



November 13, 2017

The Enhanced Nurse Licensure Compact (eNLC) will be implemented on January 19, 2018.

Residents of Colorado, New Mexico, Rhode Island, and Wisconsin

Nebraska will accept RN/LPN applications from residents of CO, NM, RI, and WI starting November 15, 2017. Before submitting an application, however, you should be aware that active efforts are underway in CO, NM, and WI to join the eNLC.

- If you apply for a Nebraska license, and **your home state has not joined the eNLC by January 19, 2018**, we will issue you a license if you have met all the requirements of a permanent, single-state or temporary license. Although you can apply now, we cannot issue licenses to residents of CO, NM, RI, and WI prior to January 19, 2018.
- If you apply for a Nebraska license, and **your home state joins the eNLC before January 19, 2018**, we will not be able to issue you a license. We will refund you \$98.00 of the \$123.00 application fee. (The Department keeps a \$25.00 administrative fee.) Any fees paid for transcripts, court documents, license verifications, and the criminal background check are not refundable.

If you are a resident of CO, NM, RI, and WI, please read the licensure application carefully now to familiarize yourself with the application process. Find out how to order transcripts, license verifications, and court records (if applicable) and where you can have your fingerprints taken. You will need to use your own judgment to decide when to submit a license application to our office. Be aware that the application processing time varies widely – from five days to five months – depending on the applicant's criminal conviction history, licensure discipline history, and promptness in ordering required documents. Graduates of foreign nursing programs need to order a Credentials Evaluation Service report and should familiarize themselves with the timeframes required to process these reports.

Residents of Florida, Georgia, Oklahoma, West Virginia, Wyoming

If you do not intend to practice nursing in Nebraska **prior** to January 19, 2018, you should only apply for a Nebraska license if you do not qualify for a multistate license in your home state. Please contact your home state Board of Nursing about converting your FL, GA, OK, WV, or WY license to a multistate license.

**Application Information
Nebraska Nursing License
Endorsement**

Registered Nurse (RN) or Licensed Practice Nurse (LPN) License by Endorsement.

Use this Endorsement application if you have been issued a nursing license in another state and you are applying for your first Nebraska license. (If you have an expired or inactive Nebraska license, use the reinstatement application.)

Eligibility

You must have graduated from an approved nursing program and have passed the NCLEX or SBTPE exam. You must also meet one of the following requirements:

- Practiced nursing for at least 500 hours within the previous 5 years,
- Graduated from an approved nursing program within the previous 5 years, or
- Completed a Board-approved refresher course within the previous 5 years.

You must be a U.S. Citizen, a legal U.S. immigrant, or be able to live and/or work in the U.S. lawfully.

Foreign Educated Nurses - See requirements at <http://dhhs.ne.gov/publichealth/pages/crlnursingForeign.aspx>

If you reside in a state that is a member of the Enhanced Nurse Licensure Compact, your application will be refused unless 1) you are in the process of moving to Nebraska or a non-Compact state, or 2) you do not qualify for multistate license in your home state. Find out if your state belongs to Enhanced Compact at ncsbn.org/enlc.

Temporary License. We can issue a temporary license pending receipt of either the results of the criminal background check or official transcripts. All other application requirements be met. You must have an active license in another state with no current discipline. Temporary licenses are valid for 60 days or until the expiration of your other state license, whichever occurs first. Additional considerations are available for spouses of active duty military members stationed in Nebraska.

Compact Information – Nebraska belongs to the Nurse Licensure Compact. We are transitioning to the Enhanced Nurse Licensure Compact, which will be implemented on January 19, 2018. Go to ncsbn.org/enlc for more information.

States that belong to a compact issue two types of licenses: multistate and single-state. A multistate license can be used to practice in other states when 1) the states belong to the same compact, and 2) the nurse still lives in the state that issued the multistate license. If you have a multistate license from another state and you move to Nebraska, you need to apply for a Nebraska license immediately. You can then work under the multistate license from your former home state while your Nebraska application is being processed. There may be time limits placed on how long you can work.

You can hold a Nebraska multistate license only if you meet these additional requirements:

- Primary state of residence must be Nebraska.
Primary state of residence is where you live, vote, hold a driver's license, and pay taxes.
- A valid Social Security Number
- No felony convictions
- No nursing-related misdemeanors
- Not currently participating in an alternative program*
- Disclose participation in an alternative program*.
- Have no probationary conditions or other disciplinary limitations on your license
- Have passed an English language proficiency exam if your nursing education was outside the United States and English is not your native language

* "Alternative program" means a non-disciplinary monitoring program approved by a licensing board.

If you do not meet the multistate requirements, you can be issued a single-state license to practice in Nebraska.

