

**STATE OF NEBRASKA**

Department of Health and Human Services  
 Division of Public Health – Licensure Unit  
 PO Box 94986; Lincoln, NE 68509-4986  
 Telephone #: (402) 471-4918 rita.watson@nebraska.gov

**APPLICATION FOR A NURSING HOME  
 ADMINISTRATOR OVERSEEING UP TO  
 3 LICENSED FACILITIES**

**NO FEE REQUIRED**

<b>SECTION A – PERSONAL INFORMATION</b> (verification of licensure can be found on the INTERNET under <a href="http://www.nebraska.gov/LISSearch/search.cgi">http://www.nebraska.gov/LISSearch/search.cgi</a> )				
1	Name:	First:	Middle:	Last:
2	Address:	Street/PO/Route:		
		City:	State:	Zip Code:
3	Date of Birth:	Place of Birth:		
4	Phone number optional:			
5	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, DHHSs may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				

<b>SECTION B – FACILITIES</b> (Complete the following information relating to the facilities that you plan to oversee)				
1	Name of Nursing Home:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Number of Beds:			
2	Name of Nursing Home:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Number of Beds:			
3	Name of Nursing Home:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Number of Beds:			

Each administrator must be responsible for and oversee the operation of only one licensed facility or one integrated system, except that an administrator may make application to the board for approval to be responsible for and oversee the operations of a maximum of 3 licensed facilities if such facilities are located within 2 hours' travel time of each other or to act in the dual role of administrator and department head but not in the dual role of administrator and director of nursing. An administrator responsible for and overseeing the operations of any integrated system is subject to disciplinary action against his/her license for any regulatory violations within each system.

The applicant must meet the following requirements:

1. The travel time between the two facilities the farthest apart must not exceed two hours. Travel time must be by motor vehicle. Air time is not considered travel time for this purpose.
2. The distance between the two facilities the farthest apart must not exceed 150 miles.
3. The combined total number of beds in the facilities must not exceed 200.

<b>SECTION B – FACILITIES</b> Continued (Complete the following information relating to the facilities that you plan to oversee)		
1	What is the travel time between the two facilities the farthest apart? (must use motor vehicle travel time and not exceed 2 hours)	Time:
2	What is the distance between the two facilities the farthest apart? (must not exceed 150 miles)	Distance:
3	What is the combined total number of beds in the facilities? (must not exceed 200)	Total Beds:

<b>SECTION C – CONVICTION AND LICENSURE INFORMATION</b> (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.
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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 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 <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	Are you licensed 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	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 D – ATTESTATION** (All applicants must complete this section)

**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: \_\_\_\_\_



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

1.  Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
  - (a) A U.S. Passport (unexpired or expired);
  - (b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (Hospital issued birth certificates cannot be accepted);
  - (c) An American Indian Card (I-872);
  - (d) A Certificate of Naturalization (N-550 or N-570);
  - (e) A Certificate of Citizenship (N-560 or N-561);
  - (f) Certification of Report of Birth (DS-1350);
  - (g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - (h) Certification of Birth Abroad (FS-545 or DS-1350);
  - (i) A United States Citizen Identification Card (I-197 or I-179);
  - (j) A Northern Mariana Card (I-873);
  - (k) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
  - (l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (m) A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Documents is **NOT** acceptable; or
  - (n) A Form I-94 (Arrival-Departure Record);
  
2.  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;
  
3.  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; and
  
4.  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.