

**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 LICENSE  
 AS A  
 NURSING HOME ADMINISTRATOR**

**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); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		SSN#		
				A#		
				I-94 #		
<p>If you have both a SSN and an A# or I-94 number, you must report both.</p> <p><b>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.</b></p>						
5	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)	

**SECTION B – LICENSE FEES: Check all categories that apply**

**Required Fee**

- Initial License (examination fee must be paid directly to NAB) See Chart Below for Nebraska License Fees
- Reciprocity Licensure (licensed in another state)

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
Odd Numbered Year	<b>\$166</b>											
Even Numbered Year	<b>\$166</b>	<b>\$166</b>	<b>\$166</b>	<b>\$166</b>	<b>\$166</b>	<b>\$166</b>	<b>41.50</b>	<b>41.50</b>	<b>41.50</b>	<b>41.50</b>	<b>41.50</b>	<b>41.50</b>

**Make payable to: LICENSURE UNIT**

NOTE: All licenses expire 12/31 of even-numbered years (renewal fee will be \$166)

**This section (Section C) does not apply to applicants holding a current license as a Nursing Administrator in another state**

<b>SECTION C – ADMINISTRATOR-IN-TRAINING OR MENTORING PROGRAM:</b> (Check appropriate program below:	
<input type="checkbox"/>	AIT: I have completed at least 640 hours in an administrator-in-training program in NOT less than 4 months.
<input type="checkbox"/>	MENTORING PROGRAM: I have completed at least 640 hours in a mentoring program in NOT less than 4 months.

OR

<input type="checkbox"/>	<b>Degree or Advanced Degree in Health Care</b> (baccalaureate, master's or doctorate degree from an accredited institution in health care, health care administration or services) <b>AND</b> Previous work experience in health care administration which includes at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm. <b>If applying under this option, you must submit evidence from your employer of your previous work experience)</b>
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<b>SECTION D – CONVICTION AND LICENSURE INFORMATION</b> (All applicants must complete this section) <b>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.</b>
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**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 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 <b>EVER</b> 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 another jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3	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 an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

**SECTION E – 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 as a nursing home administrator in Nebraska before submitting the application? (Does not include practice while holding an AIT/Mentoring authorization or provisional license)	<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 F - 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; and
3. I am of good character.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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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This form must be completed by the state licensing board in each state for which the applicant is licensed. **(Print or Type)**

## CERTIFICATION OF A LICENSE AS A NURSING HOME ADMINISTRATOR

Our records indicate that \_\_\_\_\_ (Applicant's Name)  
was licensed or certified as a \_\_\_\_\_ (Licensure Title)  
on \_\_\_\_\_ (Date of licensure);  
and expires \_\_\_\_\_ (Date of Expiration).

It is further verified that based on the records in this department the applicant's license has:

- (a) been suspended                      Yes     No   
(b) been revoked                         Yes     No   
(c) had other disciplinary action      Yes     No

If yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

- (d) has been maintained in good standing up to and including the present date:    Yes     No   
If no, expiration date \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Licensing Agency

OPTIONAL

( ) \_\_\_\_\_

Area Code    Telephone Number

\_\_\_\_\_  
Address

S E A L

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Signature (No stamp)

**INITIAL LICENSE APPLICATION REQUIREMENTS:**

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/Resident Information: A credential may only be issued to a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
3. Training: Individuals applying for an initial license as a Nursing Home Administrator must have completed an administrator-in-training program or mentoring program registered with the Department prior to starting the training **OR** have a degree or advanced degree in health care and previous work experience in health care administration (see below):

<b>Degree or Advanced Degree in Health Care</b> (baccalaureate, master's or doctorate degree from an accredited institution in health care, health care administration or services)	Previous work experience in health care administration means at least 2 years working full time as an administrator or director of nursing of a hospital with a long-term care unit or assisted-living facility or director of nursing in a nursing home or home for the aged or infirm.
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4. Examination: Have received a score at or above the national pass score as determined by the National Association of Long Term Care Administrator Boards (NAB) for Nursing Home Administrators.

**RECIPROCITY LICENSE APPLICATION REQUIREMENTS:**

1. License: Hold a current license as a Nursing Home Administrator in another state or jurisdiction;
2. Age and Good Character: Be at least 19 years old and of good character;
3. Citizenship/Resident Information: A credential may only be issued to a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

**DOCUMENTATION:** 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) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the 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#"); an Employment Authorization Card is NOT acceptable; or
  - (14) A Form I-94 (Arrival-Departure Record);
3.  Education: You must have submitted an official school/college/university transcript; **(NOT required if applying via reciprocity)**
4.  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;
5.  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 E1);
6.  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
7.  Fee: The required fee (see chart on page 1 of this application).