



Dear Applicant:

Thank you for your interest in becoming licensed to practice your profession in the State of Nebraska. Prior to submitting your application for a credential, it is important that you be aware of certain aspects of the application process.

The application form includes a series of questions about an applicant's history regarding licensure, physical and mental health, criminal conduct, and for some professions, malpractice. I encourage you to read these questions carefully. It is expected that applicants answer these questions completely and truthfully. If others are assisting you in the completion of your application, make sure to review the information completely before signing the application. An adverse event in your past is not an automatic disqualification from being issued a credential. The Board will review all of the information surrounding the event in making a determination of your fitness to practice your profession.

It is important that you fully disclose all arrests, charges or convictions. Questions on the application ask about charges or complaints filed against you by any licensing or disciplinary authority and also about charges or complaints filed against you by any criminal prosecution authority. Even if the charges were dropped, dismissed, pled down or settled through diversion or if the sentencing was deferred or the conviction was expunged, set aside or pardoned, you must provide this information on the application. Failure to fully disclose could be considered as misrepresentation on your application which is grounds to deny your application for a credential.

Applicants are asked whether you have ever been convicted of a misdemeanor or felony. Some offenses that most people would consider as minor violations are actually misdemeanors, so it is important that you thoroughly review your history in order to provide accurate information regarding convictions. You may want to contact the court or seek the advice of an attorney to determine whether an event in your past resulted in a misdemeanor or felony conviction.

Applicants should also be aware that it is the policy of the Licensure Unit that applications may not be withdrawn to avoid or circumvent a denial decision or to circumvent public records and reporting requirements. Understand prior to submitting your application that you may not be allowed to withdraw. Applicants who do not meet the requirements for a credential will be denied.

Thank you for taking the time to read this letter. I hope my comments are helpful to you. If you have further questions regarding the application process, please contact the Office of Medical and Specialized Health by e-mail at dhhs.medicaloffice@nebraska.gov or by telephone at 402/471-2118.

Sincerely,

Office of Medical and Specialized Health
Licensure Unit

Please submit the following information with your completed application:

1. Nebraska application fee \$50.00 – Make checks payable to DHHS Licensure Unit
2. Proof of age: You must submit evidence of age of majority (i.e.: a **COPY** of a driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation).
3. Proof of citizenship and/or lawful presence: You must submit a **COPY** of at least one of the following documents:
 - (1) A U.S. Passport;
 - (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 an Alien Registration Receipt Card Form I-551);
 - (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).

If you answer "yes" to any of the questions on your Pharmacist Intern application, you must submit the following required documentation to the Board of Pharmacy for review:

1. Letter of Explanation:

- Explain the event including the month, year, and your age at that time.
- Explain to the Board how you plan to prevent this situation from recurring and/or what actions you have taken to prevent this from occurring in the future.
- Explain to the Board what you have learned from this experience.

2. Documentation (Copies are accepted):

- Copy of official record(s) from the original source (i.e.: court order, ticket, letter from the court stating you met all requirements, letter from probation officer stating probation (if any) was completed successfully, letter of release from your doctor/psychiatrist/therapist/hospital, and any other supporting documentation).
- Documentation can be faxed directly to our office.
- If you experience difficulty in obtaining copies (i.e. Judicial System, doctor/psychiatrist/therapist/ hospital), explain that the Board of Pharmacy requires the documentation in order for you to attain a pharmacist intern registration. If you are then unable to obtain the documentation, please state this in your Letter of Explanation.
- If the Judicial System/doctor/psychiatrist/hospital or any other facility does not have any record of your file or your record is no longer available, please have them state this in writing and forward the letter to our office. Please include this also in your Letter of Explanation.

Please mail all documentation to the following address:

Nebraska Department of Health & Human Services
Licensure Unit
Attn: Pharmacist Intern Registration
P.O. Box 94986
Lincoln, NE 68509-4986

Deadlines For Pharmacist Intern Registration Applications and Supporting Documents

Following are the deadlines for receipt of applications and supporting documents that are required to be reviewed by the Board of Pharmacy. Some applications will require review by the Board of Pharmacy at their regular meeting. These deadlines apply if the Department determines that your application will need Board review. Please submit your application according to this schedule, assuming that your application will be reviewed by the Board. If your application does not need Board review, you will receive a credential document in the mail once all required documentation is received in our office, and the credential has been issued.

DOCUMENT DEADLINE	MEETING DATE
January 10, 2017	January 30, 2017
February 28, 2017	March 20, 2017
April 18, 2017	May 8, 2017
July 3, 2017	July 24, 2017
September 5, 2017	September 25, 2017
October 31, 2017	November 20, 2017
January 2, 2018	January 22, 2018

Documents deadline: All supporting documents and additional information that our office requests must be received in our office by this date. Late submissions will cause your application to be reviewed at the next meeting date.

