

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. **Education:** Your school must have submitted an official school/college/university transcript;
4. **Examination:** Official Score Reports sent directly to our office from the National Board. You will also need to schedule your jurisprudence examination with the Health Licensing Specialist, which relates to the statutes that govern optometry;
5. **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;
6. **Other Credentialing Info:** If you hold or have held a credential to provide health services, health-related services, or environmental services in another state or jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
7. **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
8. **Fee:** The required fee. See chart below.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$146	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$36.50	\$146	\$146	\$146	\$146	\$146
Odd	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146	\$146

9. **Criminal Background Check:** Applicants must submit fingerprints to the Nebraska State Patrol. The State Patrol will forward the results of the background check to our office. Please read the following instructions carefully for this procedure.

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.

CRIMINAL BACKGROUND CHECKS

Instructions – Revised 07/2015

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

FINGERPRINTING PROCEDURE – Please read and follow these instructions carefully to avoid delays in processing.

Fingerprints must be obtained and submitted to the Department with your application for licensure. The Department is required to verify to the Nebraska State Patrol that you have made application for licensure in Nebraska prior to the Nebraska State Patrol processing your request for a criminal background check. The applicant must send the fee for the Criminal Background Check (\$45.25) separately, directly to the Nebraska State Patrol as explained below.

Criminal background checks are NOT expedited for any reason.

1. **If you received a printed application from the Licensure Unit**, two fingerprint cards were enclosed. Take the fingerprint cards (2) to any State Patrol office or law enforcement agency. Contact information for the Nebraska State Patrol offices is included with these instructions. You must call ahead to schedule an appointment at the Nebraska State Patrol offices. Please note that some offices have limited hours when fingerprinting will be conducted.
2. **If you obtained your application online**, fingerprint cards can be obtained by contacting the Licensure Unit. Fingerprint cards may also be available at any State Patrol office or law enforcement agency. The fingerprint cards are the standard FBI Applicant format, form number FD 258, and are blue and white cards.
3. **DO NOT FOLD THE FINGERPRINT CARDS.**
4. **Live Scan** fingerprinting refers to both the technique and the technology used by law enforcement agencies and private facilities to capture fingerprints electronically, without the need for the more traditional method of ink and paper. Live Scan is available at all Nebraska State Patrol locations. If Live Scan is used in Nebraska to capture your fingerprints, the Nebraska State Patrol will NOT give you cards to submit with your application. They will submit the cards to the Department directly for verification of application. Although other states may have Live Scan available, it is common that other states will not capture fingerprints using Live Scan for persons who are being fingerprinted for purposes outside of that state. Applicants outside of Nebraska may have traditional ink and paper fingerprints done where they are located, or they may travel to a Nebraska State Patrol location to use Live Scan.
5. **The Nebraska State Patrol does not charge for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.**
6. You must take one form of photo ID with you when obtaining your fingerprints. Acceptable forms of ID include a driver's license, visa or passport. If you are from a foreign country and do not have one of these forms of photo identification, provide any documentation issued by your country, legal sovereign or consulate.

7. Please print your full name, address with zip code, *Social Security Number, date and place of birth, and physical identifiers on the fingerprint cards. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provide. **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.*

8. If you are one of the following professions: Dental, Physician, APRN*, Physician Assistant, Optometrist, Podiatrist, Veterinarian, Temporary Educational Permit or Wholesale Drug Distributor, put Controlled Substance License in the box labeled "Reason Fingerprinted". If you are applying for an RN or LPN license put Nursing License in the box labeled "Reason Fingerprinted".

New APRN/RN applicants (individuals applying for both at the same time) will need to submit two different sets of cards and pay twice. Each license applied for requires an individual background check.

