

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 to reinstate.

<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"/>	Emergency Medical Technician - Intermediate		

If you are an AEMT or a Paramedic whose license has been expired for more than three years, you are not eligible for reinstatement and must submit an application for initial licensure.

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.

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

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.

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.*

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 <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 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.
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.

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 <input type="checkbox"/>	No <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. 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. §4-108 through 4-114 and 38-129, (check **ONE** of the boxes below):

- 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:

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 hold a current National Registry certification at the level of licensure for which I am applying; **or**
- I have completed a refresher course at the level of licensure for which I am applying.

- 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;
- Proof of citizenship, lawful presence, and/or immigration status;
- A copy of the front and back of your current, signed cardiopulmonary resuscitation certification (CPR Card) issued by an EMS Board approved organization; and
- Proof of continuing education as outlined in 172 NAC 11-007 at the level of licensure for which you are applying for reinstatement completed within 24 months prior to submission of this application, **OR**
- A copy of your current National Registry Certification at the level of licensure for which you are applying for reinstatement, **OR**
- A copy of your refresher course completion certificate that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for the level of licensure for which you are applying for reinstatement.

If you are an AEMT or a Paramedic whose license has been expired for more than three years, you are not eligible for reinstatement and must submit an application for initial licensure.

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: _____