

**Applicant for Reinstatement of Advanced Practice Registered Nurse - Nurse Practitioner
Credentialing Staff (402) 471-2666 or (402) 471-4376**

To qualify for reinstatement of your APRN-NP license, you must:

1. Have current national certification or re-certification; and
2. Have practiced as an APRN-NP for a minimum of 2080 hours within the previous five years preceding the renewal period in which you are applying, AND 40 contact hours of continuing education in the clinical specialty area within the last two years previous to the renewal period, 10 hours of which must be in pharmacotherapeutics.
3. At least 500 of the 2080 practice hours shall be in a clinical role in which there was a direct nurse/patient relationship.
4. If you have not been licensed in Nebraska or authorized by any other jurisdiction for a minimum of 2 years, you do not need to meet the practice or continuing education requirements.
5. If you have been licensed in Nebraska or authorized in any other jurisdiction for more than two but less than five years, you do not need to meet the practice requirement, but do need to have the continuing education.

If you do not meet one of the requirements listed above, you must complete an approved reentry program. You must obtain a temporary permit to perform the supervised practice portion of the reentry program. To issue you a temporary permit, our office will need:

1. Completed Application
2. Fee. The reinstatement fee covers the temporary permit as well.
3. Affidavit of Non-Practice
4. The reentry plan you have submitted, approved by the Advanced Practice Registered Nurse Board
5. Verification of RN licensure. If active RN license is in Nebraska, no action is required. If your primary state of residence is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If RN licensure is other than Nebraska, verification of active multi-state license from another compact state is required. A notarized copy of your RN license will meet this requirement for purposes of a temporary permit. If RN licensure is in a non-compact state, you must apply for a Nebraska RN license by endorsement. Contact our office for an application.

The following documents must be received and approved by our office before your license can be reinstated:

1. Fee of \$103.00.
2. Application for Reinstatement of License. Please complete this form.
3. Documentation of National Certification. Office verification of current national certification must be submitted directly to our office from the certifying body.
4. Submit proof of continuing education. Please submit photocopies of the completion certificates.
5. Verification of RN licensure. If active RN license is in Nebraska, no action is required. If your primary state of residence is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If your primary state of residence is a compact state other than Nebraska and you have a multi-state license in that state, please refer to the instructions at www.nursys.com. **If you have never had a Nebraska license, and your current license is not a compact state, you must apply for a Nebraska RN license by endorsement. Call our office for an application.**
6. If you are **NOT** a U.S. Citizen, **you must submit a copy of at least one of the following documents:**
 - (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;
 - (3) A document showing an Alien Registration Number ("A#") -- an Employment Authorization Card/Document is **NOT** acceptable
 - (4) A Form I-94 (Arrival-Departure Record)

Upon our receiving your application, you have 150 days to complete your reinstatement, or you will need to start a new reinstatement, unless an extension is requested for the purpose of completing a reentry program.

**APPLICATION FOR REINSTATEMENT OF
 NURSE PRACTITIONER LICENSE**

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-4376

| | |
|-------------|----------------------|
| LICENSE # : | FEE: \$103.00 |
| NAME: | |
| ADDRESS: | |

In order to reinstate your Nebraska license, you must meet one of the following criteria.

- _____ I. I have graduated from an approved APRN-NP program within the previous two (2) years: OR
- _____ II. I have graduated from an approved APRN-NP program more than two (2) but less than five (5) years ago and I have completed (40) contact hours of continuing education in my clinical specialty area within the previous two (2) years, ten (10) hours of which were in pharmacotherapeutics; OR
- _____ III. I have practiced at least two thousand eighty (2080) hours as an APRN-NP within the previous five (5) years immediately preceding renewal. At least five hundred (500) of those hours was in a clinical role in which there was a direct nurse/patient relationship; AND I have completed forty (40) contact hours of continuing education in my clinical specialty area within the previous two (2) years, ten hours which were in pharmacotherapeutics.
- _____ IV. I am applying for a re entry program.

- ACTIVE NATIONAL CERTIFICATION.** Office verification of current national certification must be submitted directly to our office from the certifying body..
- ACTIVE RN LICENSURE VERIFICATION.** If active RN licensure is in Nebraska, no action is required to meet this requirement. If your primary state of residence under the Nurse License Compact is Nebraska and your Nebraska RN license is inactive or lapsed, you must reinstate your Nebraska RN license. If your primary state of residence is a compact state other than Nebraska and you have a multi-state RN license in that state, please purchase a verification report at www.nursys.com and include a copy of the receipt with your application. If your primary state of residence is a non-compact state, you must apply for RN licensure in Nebraska.
- Current RN license status & State** _____

Daytime Phone # _____

If you answered yes to any of the questions below, please submit a letter of explanation and submit certified court records and disposition. Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a civil fine.

- Have you ever been denied a license/certificate to practice in another state or jurisdiction? Yes ___ No ___
- Are there any pending complaints or disciplinary action **OR** have disciplinary proceedings ever been instituted against any license/certification by a licensing agency? Yes ___ No ___
- Has your nursing license ever been disciplined for any reason? Yes ___ No ___
- Have you ever been convicted of or are there now any felony or misdemeanor prosecutions against you in any court other than a minor traffic violation? Yes _____ No _____
- Are you a military/federal employee? Yes _____ No _____

- List all states in which you have been authorized to practice in an advanced practice role

- Please indicate most recent advanced practice nursing employment:

_____ to _____
Start Date End Date

_____ Supervisor

_____ Position Held

AFFIDAVIT OF PRACTICE PRIOR TO LICENSE

An individual who practices prior to issuance 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 license.

- 1 _____ I **have not** practiced as an APRN-NP without a license in Nebraska before submitting the application.
_____ I **have** practiced nursing as an APRN-NP in Nebraska without a license before submitting the application.

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

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat. §§38-129 and 4-108 through 4-114, I attest as follows:

Please check the appropriate box(s) below:

- I am a citizen of the United States
- I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act
- I am a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act

| | | |
|---|---|--------|
| Check the appropriate box(s) and provide the information requested: | <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.

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).

Your credential will **NOT** be reinstated 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.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

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 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Signature of Applicant

Date