

All applicants must submit the following:

- Submit a Complete Application
- Submit proof of being at least 18 years of age such as a copy of:
 - a. A driver's license;
 - b. A birth certificate;
 - c. A marriage license that provides date of birth;
 - d. A transcript that provides date of birth;
 - e. A U.S. State identification card;
 - f. Military identification; or
 - g. Other similar documentation.
- US Citizenship/Lawful Presence:
- U.S. Citizen, a PHOTOCOPY of one of the following:
 - a. Birth certificate (Hospital issued keepsake birth certificates cannot be accepted).
 - b. U.S. Passport (unexpired or expired).
 - c. Certificate of Naturalization.
 - d. Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.
- NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:
 - 1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
 - 2. Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
 - 3. Employment Authorization Card **AND one of the following**
 - a. An 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
 - e. Other document that shows current immigration status

*****NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

- Submit a copy of your National Registry card at the level for which you are applying*;
- Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review. The department, with the recommendation of the appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential.
- Submit a copy of the front and back of your current, **SIGNED** CPR Card issued by a Board Approved Organization
- Submit Attachment A to each agency outside of Nebraska that has issued you a license or certification to provide health services, health-related services, or environmental services for them to complete and return to our office. This applies to any licenses/certifications held currently or in the past; and
- If applicable, a list of any misdemeanor or felony conviction(s) along with:
 - ***When checking with court ask for both traffic and criminal court misdemeanor/felony conviction(s)***
 - a. A copy of the entire court file(s), including charges and disposition. If a file is no longer available, provide a signed statement from the court to that effect. A printout from JUSTICE does not fulfill our requirements;
 - b. A letter of explanation regarding the conviction(s) and steps taken to address the behaviors/actions related to the conviction(s);
 - c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense if treatment was obtained;
 - d. A letter from the probation officer addressing probationary conditions and current status, if your are currently on probation; and
- Fingerprints are required to be eligible for an EMT, AEMT or Paramedic 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 EMT, AEMT, or Paramedic license application. This requirement does not apply to EMR license applications.
- Any other information as requested by the Board/Department.

State of Nebraska
 Department of Health and Human Services
 Division of Public Health – Licensure Unit
 PO Box 94986 – Lincoln, Nebraska 68509-4986

SECTION A – License Type Select the level of licensure for which you are applying.

<input type="checkbox"/>	Emergency Medical Responder	<input type="checkbox"/>	Advanced Emergency Medical Technician
<input type="checkbox"/>	Emergency Medical Technician	<input type="checkbox"/>	Paramedic
<input type="checkbox"/>	Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.		

SECTION B – Personal Information

This section is public information and can be viewed on the internet at <http://www.nebraska.gov/LISSearch/search.cgi>.

Legal Name:	First:	Middle/MI:	Last:
Maiden Name:	Other names you are known as (AKA):		
Present Address:	Street/Box/Route:		
	City:	State:	Zip:

This information is not displayed on the internet.

Date of Birth:	Place of Birth:
Phone #: (Optional)	Fax #: (Optional)

E-Mail Address: (Optional)

While providing a phone number, fax number or an e-mail address is optional, it may result in faster processing of an application in cases where documentation is missing or incomplete.

Check the Correct Box(es):	<input type="checkbox"/> Social Security Number (SSN)	SSN:
	<input type="checkbox"/> Alien Registration Number (A#)	A#:

If you have a SSN and an A#, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.

SECTION C – Training

Have you completed a course for the level of licensure for which you are applying?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES, provide the following information:

Training Agency Name:

Course Completion Date:

Military: Did you complete education, training, or service that you believe is substantially similar to the training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state?
 Yes No ***If yes, include evidence with this Application***

SECTION D – National Registry Information		
Have you passed the National Registry examination for the level of licensure for which you are applying?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
IF YES , provide the following information:		
National Registry Written Examination	State Where Taken:	Date Taken:
National Registry Practical Examination	State Where Taken:	Date Taken:

SECTION E – Other Licensure/Certification				
Are you now, or have you ever been licensed or certified to provide health services, health-related services, or environmental services in Nebraska?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
Are you now, or have you ever been licensed or certified to provide health services, health-related services, or environmental services in another jurisdiction or state?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
If you have been licensed or certified in another jurisdiction or state, provide the following information:				
Jurisdiction/State	Credential Number	Type of Credential	Issue Date	Expiration Date
Certification of all credentials held is required.				
Have you practiced as an out-of-hospital emergency care provider within the three years preceding this application?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
IF YES , provide the following information:				
Name of Service	Address	Start Date	End Date	
Has any disciplinary action ever been taken against any license/certificate to provide health services, health-related services, or environmental services that you hold now or have held in the past by any licensing agency, or is any currently pending?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
IF YES , list the action(s) and provide a copy of the record(s), including charges and disposition.				
Have you ever been denied a credential?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
IF YES , provide an explanation of the basis for the denial.				
Have you ever been denied the right to take an examination?	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
IF YES , provide an explanation of the basis for the denial.				

SECTION F – Emergency Medical Service Affiliation			
Are you affiliated with an Emergency Medical Service licensed in the State of Nebraska?		Yes	No
IF YES , provide the following information:		<input type="checkbox"/>	<input type="checkbox"/>
Service Name:		NE License #:	
Address:	Street/Box/Route:		
	City:	State:	Zip:
SIGNATURE OF AN OFFICER FOR YOUR SERVICE			

SECTION G – Conviction Information			
Please note that failure to disclose any conviction or disciplinary action, regardless of when it occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.			
Have you ever been convicted of a misdemeanor or a felony?		Yes	No
IF YES , provide the following information:		<input type="checkbox"/>	<input type="checkbox"/>
Crime	Date of Conviction	Name and Location of Court	

SECTION H – Practice Prior to Licensure		
An individual who practices prior to issuance of a license is subject to assessment of an administrative penalty in the amount of \$10.00 per day, not to exceed a total of \$1,000 as provided in 172 NAC 11-013 or such other action as provided in the statutes and regulations governing the licensure.		
Have you actively practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which you are applying prior to submitting this application?		No
		<input type="checkbox"/>
IF YES , provide the name(s) and location(s) of practice and the number of days that you practiced there.		
Name	Location	Number of Days

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SECTION I – Attestation

Subsection 1 – For the purposes of 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
- A qualified alien under the Federal Immigration and Nationality Act.
- A nonimmigrant lawfully present in the United States.
- Check this box if you are **not** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

Subsection 2 – I further attest that:

- I have read the application, or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character; and
- I have not committed any act that would be grounds for denial under 172 NAC 11-010.
If you have committed any act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____

Date: _____

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.

State of Nebraska
 Department of Health and Human Services
 Division of Public Health – Licensure Unit
 PO Box 94986 – Lincoln, Nebraska 68509-4986
 Fax – 402-742-1152 Email – DHHS.RehabOffice@nebraska.gov

SECTION A – To Be Completed By The Applicant If Licensed In Another State Or Jurisdiction.

Name: _____
 Social Security Number: _____ Date of Birth: _____

SECTION B – To Be Completed By The Issuing Agency.

Our records certify that the aforementioned individual was granted License/Certificate Number _____
 in the State/Jurisdiction of _____ to practice as a/an:
 Emergency Medical Responder Advanced Emergency Medical Technician
 Emergency Medical Technician Paramedic Other _____
 Issuance Date: _____ Expiration Date: _____

This licensure/certification was issued based on:
 Reciprocity with _____
 Completion of a United States Department of Transportation, National Highway Traffic Safety
 Administration, National Standard Curriculum.
 Name of Curriculum: _____
 Other Training – please specify: _____

Did the aforementioned individual pass an examination?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES, provide the following information:
 Name of the Examination: _____

Scores the individual received:	Written	Practical
	_____	_____

Has this individual's certification/license ever been:			
Suspended:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	
Revoked:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	
Other disciplinary action:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	

Name and Title: _____
 Licensing Agency: _____
 Address: _____
 City/State/Zip: _____
 Signature: _____ Date: _____

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for an Emergency Medical Technician, Advanced Emergency Medical Technician or Paramedic 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 Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic license 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 402-471-2299 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 'EMS 38-131'. 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 'EMS'. 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.** Indicate the name of the applicant and 'EMS Licensure' in the memo line of the check.

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 where a criminal background check is required by an interstate licensure compact 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, a licensed practice nurse, a psychologist, a physical therapist, a physical therapy assistant, an advanced emergency medical technician, an emergency medical technician, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. 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