

Nebraska Application Information - ENDORSEMENT



Registered Nurse (RN) & Licensed Practice Nurse (LPN)

The following information is provided to assist you in completing the application.

500 Hours of Nursing Practice, Graduation within 5 years, or Board approved Refresher Course:

Each applicant for licensure by endorsement is required to meet one of the following criteria:

- a) have 500 hours of nursing practice within the previous 5 years;
- b) have graduated from an approved nursing program within the previous 5 years; or
- c) have completed a Board approved refresher course or other approved review course of study within the previous 5 years.

Compact and Non-compact State Information:

Compact State: Nebraska is part of the Nurse Licensure Compact which member states allow a nurse who resides in and holds a current nursing license in a state that is a member of the compact, to practice in any of the other member states without obtaining additional licenses in each state. It is considered a *multi-state license*. While a nurse's license may be multi-state, permanent relocation to another Compact state requires obtaining licensure in the new state, as your residency has changed. If you already reside in a compact state and are not moving to Nebraska, we CANNOT issue you a Nebraska license. Don't know if you reside in a compact state? Check here for a listing of compact states: www.ncsbn.org

If you currently have a multi-state license from another compact state, you may temporarily practice in Nebraska on your multi-state license from the other compact state. When you have changed your primary state of residence to Nebraska you will need to obtain a Nebraska license within 30 calendar days from the date of your relocation to Nebraska.

Non-compact State: Nurses who live in non-compact states but practice in a compact state will be issued a nursing license valid only in that member state (single-state license). The nurse will not be granted the "multi-state privilege to practice" in other compact states.

Temporary Permit: A temporary permit can be issued for 60 days or until the expiration date of the license from another state, whichever occurs first. The temporary permit is meant to ease the transition for endorsement applicants as they apply for permanent licensure. When you indicate that you want a temporary permit, we expect that a permanent license is also desired and you are expected to complete the entire process.

Checklist of Required Documents: Use the following checklist to help organize your application; **You must submit:**

1. **Citizenship/Lawful Presence:** If you **ARE** a U.S. Citizen, a photocopy of one of the following:
 - _____ 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**);
 - _____ U.S. Passport (unexpired or expired);
 - _____ American Indian Card (I-872); the I-872 card is only issued to members of the Texas Band of Kickapoos;
 - _____ Certificate of Naturalization (N-550 or N-570);
 - _____ Certificate of Citizenship (N-560 or N-561);
 - _____ Certification of Report of Birth (DS-1350);
 - _____ 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);
 - _____ United States Citizen Identification Card (I-197 or I-179); or
 - _____ Northern Mariana Card (I-873).

If you **ARE a Qualified Alien** under the Federal Immigration and Nationality Act, a photocopy of one of the following:

- _____ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
- _____ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.

If you are **not a U.S. Citizen nor a Qualified Alien** under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a copy of:

- _____ Employment Authorization Document (EAD) (unexpired)

AND

Evidence of one of the following documents under the Federal REAL ID Act:

- _____ An approved deferred action status (DACA);
- _____ A pending application for asylum in the United States;
- _____ A pending or approved application for temporary protected status in the United States;
- _____ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.

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.