REQUIRED DOCUMENTS

<p>Submit these items with your application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application fee <input type="checkbox"/> Evidence of citizenship or lawful presence <input type="checkbox"/> Conviction records <input type="checkbox"/> Discipline records <input type="checkbox"/> Documentation of name change 	<p>Request that these items be sent to our office:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Criminal background check <input type="checkbox"/> License verifications <input type="checkbox"/> Transcripts <input type="checkbox"/> CES Report or CGFNS Certificate (for Foreign Graduates) <input type="checkbox"/> English Language Proficiency Exam
<p>Mail to: DHHS Licensure Unit Nursing Section 301 Centennial Mall South PO Box 94986 Lincoln NE 68509-4986</p>	

Application Fee is \$123.00 or \$30.75 depending on when license is issued. See fee chart on the application form. Make check or money order payable to "DHHS Licensure Unit."

Citizenship/Lawful Presence

U.S. Citizens – Submit 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 birth certificates are not accepted.**
- U.S. Passport (unexpired or expired)
- 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)
- Northern Mariana Card (I-873)

Non-Citizens – Submit photocopies of documents listed for one of the following options:

- Green card, also known as a Permanent Resident Card. (Copy both the front and back of the card.)
- Form I-94 and an unexpired foreign passport with a valid U.S. visa. (A tourist visa is not acceptable.)
- Employment Authorization Document (EAD) (cannot be expired) and at least one other document issued by USCIS or other government agency verifying your immigrant or non-immigrant status. Examples of acceptable documents include: Form I-94; letter from USCIS indicating your current status, or a Form I-20

Documents submitted by non-citizens will be verified through the Department of Homeland Security. The process can take 4-6 weeks.

Criminal Background Check – You need to submit fingerprints and a processing fee to the Nebraska State Patrol. See attached instructions.

Transcripts – Submit an official transcript from your nursing program showing your degree and graduation date. Transcripts must be sent to our office directly from your school, or, if they are in a sealed, school envelope, submitted with your application. For graduates of foreign nursing schools, a complete Credential Evaluation Service Report will meet the transcript requirement.

Foreign Educated Nurses should consult the "Foreign Educated Nurses" section on our website for additional requirements: <http://dhhs.ne.gov/publichealth/pages/crlnursingForeign.aspx>.

Name Change – If you have ever held a license or credential in Nebraska under a different name, provide a copy of the legal documentation of name change.

License Verifications

Initial Nursing License – If the state in which you were originally licensed participates in Nursys Licensure Verification, request a Nurse License Verification for Endorsement at www.nursys.com. You can find a list of participating states at that site. If your original state of licensure does not participate, use the verification form on the last page of this application.

Other Licenses – You must submit verifications of all licenses, certificates or registrations you hold or have held in states other than Nebraska in any health-related field. Examples of health-related fields include RN, LPN, nurse aide, medication aide, EMT, pharmacy technician, etc. The verification must indicate whether or not there is any disciplinary action against the credential. Do not send a copy of the license card.

Discipline Records – If any disciplinary actions have been taken against you, submit a letter of explanation and a copy of the discipline order. Report all disciplinary actions taken against any nurse license or any license, certificate, or registrations you have held in a health care-related field, such as nurse aide, EMT, or pharmacy technician.

Convictions

A. Identify each and every misdemeanor and felony conviction.

The application includes a question about whether you have any misdemeanor or felony convictions. You must answer, “yes” if you have ever been convicted of a felony or misdemeanor. You must list all your misdemeanor and felony convictions. It does not matter how long ago the conviction happened or whether or not you reported the conviction on a previous application. Infractions, diversions, and dismissals do not need to be listed.

If you have ever received a ticket from a law enforcement officer or were ever charged with an offense, you can check with the court system to determine if the incident appears on your record as a misdemeanor. Misdemeanors can be processed through traffic courts, so ask for a search of both criminal court and traffic court records.

Examples of Common Misdemeanors	
This list is provided to help you identify misdemeanors that are sometimes mistaken for infractions. This is not a complete list!	
<ul style="list-style-type: none"> • MIP • DUI / DWI • 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

B. Documentation. For each misdemeanor or felony conviction on your record, include the following with your application:

- (1) A certified copy of the court record;
- (2) 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;
- (3) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
- (4) If you are currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

Timeframes for Processing Applications. All applications are reviewed in order of date received.	
Preliminary Review:	Approximately 15 days after receipt of application. You will be notified by email at this time of any items missing from your application file.
Criminal Background Check:	Approximately 4-6 weeks after fingerprints are submitted to Nebraska State Patrol
License Decision:	8-10 weeks from receipt of a complete application.
You are encouraged to complete all application requirements within 60 days to avoid closure of your file. If you do not submit all required documents within 150 days, your application will be destroyed.	

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.

Even if you have recently obtained a criminal background check for another state or another license, you **MUST** obtain a new criminal background check for the license you are currently applying for in Nebraska.