9. After the fingerprinting procedure is completed, the cards should **NOT** be given to you.

- If you obtained the cards from the Licensure Unit, request the person who took your fingerprints to place the cards in the envelope provided by the Licensure Unit along with your completed application for licensure, and mail the envelope to the Department.
- If you obtained the cards from a State Patrol office or other law enforcement agency, request the person who took your fingerprints to place the cards in an envelope provided by you (**DO NOT FOLD THE FINGERPRINT CARDS**) along with your completed application for licensure, and mail the envelope addressed to: **Nebraska DHHS, Division of Public Health, Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE 68509-4986**

The fee for Criminal Background Check is to be sent separately, directly to the Nebraska State Patrol. The \$45.25 fee, made payable to the Nebraska State Patrol, can be paid by a personal check, money order, cashier's check and credit card. **When sending payment, it is important to include a note that clearly identifies the name of the person for whom the criminal background check is requested, and the type of license for which the person is applying.**

Payment must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521.**

Pay by credit card at www.ne.gov/go/nsp. This is an internet pay site through PayPort. You can pay by echeck (additional fee of \$1.75) or credit card (additional fee of \$.90). The website will ask you to select the type of payment you are making. You need to choose "Controlled Substance License". You will then need to put in the applicant's name, date of birth and the last 4 digits of social security number (optional). If a company is paying for an applicant – the applicant's information needs to be submitted on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

10. ****This process takes several weeks for the results of your criminal background check to be received by the Department.**** No licensing decision will be made until all information is received.

Office of the Nebraska State Patrol

Days/Hours that Fingerprinting Conducted

Troop A
4411 S 108th ST
Omaha, NE 68137
Phone: 402-331-3333

Monday through Friday 8:00 a.m. to 4:30 p.m.
(appointment required)

Troop B
1401 Eisenhower AVE
Norfolk NE 68701
Phone: 402-370-3456

Usually on Tuesdays
(appointment required)

Troop C
3431 Potash
Grand Island NE 68802
Phone: 308-385-6000

Mondays from 10:00 a.m. to noon
and from 1:00 p.m. to 2:45 p.m.
(appointment required)

Troop D
300 West South River Rd
North Platte NE 69101
Phone: 308-535-8265 ext. 219

Monday, Tuesday, Thursday, Friday
from 8:30 a.m. to 5:00 p.m.
Wednesday from 8:30 a.m. to 2:30 p.m.
(appointment required)

Troop E
4500 Avenue I
Scottsbluff NE 69361
Phone: 308-632-1211

Wednesdays after 1:00 p.m.
(appointment required)

Criminal Identification Division (CID)
3800 NW 12th ST STE A
Lincoln NE 68521
Phone: 402-479-4971

Monday through Friday 8:00 a.m. to 4:00 p.m.
(appointment required)
Last person fingerprinted at 4:00 p.m.

This form may be completed online and mailed to the address listed below.



**APPLICATION FOR A LICENSE TO PRACTICE OPTOMETRY
(Please print or type application)**

Date: _____
Office Use Only

DHHS - Licensure Unit
P.O. Box 94986
Lincoln NE 68509-4986
Telephone #: 402-471-2118

Fees (includes the LAP Fee):
Examination: \$146.00
Reciprocity: \$146.00

SECTION A - LICENSE APPLICATION CATEGORY and FEES (All applicants must complete this section) *Check the category that apply.*

- Optometry Licensure by Examination Optometry License in Another Jurisdiction (State) – Reciprocity

SECTION B – PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi> Items 1-2 are displayed on the internet.**

NOTE: To expedite notification of any pending requirements, the notification will sent to your e-mail address or mailing address you provide. 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.		
Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.				
5	Phone #: (optional)			
6	E-Mail Address: (optional)			

SECTION C - EDUCATION (All applicants must complete this section) A certified transcript showing graduation must be sent directly from your accredited college/school of optometry to our office.

Accredited College/School of Optometry Attended:	Name:		
School Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:	Date:	Degree:	

SECTION D –LICENSURE INFORMATION (All applicants must complete this section) Direct source verification/certification of any dental license that you hold or have held is required. You will need to request that each state or jurisdiction sends a verification/certification of your license directly to our office.

1	Have you ever been licensed as an optometrist in another state or jurisdiction?	YES	NO	
	List all other states, jurisdictions, or territories of the U.S. where you have been or are currently licensed, including license number, issue date, and expiration date.			
	State	License #	Issue Date	Expiration Date

NDEN	Yes ___	No ___	NSP CBC	Yes ___	No ___
			FBI REC	Yes ___	No ___
			BOARD	Yes ___	No ___

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.

