

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:		

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 <input type="checkbox"/>	No <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 <input type="checkbox"/>	No <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 <input type="checkbox"/>	No <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 <input type="checkbox"/>	No <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 <input type="checkbox"/>	No <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 <input type="checkbox"/>	No <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 <input type="checkbox"/>	No <input type="checkbox"/>
IF YES , provide the following information:				
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?		Yes	No
		<input type="checkbox"/>	<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	

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.
- Check this box if you are **not** a citizen of the United States nor a qualified alien 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.

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.

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.

Submit proof of citizenship, lawful presence and/or immigration status such as a copy of:

- a. A U.S. Passport (unexpired or expired);
- b. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (**Hospital issued keepsake birth certificates cannot be accepted**);
- c. An American Indian Card (I-872);
- d. A Certificate of Naturalization (N-550 or N-570);
- e. A Certificate of Citizenship (N-560 or N-561);
- f. Certification of Report of Birth (DS-1350);
- g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- h. Certification of Birth Abroad (FS-545 or DS-1350);
- i. A United States Citizen Identification Card (I-197 or I-179);
- j. A Northern Mariana Card (I-873);
- k. A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both the front and back of the card;
- l. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- m. A document showing an Alien Registration Number ("A-1"). An Employment Authorization Card/Document is not acceptable; or
- n. A Form I-94 (Arrival-Departure Record).

Submit a copy of your National Registry card at the level for which you are applying*; **Required for initial licensure in the State of Nebraska.**

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 you are currently on probation; and
- e. Any other information as requested by the Board/Department.

There is NO FEE for EMS licensure in the State of Nebraska.

*If you are applying to take the National Registry Examination for certification as an Advanced Emergency Medical Technician or a Paramedic, submit all of the above with the exception of NREMT card. You will need to submit a copy of your course completion certificate **OR** a letter from your Program Director indicating that you will have completed the course prior to the examination date in place of your National Registry certification.

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: _____