APPLICATION FOR REGISTRATION AS A PHARMACIST INTERN

DHHS – Licensure Unit
 PO Box 94986
 Lincoln, NE 68509-4986
 (402) 471-2118(p) (402) 471-8614 (f)
 dhhs.medicaloffice@nebraska.gov

Board of Pharmacy Use Only:	
E - _____	\$ _____ .00
BOP: Yes / No	NDEN: _____
Approval Date: _____	
Intern Registration #: _____	
Issued: _____	Expires: _____

Legal Name:	Last:	First:	Middle:	Maiden:
Other Names Known As:				
Date of Birth:	Place of Birth (City/State or Country):		Gender:	
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 # _____		
NOTE: 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.				
Mailing Address:	Street/PO/Route: _____			
	City:	State:	Zip:	
Permanent Address:	Street/PO/Route: _____			
	City:	State:	Zip:	
Telephone Number:		Cell Number:		
E-mail address: _____				
**NOTE: All mailings will be sent to the mailing address indicated above. If you change your address, you <u>must</u> advise the Department.				
CHECK ALL OF THE BOXES BELOW THAT APPLY TO YOU:				
<input type="checkbox"/>	I am enrolled in a college/school of pharmacy.	Name of college/school of pharmacy: _____		
	Month/Year enrolled: _____	Expected Graduation date: _____		
<input type="checkbox"/>	I am a pharmacy graduate from a college/school of pharmacy located within the United States and I am NOT licensed as a pharmacist in Nebraska.			
	Name of college/school of pharmacy: _____		Date of Graduation: _____	
	I requested proof of pharmacy education to be sent to the Department from my college/school of pharmacy			
<input type="checkbox"/>	I am a foreign pharmacy graduate.	Name of college/school of pharmacy: _____		
	I have enclosed a copy of the Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification Program certificate from the National Association of Boards of Pharmacy (NABP) and <u>official translated</u> documentation of successful completion of a pharmacy degree from a foreign pharmacy program in a sealed envelope.			
<input type="checkbox"/>	I am/have been licensed/registered as a pharmacist intern in another state(s). I have requested a certification of licensure/registration in such state(s), including any history of disciplinary action on my professional credential, sent directly to the Department from the State Board or agency that issued the license/registration.			
	List state(s) licensed/registered in or previously licensed/registered in: _____			

ALL APPLICANTS ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS EITHER 'YES' OR 'NO': (If you answer 'YES' to any of the following questions, include documentation and a written explanation addressed to the Nebraska Board of Pharmacy regarding the circumstances and the outcome.)

	Yes	No
1. Do you currently hold, or have you ever held a health services, health-related services, or environmental services credential in another jurisdiction? If YES, provide a list of credentials and States where they were issued.	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. Have you ever voluntarily surrendered or voluntarily limited in any way a professional license or permit issued to you by a licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been requested to appear before any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. Have you 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"/>
8. 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"/>
9. Are you currently, or have you 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"/>
10. 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"/>
11. Do you currently, or have you 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"/>
12. 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"/>
13. 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"/>
14. Have you been convicted of a misdemeanor? (If you answer YES to this question, you must also answer YES to question 13.)	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you been convicted of a felony? (If you answer YES to this question, you must also answer YES to question 13.)	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever 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"/>
17. Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/>	<input type="checkbox"/>

ALL APPLICANTS MUST ANSWER THE FOLLOWING:		
Effective July 1, 2004, the Department is authorized to assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000, when evidence exists that a person has practiced prior to being issued a credential.		
Have you actively practiced as a pharmacist intern in Nebraska prior to being issued an active Nebraska pharmacist intern registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, how many days have you actually practiced as a pharmacist intern in Nebraska prior to being issued a registration?	Total Number of Days	

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: _____

COLLEGE/SCHOOL OF PHARMACY VERIFICATION

The following needs to be filled out by your College/School Official. If you are an unlicensed pharmacy graduate, a copy of your diploma shall be deemed to meet this requirement.

(Month, Day & Year Entering Pharmacy School)

(Month/Year Expected to Graduate From Pharmacy School)

(School/College of Pharmacy)

(Signature of College/School Official)

(College Seal)

Please Note: All supporting documentation required to complete your application must be submitted within **150 days** from the date your application is received by the Department. If such documentation is not submitted within this time, your application and supporting documentation will be destroyed and a refund will be processed, less the administrative fee of \$25.00.