- 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.

QUESTIONS

All applicants must answer the following questions by placing a (✓) in the appropriate box (yes or no). For any yes answers, explain the circumstances and outcome. The applicant will be notified of any additional documentation which is required by the Board/Department:

SECTION I	Yes	No
1. Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION II	Yes	No
1. Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION III	Yes	No
1. Have you ever been restricted, suspended, terminated, requested to voluntarily resign, place on probation, counseled, received a warning or been subject to any remedial or disciplinary action during optometry school or postgraduate training?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION IV	Yes	No
1. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V		YES	NO
1. Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever surrendered your state or federal controlled substances registration?		<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?		<input type="checkbox"/>	<input type="checkbox"/>
SECTION VI		Yes	No
1. Have you been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?		<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any professional liability claims currently pending against you?		<input type="checkbox"/>	<input type="checkbox"/>

SECTION F - EXAMINATION (All applicants must complete this section) All applicants must request that an official score report be sent to the Department directly from the National Boards of Examiners in Optometry (NBEO).

I have taken Parts I, II, III, and the TMOD given by the National Board of Examiners in Optometry (NBEO).

SECTION G – Controlled Substances Registration: (check one of the following)

1		I have enclosed a photocopy of my current Federal Controlled Substances Registration.	
		Federal Controlled Substances Registration #:	Expiration Date:
2		I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.	
3		I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time, I am to supply a photocopy of the registration to the State of Nebraska.	

SECTION H – RECIPROCITY APPLICANTS: An individual applying for licensure by reciprocity must answer the following questions and submitted the required documentation. You may submit proof of employment by submitting a copy of your W-2's or a letter from your employer/partner on their letterhead, stating the beginning and ending dates of employment and approximate number of hours worked per week.

1	Have you submitted proof that you have been actively engaged in the practice of optometry for at least two (2) of the three (3) years immediately preceding this application?	YES	NO
2	Have you submitted evidence of being credentialed in another jurisdiction at a level with requirements that are at least as stringent as or more stringent than the requirements being applied in Nebraska?	YES	NO

SECTION I – PRACTICE PRIOR TO CREDENTIAL (All Applicants MUST COMPLETE THIS SECTION)
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 optometry in Nebraska before submitting the application?	YES	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 J - ATTESTATION

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 nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

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: _____

This form may be completed online and mailed to the address listed below.



DHHS - Licensure Unit
 P.O. Box 94986
 Lincoln NE 68509-4986
 Telephone #: 402-471-2118

**APPLICATION FOR CERTIFICATION TO USE PHARMACEUTICAL AGENTS
 FOR THERAPEUTIC PURPOSES
 (Please print or type application)**

 Date: _____
 Office Use Only

Certification Fee: \$10.00

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi> Items 1-2 are displayed on the internet.**

NOTE: To expedite notification of any pending requirements, the notification will sent to your e-mail address or mailing address you provide. If you change your address, you must advise this office.

Legal Name	First:	Middle/MI:	Last:
Maiden Name	Name:		Other Names you are known as (AKA):
Mailing Address	Street/PO/Route:		
	City:	State or Country:	Zip:
Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
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: If you have both a SSN and an A# or I-94 number, you must report both.		SSN#:
			A#:
			I-94 #:
<p>Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.</p>			
Phone #: (optional)			
E-Mail Address: (optional)			

SECTION B - ATTESTATION (All applicants must complete this section) A certified transcript showing graduation must be sent directly from your accredited college/school of optometry to our office.

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;
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: _____

SECTION C – EDUCATION (All applicants must complete this section) A certified transcript showing graduation must be sent directly from your accredited college/school of optometry to our office.			
Accredited College/School of Optometry Attended:	Name:		
School Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:	Date:	Degree:	

SECTION D – GRADUATED BEFORE AUGUST 25, 1989: All applicants who graduated from Optometry College before August 25, 1989, are required to complete this section.