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. You may also contact the Licensure Unit at (402) 471-4376 and cards can be mailed to you.
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' if you are an RN/LPN... PRINT 'Controlled Substance' if you are an APRN. 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.

FEE: \$45.25

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay \$45.25 by credit card at www.ne.gov/go/nsp. This is an internet pay site through PayPort. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

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. 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 of \$45.25 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.

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. The Nebraska State Patrol does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.
- **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- Friday 8:00 a.m. to 4:00 p.m. (walk-in only)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday – Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Monday – Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 3800 NW 12th ST STE A Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)

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

**Application
Nebraska Nursing License
Endorsement**

Rev 11-13-17

Check the license type you are requesting:

- RN (Registered Nurse)**
- LPN (Licensed Practical Nurse)**
- Check here if you also want a Temporary License. Date needed: _____
See instructions for requirements for a temporary license.

A. Personal Information												
Legal Name	First			Middle				Last				
	Maiden			List any other names you have used or have been known as:								
Mailing Address	Street Address								PO Box			
	City			State or Country				Zip				
Date of Birth (Month/Day/Year)						Place of Birth	(City/State or Country)					
Phone # (optional)						Additional Phone # (Optional)						
A valid email address speeds the processing of your application.			Email Address (optional)									
Providing your SSN is mandatory			Social Security Number									
<i>Neb. Rev. Stat. 38-123 mandates the disclosure of your Social Security Number to DHHS. Your SSN is not public information, but DHHS may disclose it for child support enforcement purposes and to the Department of Revenue, the Department of Labor, and for other administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to the information. Other information supplied is part of the public record</i>												
If you are not a U.S. Citizen provide your:			Alien Number (A#)									
			I-94 #									

FEES: The application fee is reduced if the license will expire within six months after being issued. Use the charts below to find the month and year when you expect to be issued your license. Keep in mind that application processing can take 8-10 weeks. Submit the fee listed in the corresponding box. Make check or money order payable to "DHHS Licensure Unit."

RN Fee Schedule RN licenses expire October 31 st of even-numbered years												
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

LPN Fee Schedule LPN licenses expire October 31 st of odd numbered years												
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

B. Licensure Compact

1. Declare your primary state of residence by checking a box below and completing the requested information.

- Nebraska is my primary state of residence.
- I am currently residing in _____ and I plan to move and make Nebraska my primary state of residence on _____.
- My primary state of residence is _____, and I have no current plans to move to Nebraska. I am applying for a single-state license.

**If your primary state of residence belongs to the Enhanced Nurse Licensure Compact attach an explanation of why you are applying for a Nebraska license. Apply only if you do not qualify for a multistate license in your home state or you are in the process of moving to Nebraska or a non-Compact state.*

You will be notified if you need to submit verification of your primary state of residency. Acceptable documents include:

- current driver's license
- a current voter registration card displaying home address
- current federal income tax return with primary state of residence declaration
- Military Form No. 2058
- Current W2 showing declared state of residence.

2. To be considered for a multistate license, you must disclose whether or not you participate in an alternative program. An alternative program is a non-disciplinary monitoring program approved by a licensing board. If you do not answer the following question, your application will be processed for a single-state license.

Are you a current participant in an alternative program? **Yes** **No**

- 3.**
- Check here if you are an active duty military nurse.
 - Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.

C. Basic Nursing Education: RN applicants: Enter information for school you attended to receive your first RN license. LPN applicants: Enter information for school you attended to receive your first LPN license.

Name of School:		Graduation Date:	
Location	City:	State:	Country:
Type of Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> BSN or other Bachelors <input type="checkbox"/> Other			

Foreign Educated RN and LPN Applicants Must Complete The Following:

- A.** Which service will submit your Credential Evaluation Service report? (Not required for Canadian graduates)
- Commission on Graduates of Foreign Nursing Schools (CGFNS)
 - Educational Records Evaluation Service, Inc. (ERES)
 - International Education Research Foundation (IERF)
 - Josef Silny & Associates, Inc.
- B.** Have you passed the Canadian Nurses' Association Examination? Yes No
- C.** Passing an English Language Proficiency Exam is required 1) if you are applying for a LPN license and your basic nursing education was not taught in English or 2) in order to be eligible for a multistate license if English is not your native language
- Name of English Language Proficiency Exam _____ Score _____

D. Examination	
Which national licensing exam did you pass? <input type="checkbox"/> NCLEX <input type="checkbox"/> SBTPE – State Board Test Pool Exam	
Location of Exam:	Date of Exam:

E. Practice Requirements
To obtain a license you must meet one of the following requirements. Check the one that you meet:
<input type="checkbox"/> I have practiced nursing for a minimum of 500 hours within the previous 5 years. <input type="checkbox"/> I graduated from an approved nursing program within the previous 5 years. <input type="checkbox"/> I completed a board-approved refresher course consisting of a minimum of 75 contact hours within the previous years.
Name of Course Provider _____ Date Course Completed _____

