this section)

Dental Locum Tenens

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):	<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:		SSN#:
				A#:
				I-94 #:
<p>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.</p>				
5	Check the Appropriate Box:	<input type="checkbox"/> I am a citizen of the United States <input type="checkbox"/> I am an alien lawfully admitted into the United States for permanent residence under the Immigration and Naturalization Act (INA and who is eligible for a credential under the Uniform Credentialing Act) <input type="checkbox"/> I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States		
6	Phone #: (optional)		Fax #: (optional)	
7	E-Mail Address: (optional)			

SECTION C - EDUCATION (All applicants must complete this section)

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

SECTION D –LICENSURE INFORMATION (All applicants must complete this section) Direct source verification/certification of any dental license that you hold or have held is required.

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

AADE	Yes	No							
NPDB	Yes	No	BOARD		Yes	No			

SECTION E – 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

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

- I was required to take a practical examination prior to licensure.
- I was required to take the examination given by the Joint Commission on National Board Dental Examinations prior to licensure.

CRDTS WREB SRTA NERB State Practical Examination

List what practical examinations, locations and dates that you have failed on more than two occasions:

Examination	Location	Dates

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

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 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 prior to receiving a credential?	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 the appropriate box below:

- I am a citizen of the United States.
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act.
- I am a non immigrant whose visa for entry, or application for visa for entry.

If you are not a citizen of the United States, complete the following:

For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest as follows:

- I am a qualified alien under the Federal Immigration and Nationality Act. My immigration and alien number are as follows: _____ and I agree to provide a copy of my USCIS.

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 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: _____

(Signature of Applicant)

(Date)