2. **Transcripts:** An Official Transcript which shows your degree and date of graduation. The transcript must be submitted directly from your nursing program or the transcript may be placed in a sealed envelope from the school and submitted with your application. If your final transcript does not list your nursing prerequisites, you must submit transcripts from all institution(s) from which credits were required for your nursing degree.
 - Foreign Educated:** If you graduated from a foreign education program, review the following website for further information and required documents: http://dhhs.ne.gov/publichealth/Pages/crl_nursing_foreign.aspx
3. **Fingerprints:** A full set of fingerprints. Please review the instructions (found on page 3) for completing this process.
 - Fingerprint Fee:** To process your fingerprints, \$45.25 must be paid directly to the Nebraska State Patrol; Pay on-line at: www.ne.gov/go/ntp or mail payment to Nebraska State Patrol (addresses can be found on page 4).
4. **Nebraska Verification of Licensure Form:** If the state in which you were originally licensed is one of the states listed on Nursys™ please register with Nursys™ online at <https://www.nursys.com>. If the state in which you were originally licensed is not listed on Nursys™, send the Nebraska Verification of Licensure Form attached to this application and the required fee to your original state of licensure. Ask that the completed form be sent directly to the Nebraska Board of Nursing (a fee may be charged for the verification)
5. **License Fee:** See the license application for a listing of fees.
Pay by check or money order (your cancelled check is your proof of receipt).
6. **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction, you are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanors/felony convictions.
You must submit:
 - (a) A certified copy of the court record;
 - (b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
 - (c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
 - (d) If you are currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none"> • MIP • DUI / DWI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks • Bad Check
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7. **Other Licensing Information:** If you hold or have held a license/certificate/registration to provide health related services in a state/jurisdiction **other than Nebraska** (such as med aide, nurse aide, pharmacy tech, EMT, etc.), you must submit verification of the license.
 - Disciplinary Action:** If you have had any disciplinary action(s) taken against your license, you must submit a copy of the disciplinary action(s), including charges and findings.

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.

Application Processing: All applications will be processed in date order received. If a preliminary review shows that you are missing information, you will be contacted within approximately 15 days **by e-mail**.

TIME FRAME FOR PROCESSING:

Fingerprints: approximately 4-6 weeks
License Decision: 8-10 weeks from receipt of a complete application

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
 Telephone: 402-471-4376 / FAX: 402-471-1066 / E-Mail: dhhs.nursingoffice@nebraska.gov

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a Nursing 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 Nursing application.

Please read and follow these instructions carefully to avoid delays in processing.

FEE: \$45.25 (effective 1/1/2017)

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay by credit card at www.ne.gov/go/nsp. This is an internet pay site through PayPort. You can pay by echeck (additional fee of \$1.75) or credit card (additional fee of \$.90).

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose "Nursing". You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number (optional). 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 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521.**

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.

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.
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 'Nursing License'. If you are an *APRN/RN applicant (individuals applying for both at the same time)* you will need to submit two different sets of cards and pay twice (one for a "Controlled Substance License" and one for "Nursing"). 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.

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.
- 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 through Friday 8:00 a.m. to 4:30 p.m. (appointment required)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Usually on Tuesdays (appointment required)
Troop C 3431 Potash Grand Island NE 68802 Phone: 308-385-6000	Mondays from 10:00 a.m. to noon and from 1:00 p.m. to 2:45 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69101 Phone: 308-535-8265 ext. 219	Monday, Tuesday, Thursday, Friday 8:30 a.m. to 5:00 p.m. Wednesday from 8:30 a.m. to 2:30 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Wednesdays after 1:00 p.m. (appointment required)
Criminal Identification Division (CID) 3800 NW 12th ST STE A Lincoln NE 68521 Phone: 402-479-4971	Monday through Friday 8:00 a.m. to 4:00 p.m. (appointment required) Last person fingerprinted at 4:00 p.m.

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 to practice as a registered nurse or a licensed practical nurse or to practice a profession which is authorized to prescribe controlled substances 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 or a licensed practice nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. 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

NEBRASKA Application for a Nursing License by Endorsement

DEPT. OF HEALTH AND HUMAN SERVICES
Division of Public Health /Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
This form must be mailed to the address listed above.

Check below the type of license that you are requesting:

- REGISTERED NURSE (RN) BY ENDORSEMENT
- LICENSED PRACTICAL NURSE (LPN) BY ENDORSEMENT

TEMPORARY LICENSE: Do you also want a Temporary License? Yes No
Date Needed: _____(read requirements for issuance of temp license)

You must complete all sections of this application

SECTION A – PERSONAL INFORMATION			
1	You must provide your Legal Name below		
	First:	Middle:	Maiden Name: Last Name:
	List any other names you are or have been known as (AKA)		
2	Mailing Address	Street/PO/Route:	
		City:	State or Country: Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):
4	Phone #: (optional)		Additional Phone #: (optional)
5	E-Mail Address: (optional – preferred method of communication with our office)		
6	Check the correct box(s) and provide your number #:	<input type="checkbox"/> Social Security Number (SSN):	
	Providing your SSN is mandatory	<input type="checkbox"/> Alien Registration Number (“A#”):	
Social Security Numbers obtained are not public information but may be shared by the Licensure Unit for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.			