F. License Information					
1. What is your original state of licensure? RN applicants: List state that issued your first RN license. LPN applicants: List state that issued your first LPN license.					
2. Do you hold or have you held an active or inactive license/credential in any other state(s) or jurisdiction(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list all other health profession licenses or credentials you hold or have held. Include all nursing licenses and all credentials for nurse aide, medication aide, EMT, pharmacy technician, and other health-related services.					
	Credential Type (LPN, RN, APRN, other)	State or Jurisdiction		Credential Type (LPN, RN, APRN, other)	State or Jurisdiction
1			5		
2			6		
3			7		
4			8		
3. Has any health care profession credential you hold or have held in another state or jurisdiction ever been denied, refused renewal, limited, suspended, revoked, or had other disciplinary measures taken against it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list all actions below. If you need more room, list additional actions on a separate sheet.					
	License Type	State/Jurisdiction	Type of Action	Date of Action	
4. Are there any disciplinary charges pending against any health care profession credential you hold or have held in another state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain:					
5. Have you ever been denied the right to take a licensure examination? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain:					

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

G. Conviction Information
 Read instructions carefully before completing this section. Failure to disclose all misdemeanor and/or felony convictions can lead to disciplinary action.

1. Have you ever been convicted of a misdemeanor or felony? **Yes** **No**

If yes, you must list ALL misdemeanor or felony convictions regardless of when they occurred or whether you listed them on a prior application. If you need more space, list additional convictions on a separate sheet.

	Type of Crime	Date of Conviction	Name of Court or Jurisdiction
1			
2			
3			
4			
5			
6			
7			

2. Do you currently have any charges pending which may result in a misdemeanor or felony conviction? **Yes** **No**

	If yes, describe type of charge	Date of Offense	Name of County or Jurisdiction

Note: If you have any pending criminal charges that result in a misdemeanor or felony conviction, you are required to report the conviction to the Investigations Unit within 30 days of the conviction. Reporting forms can be obtained from http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by calling (402) 471-0175.

H. Practice Prior to Licensure
 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. See instructions for information on when a nurse can work in Nebraska under a multistate license from a another state

Have you practiced nursing in Nebraska without a Nebraska license or without a valid, multistate license from another state? **Yes** **No**

If yes, what are the actual number of days you practiced in Nebraska without a license or valid license or valid compact privilege and what is the business name, location, and telephone number of the practice?	Number of Days:
	Name of Business:
	City:
	Telephone:

I. 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 qualified alien under the Federal Immigration and Nationality Act, nor a nonimmigrant lawfully present in the United State. (You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document 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: _____

Sign your name after printing application. Electronic signatures are not accepted.

Mail application, fee, proof of citizenship/lawful presence, and any other required documentation to:

DHHS Licensure Unit
 Nursing Section
 301 Centennial Mall South
 PO Box 94986
 Lincoln NE 68509-4986

Fingerprints

1. I have had my fingerprints taken: Yes No
2. I have paid for fingerprint processing: Yes No

Citizenship/Lawful Presence

I have included documentation of my citizenship or lawful presence with this application: Yes No

License Verification Form

Use this form only if the state that issued your original nursing license does not participate in Nursys Licensure Verification. Check www.nursys.com for participating states.

Part 1 – To Be Completed by Applicant

Do not send this form to the Nebraska Board of Nursing. **After you complete Part 1, submit this form to the Board of Nursing in the state that issued your original license.** Contact the Board first to see if they charge a fee.

Name _____
Last First Middle Previous Name (s)

Current Address _____
Street Address/PO Box City State Zip

Date of Birth (mo/day/yr) _____ Social Security Number _____

State in which you obtained your original nursing license? _____

License Number _____ Type (RN/LPN/LVN) _____ Date Issued: _____

Name as it appears on original license _____
Last First Middle

I hereby authorize the _____ Board of Nursing to release my licensure data to the Nebraska Board of Nursing.
(state of original license)

Signature _____ Date _____

PART 2: To be completed by ORIGINAL state of licensure.

This is to certify that the above named individual was issued license number _____ on _____ to practice
(Date Issued)

- Registered Nursing Practical/Vocation Nursing

Date License Issued _____ Expiration Date _____

Is license currently active? Yes N If no, what is current license status? _____

Basis of Licensure Examination Endorsement Other _____

Has disciplinary action ever been taken against this license? Yes NO

If yes, please explain _____

Nursing Education Program _____ Approved by State? _____

Location (state) _____ Graduation Date _____

	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#								

If licensee did not pass SBTPE or NCLEX, which examination was used a basis of licensure? _____

SEAL

Signature _____

Title _____

State _____ Date _____

The original state of licensure should submit completed form to Nebraska Department of Health and Human Services.