

Nebraska: REINSTATEMENT INFORMATION

Registered Nurse (RN) Licensed Practical Nurse (LPN)

The following information is provided to assist you in completing the reinstatement application.

Compact State: Nebraska is part of the Nurse Licensure Compact which member states allow a nurse who resides in and holds a current nursing license in a state that is a member of the compact, to practice in any of the other member states without obtaining additional licenses in each state. It is considered a *multi-state license*. While a nurse's license may be multi-state, permanent relocation to another Compact state requires obtaining licensure in the new state, as your residency has changed. If you already reside in a compact state and are not moving to Nebraska, we CANNOT reinstate your Nebraska license. Don't know if you reside in a compact state? Check here for a listing of compact states: www.ncsbn.org

Non-compact State: Nurses who live in non-compact states but practice in a compact state will have their nursing license reinstated valid only in that member state (single-state license). The nurse will not be granted the "multi-state privilege to practice" in other compact states.

If you currently have a multi-state license from another compact state, you may temporarily practice in Nebraska on your multi-state license from the other compact state. When you have changed your primary state of residence to Nebraska you will need to obtain a Nebraska license within 30 calendar days from the date of your relocation to Nebraska.

To qualify for reinstatement of your nursing license, you must:

1. Have practiced for a minimum of 500 hours within the 5 years prior to the date you submit this application;
AND
Provide proof of 20 contact hours of nursing related continuing education completed within the last 24 months prior to the application for reinstatement. Only 4 of the contact hours may be related to basic life support. At least 10 of the required hours must be peer reviewed. This means approved or provided by a state board of nursing, state nursing organization or credentialing organization such as ANCC (American Nurses Credentialing Commission). All continuing education may be obtained online or by home study. Submit photocopies of all certificates of completion. REMEMBER that they need to be at least 30 minutes in duration.
- OR**
 2. Have graduated from a nursing program, (that led to the license you are reinstating), within the 24 months prior to this application for reinstatement. Please send in a transcript (unofficial).
 - OR**
 3. If you have graduated from a nursing program (that led to the license you are reinstating), longer than 24 months, but less than five years prior to this application for reinstatement, you will need to complete at least 20 contact hours of nursing related continuing education within the last 24 months prior to this application for reinstatement.
 - OR**
 4. Completion of a Board approved refresher course or an approved review course of study consisting of at least 75 contact hours within the previous 5 years.
 - OR**
 5. Military Waiver of Continued Competency: I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately prior to this renewal date.
If you meet this waiver, you are not required to pay the renewal/reinstatement fee OR meet the continuing competency requirements. (Attach military orders)

If you do not meet the qualifications listed above and plan to take a Refresher Course:

You will need to register for a **refresher course** and must obtain a temporary permit prior to beginning the clinical component of the course. A list of refresher courses can be found here: http://dhhs.ne.gov/publichealth/Pages/crl_nursing_rn-lpn_refresher.aspx
Before we can issue a temporary permit, our office must have the following documentation:

1. Reinstatement fee
2. Application for Reinstatement.
3. Letter/statement of acceptance into the Refresher Course from the provider. (This can be a photocopy of the letter they send you).
4. Documentation of Clinical Dates. A letter from your school listing the beginning and ending clinical dates.
After you have successfully completed the course, we need verification of your completion certificate sent directly by the course provider.

NOTE: All RN licenses expire on October 31 of each even-numbered year AND all LPN licenses expire on October 31 of each odd-numbered year. This means that your reinstated nursing license may be valid for varying lengths of time, anywhere from 1 day to 24 months, depending on when it is issued.

Application Processing: Applications are processed in date order received. If additional information is needed, you will be contacted by e-mail.

TIME FRAME FOR PROCESSING: 3 – 4 weeks from receipt of a complete application.

The Department has up to 150 days to act upon an application. After this deadline, any incomplete applications will be destroyed and a refund will be issued following written notification to the applicant.

Checklist of Required Documents: Use the following checklist to help organize your application; **You must submit:**

1. **If you are NOT a U.S. Citizen, you must submit a copy of one of the following:**

If you ARE a Qualified Alien under the Federal Immigration and Nationality Act:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

- Employment Authorization Card
- AND**
- An approved deferred action status (DACA);
- A pending application for asylum in the United States;
- A pending or approved application for temporary protected status in the United States;
- A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

2. **License Fee:** See the license application for a listing of fees. **Pay by check/money order**

3. **Proof of continuing education**

4. **Conviction Information:** If you have been convicted of a misdemeanor or felony **since the last time you renewed your license**, you must submit:

- (a) A copy of the court record;
- (b) Your explanation 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 conviction;
- (c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
- (d) If you are currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

Applicants are required to list ALL misdemeanor and felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanors/felony convictions.

The following provides SOME examples of convictions; this is NOT an all exclusive list:

- | | |
|---|--|
| <ul style="list-style-type: none">• MIP• DUI / DWI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving | <ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear in Court• False Information or Reporting• Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Park Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks• Bad Check |
|---|--|

5. **Other Licensing Information:** If you hold or have held a license/certificate/registration to provide health related services in a state/jurisdiction **other than Nebraska** (such as nurse, med aide, nurse aide, pharmacy tech, EMT, etc.), you must submit verification of the license.

Disciplinary Action: If you have had any disciplinary action(s) taken against your license, you must submit a copy of the disciplinary action(s), including charges and findings.



Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2666 jennifer.vanepere@nebraska.gov

NURSING

APPLICATION FOR REINSTATEMENT

Check below the type of license reinstatement:

REGISTERED NURSE

LICENSED PRACTICAL NURSE

Applicants must complete ALL sections of this application

SECTION A – PERSONAL INFORMATION

1	You must provide your Legal Name below				
	First:	Middle:	Maiden Name:	Last Name:	
	List any other names you are or have been known as (AKA)		Date of Birth:	License number:	
2	Mailing Address:	Street/PO/Route:			
		City:	State or Country:	Zip:	
3	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)
4	Check the correct box(s) and provide your number #:	<input type="checkbox"/> Social Security Number (SSN):			
	Providing your SSN is mandatory	<input type="checkbox"/> Alien Registration Number ("A#"):			

Social Security Numbers obtained are not public information but may be shared by the Licensure Unit for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.

SECTION B – PRIMARY STATE OF RESIDENCE: (All applicants must complete this section)

NEBRASKA:

I declare **NEBRASKA** as my primary state of residence effective _____ month/day/year.

List the Name of State you moved from: _____

OTHER STATE:

I declare _____ as my primary state of residence.

Do you plan to move to NEBRASKA? yes no; If yes, list the date you plan to move: _____

Non-compact State: When you declare a non-compact state as your primary state of residence, your license will be issued as a single-state license.

MILITARY:

I am employed exclusively in the US Military (Active Duty) or with the US Federal Government.

You will be notified if we need documentation to verify your primary state of residence, such as:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

FEES: Determine the year (**even or odd**) and the month and in which you plan to be reinstated in Nebraska.

RN FEE SCHEDULE

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered	\$158	\$158	\$158	\$158	\$65.75	\$65.75	\$65.75	\$65.75	\$65.75	\$65.75	\$158	\$158
Odd Numbered	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158

RN licenses expire on October 31st of an **even** numbered year.

LPN FEE SCHEDULE

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158	\$158
Odd Numbered	\$158	\$158	\$158	\$158	\$65.75	\$65.75	\$65.75	\$65.75	\$65.75	\$65.75	\$158	\$158

LPN licenses expire on October 31st of an **odd** numbered year.

SECTION C – CONVICTION AND LICENSURE INFORMATION

Failure to disclose convictions or disciplinary action, could result in disciplinary action.

Answer each of the following questions by placing a check mark 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.

1	Have you been convicted of a misdemeanor or felony in any state/jurisdiction since the date you last renewed your license?	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
		<input type="checkbox"/>	<input type="checkbox"/>			

If you answer YES to this question, you must submit the following to the Licensure Unit:

- A copy of the court record, which includes charges and disposition;
- Explanation 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;
- All addiction/mental health evaluations and discharge summaries, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- A letter from the probation officer addressing probationary terms and current status, if you are currently on probation;

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in misdemeanor or felony conviction or credential discipline, you must report such actions to the Department's Investigative Office within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125) <http://www.dhhs.ne.gov/reg/investi.htm> or you may request a reporting form by telephone at **402-471-0175**.

Licensure Information:

The following questions relate to a credential (license/certificate/registration) that you hold or have held in health services, health related services or environmental services (including a nursing license) in another jurisdiction.

		Yes	No		
2	Do you hold or have you held a license (active or inactive) in any state? If you answer 'yes' to this question, you <u>must</u> respond to question 2a	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in and/or have been licensed in?	What type of license do you hold and/or did you hold?
2a	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
3	Have you ever been denied the right to take a credentialing examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:	

If you answered YES to question #2a above, you must submit Official Documents from the State Board in which the disciplinary action was taken.

SECTION D – CONTINUING COMPETENCY: In order to reinstate a Nebraska Nurse License, you must meet one of the following (check the criteria you meet).

1. **At least 500 hours of nursing practice** during the past 5 years and 20 contact hours of continuing education during the past 24 months. You must also record your nursing practice below.

Record nursing practice from the 5 years immediately prior to the date you submitted this application for reinstatement.

Employment Dates		Place of Employment Institution or Agency	Address of Employment City/State	List the TOTAL number of nursing hours worked for each <u>employment date time frame</u>
Begin	End			

2. **Graduated from a Board approved nursing education program** within the past 24 months, that led to the license you are reinstating.

Name of School _____ Date of graduation: _____

3. **Graduated from a Board approved nursing education program**, that led to the license you are reinstating, longer than 2 years, but less than 5 years, **AND** completion of 20 contact hours of continuing education during the past 24 months.

Name of School _____ Date of graduation: _____

4. **Completion of a Board approved refresher course or an approved review course of study** consisting of at least 75 contact hours within the previous 5 years.

Name of refresher course _____ Date completed _____

5. **I plan to complete a refresher course**, please note that you will need a temporary refresher license to do the clinical portion of that program.

Name of refresher course _____ Date enrolled _____

6. **Military Waiver of Continued Competency:** I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately prior to this renewal date. **If you meet this waiver, you are not required to pay the renewal/reinstatement fee OR meet the continuing competency requirements.** (Attach military orders)

SECTION E - ATTESTATION An individual who practices after the expiration date and prior to reinstatement of a license 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 alcohol and drug counseling.

1	Have you practiced as an RN/LPN in Nebraska since your license expired/was placed on inactive status?	<input type="checkbox"/> Yes <input type="checkbox"/> No (except under the provisions of the Nurse Licensure Compact)
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 #: _____

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.

Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act.

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States.

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: _____