FEES: Determine the month and year in which you plan to be licensed in Nebraska (keeping in mind application processing can take 8-10 weeks). If the month falls in the unshaded area of the following chart, the fee for initial licensure is **\$123**. If the month falls in the shaded area, the fee for initial licensure is **\$30.75**. Make check or money order payable to “ DHHS, Licensure Unit”.

RN FEE SCHEDULE

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered	\$123	\$123	\$123	\$123	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$123	\$123
Odd Numbered	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123

RN licenses expire on October 31st of an **even** numbered year.

LPN FEE SCHEDULE

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123
Odd Numbered	\$123	\$123	\$123	\$123	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$123	\$123

LPN licenses expire on October 31st of an **odd** numbered year.

SECTION B – PRIMARY STATE OF RESIDENCE
 You must identify your primary state of residence by completing the following:

NEBRASKA:
 I declare **NEBRASKA** as my primary state of residence effective _____.
 _____ month/day/year)
 List the Name of State you moved from: _____

OTHER STATE:
 I declare _____ as my primary state of residence.
 Do you plan to move to NEBRASKA? yes no; If yes, list the date you plan to move: _____
Non-compact State: When you declare a non-compact state as your primary state of residence, your license will be issued as a single-state license.

MILITARY:
 I am employed exclusively in the US Military (Active Duty) or with the US Federal Government.

- You will be notified if we need documentation to verify your primary state of residence, such as:
- Driver’s license with a home address
 - Voter registration card displaying a home address
 - Federal income tax return declaring the primary state of residence
 - Military Form no. 2058 – state of legal residence certificate
 - W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

SECTION C – NURSING EDUCATION

Name of School:		
Location (city, state or country):		
Degree Received:		Major:
Date of Degree:		

Are you a Foreign Educated Nurse: Yes No

If you are a foreign educated **Practical Nurse (PN)**, what English Proficiency examination have you taken?
 Name of Examination: _____
 What was your score? _____

If you are a foreign educated **Registered Nurse (RN)**,
 a. Have you taken the Canadian Nursing Association Examination: Yes No
 b. Has your education been evaluated by CGFNS (Commission on Graduates of Foreign Nursing Schools): Yes No

SECTION D – ENDORSEMENT			
Endorsement means you have a nursing license in another state and would like to apply for licensure in Nebraska.			
1	What is your original state of licensure? _____		
2	Have you taken a national licensing examination? NOTE: The national licensing examination was previously known as the State Board Test Pool Examination (S.B.T.P.E.) and is currently known as the National Council Licensure Examination (NCLEX-RN® or NCLEX-PN®).	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, please indicate the examination location(s) and date(s) you took the examination:		
	Locations:	Dates:	
To obtain a Nebraska nursing license you must meet one of the following criteria. Please check the one that you meet:			
<input type="checkbox"/>	500 hours of nursing practice during the past five (5) years.		
<input type="checkbox"/>	Graduate from a board-approved nursing education program within the previous five (5) years.		
<input type="checkbox"/>	Completion of a board-approved refresher course consisting of a minimum of 75 contact hours within the previous five (5) years.		
<input type="checkbox"/>	Program Course _____ Completion Date _____		

SECTION E – CONVICTION AND LICENSURE INFORMATION			
Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.			

CONVICTION INFORMATION: You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Type of Crime	Date of Action	Name of Court / Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	Do you currently have any charges <i>pending</i> which may result in a misdemeanor or felony conviction?	Please indicate the pending charges which may result in a misdemeanor or felony conviction.	Date of Action	Name of Court / Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE:
If you have any criminal charges or license disciplinary actions pending that result in a conviction or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action. Reporting forms can be obtained at:** http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by phone 402-471-0175.

