

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 A NURSING HOME
 ADMINISTRATOR PROVISIONAL LICENSE**

FEE: \$110.00 Make fee payable to Licensure Unit

Licenses expire 180 calendar days from the date of issuance

SECTION A – PERSONAL INFORMATION				
1	Name:	First:	Middle/Maiden:	Last:
2	Address:	Street/PO/Route:		
		City:	State:	Zip:

Additional information requested: *(This information is not displayed on the internet)*

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.		
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.				
5	Phone #: (optional)	Fax #: (optional)	E-Mail Address: (optional)	

SECTION B - INTENDED FACILITY OF EMPLOYMENT (All applicants must complete this section)	
1	Name of Facility:
2	Address:
3	Name of Previous Administrator:

SECTION C – 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 results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or 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 3 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.

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

SECTION D – 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 the credential.

1	I have practiced in Nebraska without a nursing home administrator credential or nursing home administrator provisional credential before submitting this application? (Does not include practice while holding an AIT/Mentoring authorization)	<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 E - 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).

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;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____ Date: _____

Licensure Requirements:

If there is a vacancy in the position of licensed administrator of a home for the aged or infirm or nursing home, the owner, governing body, or other appropriate authority of the home for the aged or infirm or nursing home may select a person, not otherwise qualified for licensure as a nursing home administrator, to apply for a provisional license in nursing home administration to serve as the administrator of such facility. Such license, if issued, will be issued to an individual in order to maintain the daily operations of the facility and may not be renewed. The criteria for issuance of a provisional license and the documentation required by the Department are set forth below:

1. Applicant must be at least 21 years of age;
2. The provisional licensee must be employed in the position of administrator of not less than 40 hours per week, to perform the duties of the nursing home administrator.
 - a. During this 40 hours per week, the provisional licensee can not concurrently complete the administrator-in-training program or provide services which require full dedication to the position, except that a person in a mentoring program may obtain a provisional license at the same time s/he is completing the mentoring program.
3. Have NO history of unprofessional conduct, denial, or disciplinary action against a nursing home administrator license or a license to practice any other profession by any lawful licensing authority for reasons outlined in 172 NAC 106-016 and Neb. Rev. Stat. §§71-147 and 71-148.

Duration of License and Extension

1. **Expiration Date:** The provisional license will be issued for no more than 180 calendar days.
2. **Non-Renewal:** The provisional license may not be renewed.
3. **Extension:** The Board may grant an extension not to exceed 90 days if the person seeking the provisional license is in a mentoring program.

Notification of Hiring Licensed Administrator: Upon the hiring of a licensed administrator or expiration of the provisional license in 180 days, which ever occurs first, the owner, governing body or other appropriate authority of the home for the aged or infirm must present written verification to the Department of a licensed Nursing Home Administrator assuming the operation of the home for the aged or infirm or nursing home.



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#"); or
 - (14) A Form I-94 (Arrival-Departure Record);
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;
6. **Fee:** The required fee (see page 1 of this application); and
7. **Affidavit of Designation:** You must submit Attachment H1, completed by the chairperson of the Board for the Nursing Home facility.

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.

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ATTACHMENT H1

**PROVISIONAL LICENSURE AS A
NURSING HOME ADMINISTRATOR
AFFIDAVIT OF DESIGNATION OF A PROVISIONAL
LICENSEE**

I, _____, Chairperson of the Board for

_____, do attest
(Name of Facility)

to the fact that _____ will be designated to fill the position of
(Name of Applicant for Provisional)

nursing home administrator recently vacated by _____.
(Name of Previous Administrator)

Proposed starting date is: (Month/day/year)	
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This request is due to: (check the appropriate response below and complete question)

1	Death of the previous administrator	date of death:
2	Medical emergency	explain:
3	Resignation of the licensed administrator	date of resignation:
4	Other	please explain:

Legal Signature of Affiant

Name: _____

Address: _____

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