1	Course of Study for use of Pharmaceutical Agents for Therapeutic Purposes Name of Course Taken:
---	---

CERTIFICATION BY INSTITUTION
(To be filled out by the Institution)

Name of Institution: _____

_____ Yes _____ No Did the applicant, _____ successfully complete a course offered by
(Name of Applicant)

your institution after January 1, 1984, for use of pharmaceutical agents for therapeutic purposes that, at a minimum, (a) consisted of at least 40 clock hours of didactic education; and (b) consisted of: (1) a review of general pharmacology and therapeutics; (2) a review of ocular therapeutic pharmacology; (3) diagnosis and treatment of diseases of the lid, lacrimal system, conjunctiva, sclera, and epislera; (4) diagnosis of corneal disease and trauma including corneal foreign bodies; (5) diagnosis and treatment of the eye and adnexa; (7) ocular manifestations of systemic disease; (8) a review of systemic diseases syndromes; (9) ocular therapy including management of acute systemic emergencies; and (10) consultation criteria in ocular disease and trauma?

How many hours of supervised clinical training in a clinical facility by your institution did the applicant complete? _____ Hours

DATE

(Name of Authorized Representative)

(Title)

(Name of Institution)

(Address of Institution)

(Signature – **NO STAMP**)

Official documentation from the above named institution of passing the examination for this course must be submitted to:

Nebraska Department of Health and Human Services
Division of Public Health – Licensure Unit
PO Box 94986
Lincoln NE 68509-4986

This form may be completed online and mailed to the address listed below.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

DHHS – Licensure Unit
P.O. Box 94986
Lincoln NE 68509-4986
Telephone #: (402) 471-2118

**APPLICATION FOR CERTIFICATION TO USE PHARMACEUTICAL AGENTS
FOR DIAGNOSTIC PURPOSES
(Please print or type application)**

Certification Fee: \$10.00

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi> Items 1-2 are displayed on the internet.**

NOTE: To expedite notification of any pending requirements, the notification will sent to your e-mail address or mailing address you provide. If you change your address, you must advise this office.

Legal Name	First:	Middle/MI:	Last:
Maiden Name	Name:	Other Names you are known as (AKA):	
Mailing Address	Street/PO/Route:		
	City:	State or Country:	Zip:
Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
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: If you have both a SSN and an A# or I-94 number, you must report both.	I-94 #:	
Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.			
Phone #: (optional)			
E-Mail Address: (optional)			

SECTION B – ATTESTATION (All applicants must complete this section) A certified transcript showing graduation must be sent directly from your accredited college/school of optometry to our office.

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:

5. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
6. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
7. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
8. 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;
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: _____

SECTION C – EDUCATION (All applicants must complete this section) A certified transcript showing graduation must be sent directly from your accredited college/school of optometry to our office.			
Accredited College/School of Optometry Attended:	Name:		
School Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:	Date:	Degree:	

SECTION D – GRADUATED BEFORE AUGUST 25, 1989: All applicants who graduated from Optometry College before August 25, 1989, are required to complete this section.

1	Course of Study for Use of Pharmaceutical Agents for Diagnostic Purposes Name of Course Taken:
---	--

**CERTIFICATION BY INSTITUTION
(To be filled out by the Institution)**

Name of Institution: _____

As an official of the above institution, I certify that _____ did successfully pass a course offered by
(Name of Applicant)

this institution in pharmacology and that such a course, at a minimum, did: (a) consist of at least 100 hours of lectures, clinics and examination, (b) that said course was (at a minimum): (1) a study of ocular anesthetics, mydriatics, and cycloplegics; (2) did include ocular toxicity of pharmaceutical agents; (3) did include allergies of ocular agents; (4) did include pharmacological effects of (at least) all ocular drug substances; (5) did include the consideration of the mechanism of action of anesthetics, cycloplegics and mydriatics in human beings and the uses of such substances in the diagnosis of occurring ocular disorders; and (6) did correlate the utilization of pharmaceutical agents and optical instrumentation and procedures; and I further certify that the examinations given and passed did cover all of the above requirements.

DATE

(Name of Authorized Representative)

(Title)

(Name of Institution)

(Address of Institution)

(Signature – **NO STAMP**)

Official documentation from the above named institution of passing the examination for this course must be submitted to:

Nebraska Department of Health and Human Services
Division of Public Health – Licensure Unit
PO Box 94986
Lincoln NE 68509-4986