



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Applicants should also be aware that it is the policy of the Licensure Unit that applications may not be withdrawn to avoid or circumvent a denial decision or to circumvent public records and reporting requirements.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 our office at DHHS.MedicalOffice@nebraska.gov or (402) 471-2118.

Sincerely,

A handwritten signature in cursive script that reads "Becky Wisell".

Becky Wisell, Administrator
Licensure Unit

To apply for a Nebraska Pharmacy Technician Registration, submit:

1. A completed application form
2. Application fee of \$25. Make check or money order payable to “DHHS Licensure Unit.”
3. Proof of that you are at least 18 years old. Include with your application a copy of your driver’s license, state identification card, birth certificate, or other acceptable government-issued identification.
4. Proof of High School Graduation or GED: Submit a copy of your high school diploma or high school transcripts showing date of graduation. We will also accept college transcripts (if they show your date of high school graduation) or a college diploma.
5. Proof of US citizenship or lawful presence in the United States: If you are a US-born citizen, submit a copy of either your birth certificate or passport. We only accept copies of government-issued birth certificates with an official seal. If you are a lawful permanent resident, submit a copy of your “Green Card.” We will also accept a copy of one of the following documents: document showing an Alien Registration Number (“A#”); Form I-94 (Arrival-Departure Record); American Indian Card (I-872); Certificate of Naturalization (N-550 or N-570); Certificate of Citizenship (N-560 or N-561); Certification of Report of Birth (DS-1350); Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); Certification of Birth Abroad (FS-545 or DS-1350); United States Citizen Identification Card (I-197 or I-179); or Northern Mariana Card (I-873).

If you answer “yes” to any question on Section D of the application, you must also submit:

Letter of Explanation: Explain the event or circumstances pertaining to your “yes” answer. Include the approximate date of the incident(s) and your age at the time. Describe what actions you have taken or plan to take to prevent similar situations from happening in the future. Explain what you have learned from the experience.

Copies of official documentation:

- For criminal convictions, contact the court where the conviction occurred to obtain court records for the case. If on probation, submit a letter from your probation officer. For addiction or mental health conditions, provide proof of treatment and discharge summary from the doctor, therapist, or hospital.
- Documentation can be faxed directly to our office. Our fax number is (402) 742-8355
- If a court, hospital, or health professional informs you that the records are no longer available, request that they provide a written statement indicating the records are unavailable.

******State or National Certification needs to be obtain within one year from date of issuance of your state registration.******

Mail application and supporting documents to:

DHHS Licensure Unit

Attn: Pharmacy Technician Desk

P.O. Box 94986

Lincoln, NE 68509-4986

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



Division of Public Health
Licensure Unit
P O Box 94986
Lincoln NE 68509-4986

BU #25550149
Fee: \$25

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN
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SECTION A - PERSONAL INFORMATION			
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Legal Name:	Last:	First:	Middle/Maiden:
Other Names Known As:			
Mailing Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Birth (mm/dd/yyyy):		Place of Birth (City/State or Country):	
Telephone Number: (Optional)		E-mail/Fax: (Optional)	
Check the appropriate box:	<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.**

SECTION B – EDUCATION	
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Mark the Appropriate Box:	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED
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SECTION C – DRUG RELATED CONVICTIONS				
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Have you ever been convicted of any non-alcohol, drug-related misdemeanor or felony?	YES	NO	Type of Crime	Date of Action	Name of Court Taking Action (City/County/State)

SECTION D – CONVICTION AND LICENSURE INFORMATION

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.

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.	YES	NO
1. Have you ever had any disciplinary or adverse action imposed against a credential in any state or jurisdiction?	YES	NO
2. Have you ever voluntarily surrendered or voluntarily limited in any way a credential issued to you by a licensing or disciplinary authority?	YES	NO
3. Have you ever been requested to appear before any licensing agency?	YES	NO
4. Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	YES	NO
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential in any jurisdiction?	YES	NO
6. Have you ever been asked to and/or permitted to withdraw an application for a credential with any Board or jurisdiction?	YES	NO
7. Has any state or jurisdiction refused to issue, refused to renew or denied you a credential to practice?	YES	NO
8. 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?	YES	NO
9. 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?	YES	NO
10. 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?	YES	NO
11. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	YES	NO
12. Have you ever been convicted of a felony?	YES	NO
13. Have you ever been convicted of a misdemeanor?	YES	NO
14. Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	YES	NO
15. Have you ever been denied the right to take a credentialing examination?	YES	NO

SECTION E – 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: _____