



**Application to Surrender and
Downgrade Current License
as an Out-Of-Hospital
Emergency Care Provider**

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

SECTION A – New License Type – Select the level of licensure for which you are applying to downgrade to:

<input type="checkbox"/> Emergency Medical Responder	<input type="checkbox"/> Advanced Emergency Medical Technician
<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/> Emergency Medical Technician-Intermediate*

***You must have held an Emergency Medical Technician-Intermediate in the past to downgrade to this level**

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:
Current License Number:	Current License Level:		

This information is not displayed on the internet.

Phone #: (Optional)	Fax #: (Optional)
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E-Mail Address: (Optional)

Citizenship:

I am a citizen of the United States; or

I am an alien lawfully admitted into the United States; or

I am a non-immigrant lawfully present in the United States.

Due to changes in the regulations, evidence of citizenship, lawful presence, and/or immigration status may be required, if not previously provided. Submit a copy of one of the following items:

- A U.S. Passport (unexpired or expired);
- A birth certificate issued by a state, county, municipal authority or outlying possession of the US bearing an official seal;
- An American Indian Card (I-872);
- A Certificate of Naturalization (N-550 or N-570);
- A Certificate of Citizenship (N-560 or N-561);
- Certification of Report of Birth (DS-1350);
- A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- Certification of Birth Abroad (FS-545 or DS-1350);
- A United States Citizen Identification Card (I-197 or I-179);
- A Northern Mariana Card (I-873);
- A Green Card, otherwise known as a Permanent Resident Card (Form I-551);
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- A document showing an Alien Registration Number "A#". An Employment Authorization Card/Document is not acceptable; or
- A Form I-94 (Arrival-Departure Record) Number.

Check the Appropriate Box or Boxes:	<input type="checkbox"/> Social Security Number (SSN)	SSN:
	<input type="checkbox"/> Alien Registration Number (A#)	A#:
	<input type="checkbox"/> Form I-94 (Arrival-Departure Record) Number	I-94#:

If you have a SSN and an A# or I-94 number, 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 – Conviction Information

Please note that failure to disclose any conviction or disciplinary action since your renewal of your current license, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Have you been convicted of a misdemeanor or a felony since you renewed your current license?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

IF YES, provide the following information:

Crime	Date of Conviction	Name and Location of Court

Provide the following documentation for each conviction:

- A copy of the court record, which includes charges and disposition;
- A letter of explanation from you detailing the events leading to the conviction (what, when, where, and why), and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- 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;
- A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation; and
- Any other information as requested by the Board/Department after initial review of your application.

SECTION D – Attestation

Subsection 1 – For the purposes of Neb. Rev. Stat. §38-129, I attest that I am:

Please check the appropriate box below.

- A citizen of the United States; or
- An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Subsection 2 – I further attest that:

Please check each box in acknowledgement.

- I have read the application, or have had the application read to me;
- All statements on the application are true and complete;
- I have a current CPR card;
- I am currently affiliated with a Nebraska Licensed Emergency Medical Service;
- I meet the Continuing Competency Requirements as specified in 172 NAC 11-007 for the level of licensure I wish to downgrade to;
- I wish to surrender my previously held license at the time this downgraded license is issued.
- 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.