



**Application for Reinstatement as an EMS
Instructor From Expired or Inactive
Status or Following Voluntary Surrender
Unrelated to a Disciplinary Matter**

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(s) of licensure for which you are applying for reinstatement to teach.			
<input type="checkbox"/>	Emergency Medical Responder	<input type="checkbox"/>	Advanced Emergency Medical Technician
<input type="checkbox"/>	Emergency Medical Technician	<input type="checkbox"/>	Paramedic

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):		
License Number:			
Present Address:	Street/Box/Route:		
	City:	State:	Zip:

This information is not displayed on the internet.

*Citizenship:	<input type="checkbox"/> I am a citizen of the United States; or <input type="checkbox"/> I am an alien lawfully admitted into the United States; or <input type="checkbox"/> I am a non-immigrant lawfully present in the United States.
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Due to changes in our regulations, evidence of citizenship, lawful presence, and/or immigration status may be required, if not previously provided. Please 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#); or	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.

Personal Information Continued	
Phone #: (Optional)	Fax #: (Optional)
E-Mail Address: (Optional)	
<i>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.</i>	

SECTION C – 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 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.				
<i>Please complete Section A of Attachment A (page 4 of this document) and send it to each agency outside of Nebraska that issued you a license or certification to provide health services, health-related services, or environmental services. Section B of Attachment A will then be completed by that agency and they must submit the completed Attachment A to our office. You may make copies of Attachment A as needed.</i>				

SECTION D – Conviction Information – 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 been convicted of a misdemeanor or a felony in any jurisdiction since your license was last renewed or issued (whichever is later)?	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:		
<ul style="list-style-type: none"> • A copy of the court record, which includes charges and disposition. If a record is no longer available, provide a signed statement from the court to that effect. A printout from JUSTICE does not fulfill our requirements; • 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 E – 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 the appropriate boxes below.

- I am of good character.
- My license has been expired for less than one year, and I met the renewal requirements prior to expiration; **or**
- I have met the continuing competency requirements within the 24 months immediately preceding the submission of this application.
- I have not practiced in State of Nebraska since I last held an active credential, **or**
- I have practiced _____ days in the State of Nebraska since I last held an active credential.
- I have not committed any act(s) that would be grounds for denial under 172 NAC 11-010.01 since the last renewal or issuance of the credential (whichever is later).

If you have committed any act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____ Date: _____

All applicants must submit the following:

- A completed application;
- The reinstatement fee of \$35.00; and
- A copy of the front and back of your current, signed basic cardiac life support instructor or advanced cardiac life support instructor or above.
- A copy of your current license as an out-of-hospital emergency care provider at or above the level being taught.
- Proof of completing 12 hours of continuing education, within the 24 months immediately preceding the submission of this application, in educational subject matter that includes all of the following subjects:
 - EMS Course Curriculum Updates;
 - EMS Legislation and Regulations;
 - EMS Evaluation Methods; and
 - Fundamentals of Teaching Adults.
- Proof of teaching at least 12 hours of adult education over public safety or health care within the 24 months immediately preceding the submission of this application.

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.



**Request for Verification of Certification/Licensure from Another State/Jurisdiction
"Attachment A"**

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

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: _____