LICENSE INFORMATION: The following questions relate to a license/certificate/registration that you currently hold or have held to provide health related services (such as med aide, nurse aide, pharmacy tech, etc.) in a state/jurisdiction **other** than Nebraska.

3	Do you hold or have you held an active or inactive (similar status) credential in any other state(s) or jurisdiction?	If yes, what state(s) are/were you licensed in?	What type of credential(s) do you hold or have you held?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Are there any disciplinary charges <i>pending</i> against any health profession credential you hold or have held in another state or jurisdiction?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4	Have you ever been denied the right to take a licensure examination?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE:

If you have disciplinary charges pending or if your license has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

SECTION F – PRACTICE PRIOR TO CREDENTIAL		
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing nursing.		
1	<input type="checkbox"/> No. I have not practiced nursing without a license (except under the provisions of the Nurse License Compact) <input type="checkbox"/> Yes. I have practiced nursing in Nebraska WITHOUT a license.	
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	Number of days:
		Name of Business:
		City:
		Telephone #:

SECTION G – ATTESTATION

Attestation: For the purpose of complying with 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

I am a qualified alien under the Federal Immigration and Nationality Act.

I am 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.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

Criminal Background Check Notification: All applicants for an initial license to practice as a registered nurse or a licensed practical nurse are subject to a criminal background check (Neb. Rev. Stat. §38-131).

I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me in the Department of Health and Human Services (DHHS) with whom I am applying for licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for licensure.

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

ENDORSEMENT APPLICANTS ONLY: For verification of a nursing license in a state that does not use NURSYS for licensure verification, please use this form to contact the state in which you are licensed for official verification of your nursing license. If your nursing license is in a state that verifies licenses through NURSYS, please use www.nursys.com instead of this form.

PART 1: Complete Part 1 of form and forward to the State Board of Nursing in which you are licensed (NOT NEBRASKA).

Name (Last, First, Middle, Maiden) _____ Previous Name (s) _____

Current Address _____ City, State, Zip _____

Date of Birth (mo/day/yr) _____ Social Security Number _____ License # _____ Type (RN/LPN) _____ State _____

Name as it appears on original license (Last, First, Middle, Maiden) _____ Original State of Licensure _____

Original License # _____ Type (RN/LPN) _____ Date Issued _____

Nursing Education Program Completed _____ Location (state) _____ Graduation Date _____

LIST ALL OTHER STATES OF LICENSURE

State: _____ License #: _____ Date Issued: _____

State: _____ License #: _____ Date Issued: _____

I hereby authorize all identified Boards of Nursing to release my licensure data to the _____ Board of Nursing.

Signature _____ Date _____

PART 2: To be completed by ORIGINAL state of licensure and forwarded to Nebraska Board of Nursing.

This is to certify that the above named individual was issued license number _____ Date issued _____
 to practice _____ Registered Nursing _____ Practical/Vocation Nursing _____

Licensed by: _____ Examination _____ Current Licensure Status: _____ Active
 _____ Endorsement _____ Inactive
 _____ Waiver _____ Lapsed
 _____ Expiration Date _____

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)?
 If yes please explain _____

Nursing Education Program _____ Approved by State? _____

Location (state) _____ Graduation Date _____

Graduated from _____ High School _____ GED _____

	STATE BOARD TEST POOL EXAM REGISTERED NURSE					LP/VN	NCLEX- RN	NCLEX-PN
	Medical Nursing	Psych Nursing	Obstetric Nursing	Surgical Nursing	Nursing of children			
Score								
Series/form#								

State/ Provincial Constructed Exam _____ Score _____
 CNATS Exam _____ Number of times applicant wrote exam _____
 Other (Please explain) _____ Exam in English? _____

SEAL

Signature _____
 Title _____
 State _____ Date _____