

STATE OF NEBRASKA

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-4918
 Rita.watson@nebraska.gov

**APPLICATION FOR LICENSURE AS A
 NURSING HOME ADMINISTRATOR
 OF A FACILITY CARING PRIMARILY FOR PERSONS
 WITH HEAD INJURIES AND ASSOCIATED DISORDERS**

Please Print

SECTION A – PERSONAL INFORMATION (All applicants must complete this section)

NOTE: All mailings will be sent to the address you indicate below; if you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are 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	Check the Appropriate Box(s):	<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 both a SSN and an A# or I-94 number, you must report both. <small>Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHSs may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</small>				
5	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)	

SECTION B - LICENSE FEES:

Determine the month and year in which you are submitting your application.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166
Odd Numbered Year	\$166	\$166	\$166	\$166	\$166	\$166	41.50	41.50	41.50	41.50	41.50	41.50

Make payable to: Licensure Unit

NOTE: Licenses expire December 31st of even-numbered years

SECTION C – APPLICANTS CREDENTIALS or EXPERIENCE (All applicants must complete this section) Check the appropriate process by which you are applying for Licensure.

- 1 **Psychologist** pursuant to the Uniform Credentialing Act, with at least a master's degree in psychology from an accredited college or university
- 2 **Physician** licensed under the Uniform Credentialing Act to practice Medicine and Surgery or psychiatry
- 3 **Educator** with at least a master's degree in education from an accredited college or university; if applying by this method, you must submit a certified copy of your transcript verifying the master's degree
- 4 **Certified Social Worker** pursuant to the Uniform Credentialing Act
- 5 **Certified Master Social Worker** pursuant to the Uniform Credentialing Act
- 6 **Licensed Mental Health Practitioner** pursuant to the Uniform Credentialing Act
- 7 **Physical Therapist** pursuant to the Uniform Credentialing Act
- 8 **Occupational Therapist** pursuant to the Uniform Credentialing Act
- 9 **Speech-Language Pathologist** pursuant to the Uniform Credentialing Act
- 10 **Administrator or Executive of a Health Care Facility** as defined in Neb. Rev. Stat. §71-413 who is a member in good standing with an organization that offers voluntary certification for the purpose of demonstrating managerial knowledge and experience for health care managers

OR

- 11 **8 Years of Experience** working with persons with head injuries or severe physical disabilities, at least 5 of which were spent in an administrative capacity in a facility operated primarily for caring for persons with head injuries or severe physical disabilities

SECTION D - EXPERIENCE (All applicants applying must have at least 4 years of experience working with persons with head injuries or severe physical disabilities, at least 2 of which were spent in an administrative capacity)

1	Briefly describe the experience you have spent in an administrative capacity:				
Name of facility or institution in which you completed such experience:					
Address	Street/PO/Route:				
	City:		State:	Zip:	
Duration of Experience:	From:		To:		
	M/D/Y		M/D/Y		

2	Briefly describe the experience you have received working with persons with head injuries or severe physical disabilities:				
Name of facility or institution in which you completed such experience:					
Address	Street/PO/Route:				
	City:	State:	Zip:		
Duration of Experience:	From:		To:		
	M/D/Y		M/D/Y		

SECTION E – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

NOTE: If you have any criminal charges or license disciplinary actions pending that result in a misdemeanor or felony conviction or license discipline, you must report such actions to the Investigative Unit within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125) at <http://www.dhhs.ne.gov/reg/investi.htm> or by requesting a reporting form by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All ‘yes’ responses MUST be explained in detail and you must submit the requested documentation (see page 5 of application).

Conviction Information:

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you EVER been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

Licensure Information:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
2	Do you hold or have you held a license in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3	If you answer ‘yes’ to question 2, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

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 and other action as provided in the statutes and regulations governing the credential.

1	I have practiced as a nursing home administrator in Nebraska before submitting this application	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business: _____
		City: _____
		Telephone #: _____

SECTION G - ATTESTATION

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check ONLY ONE of the boxes below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-Immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name: _____

Signature: _____

Date: _____

License Requirements (effective 9-6-2013):

(1) In order to qualify to function as the administrator of a facility operated primarily for caring for persons with head injuries and associated disorders, an individual shall be licensed as a nursing home administrator if he or she meets the requirements of this section. A license issued under this section permits the holder to serve as a nursing home administrator only in a facility operated primarily for caring for persons with head injuries and associated disorders. (2) To receive a credential to practice nursing home administration for a facility operated primarily for caring for persons with head injuries and associated disorders, an individual shall:

(a) Have at least four years of experience working with persons with head injuries or severe physical disabilities, at least two of which were spent in an administrative capacity; and

(b) Either:

(i) Hold a credential as:

(A) A psychologist pursuant to the Uniform Credentialing Act, with at least a master's degree in psychology from an accredited college or university;

(B) A physician licensed pursuant to the Uniform Credentialing Act to practice medicine and surgery or psychiatry;

(C) An educator with at least a master's degree in education from an accredited college or university;

(D) A certified social worker, a certified master social worker, or a licensed mental health practitioner pursuant to the Uniform Credentialing Act;

(E) A physical therapist, an occupational therapist, or a speech-language pathologist pursuant to the Uniform Credentialing Act; or

(F) An administrator or executive of a health care facility as defined in section 71-413 who is a member in good standing with an organization that offers voluntary certification for the purpose of demonstrating managerial knowledge and experience for health care managers; or

(ii) Have at least eight years of experience working with persons with head injuries or severe physical disabilities, at least five of which were spent in an administrative capacity in a facility operated primarily for caring for persons with head injuries or severe physical disabilities.

(3) A license issued pursuant to this section shall be issued without examination and without the requirement of completion of an administrator-in-training or mentoring program. Such license may be renewed without the completion of any continuing competency requirements.



NOTE: In order for your application to be considered complete, all applicants **MUST** also submit a copy of the following documents:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number ("A#") with visa status; or
 - (14) A Form I-94 (Arrival-Departure Record) with visa status;
3. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - (1) A copy of the court record, which includes charges and disposition;
 - (2) Explanation from the applicant 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 convictions;
 - (3) 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; and
 - (4) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
4. Other Credentialing Info: If you hold/have held a credential to provide health services, health-related services, or environmental services in another jurisdiction, you must have the licensing agency submit a certification of your license (Attachment E2);
5. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition; and
6. Fee: The required fee (see chart on page 1 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.