

Applicant for Licensure as an Advanced Practice Registered Nurse-Nurse Practitioner (APRN-NP)

We are pleased that you wish to practice nursing in an advanced role in Nebraska. Authority to practice in Nebraska as an Advanced Practice Registered Nurse – Nurse Practitioner is based upon two criteria:

1. Requirements for Licensure as an APRN-NP; and
2. Requirements Prior to Commencing Practice

REQUIREMENTS FOR LICENSURE: To qualify for licensure in a Nurse Practitioner role in Nebraska you must:

1. Have a current Registered Nurse license in Nebraska or a multi-state license from another compact state under the Nurse Licensure Compact Act
2. Provide proof of age: Evidence of at least 19 years of age
3. Provide proof of lawful presence in the United States
4. Have completed an approved program which included both a didactic component and a preceptorship of five hundred contact hours, and includes instruction in biological, behavioral, and health sciences relevant to practice in a specific clinical specialty area. You must have a master's or doctoral degree to qualify to practice.
5. Have successfully completed thirty (30) contact hours of academic education in pharmacotherapeutics
6. In addition to the pharmacotherapeutics coursework, you need to have separate coursework in Advanced Health Assessment and pathophysiology or psychopathology.
7. Have taken and passed a national credentialing examination pertaining to the specific Nurse Practitioner role in nursing that has been approved by the APRN Board
8. Within the previous five years, have graduated or practiced a minimum of 2080 hours within the specific Nurse Practitioner role
9. Complete a criminal background check by fingerprint
10. **NEW REQUIREMENT FOR LICENSURE:** You must have current Professional Liability Insurance OR You must have a binding agreement that Professional Liability insurance will be effective on the day that you have been issued an APRN-NP license.

REQUIREMENTS FOR PRACTICE

In addition to the above requirements for licensure, you will need to have practiced as an APRN-Nurse Practitioner for a minimum of 2000 hours (attestation on application) or submit a Transition to Practice form (attached).

To apply for licensure, you must submit the following:

1. APPLICATION
2. FEE – see schedule
3. PROOF OF 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);
4. PROOF OF LAWFUL PRESENCE IN THE UNITED STATES: 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#")
 - (14) A Form I-94 (Arrival-Departure Record)
4. OFFICIAL TRANSCRIPT. We require an official copy of your transcript documenting completion of a master's/doctorate degree in nursing or a post master's certificate in a nurse practitioner program. If you have a post master's and your master's/doctorate degree is from a different institution, we will need an official copy of your transcript documenting the master's/doctorate degree as well. Transcripts must be submitted directly from the institution where you completed your advanced course of study. The institution may charge a fee for this service.
5. NATIONAL CERTIFICATION. Verification of having passed a national credentialing examination and verification of current national certification must be submitted from the national certifying organization. If you are a new graduate, please make arrangements for the examination results to be sent to our office directly from the national certifying organization.
6. 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.

7. ACTIVE PROFESSIONAL LIABILITY INSURANCE. Attest that you have current Professional Liability Insurance or Attest that you have a binding agreement that Professional Liability Insurance will be effective on the day that you are licensed. (on the application).
8. ADVANCE PRACTICE LICENSURE VERIFICATION. If you are currently licensed as a Nurse Practitioner in another state, advance practice licensure from the original state of licensure must be verified. Please submit the Advanced Practice Licensure Verification form (enclosed) to your original state of advanced practice licensure. They may charge you a fee.

**** **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. The NURSIS verification would verify most RN/LPN Licenses.

9. COMPLETED CRIMINAL BACKGROUND CHECK BY FINGERPRINT (instructions enclosed). It may be several weeks before your background check is complete and received by our department. **NOTE:** We cannot send your fingerprint card(s) to the State Patrol to get the process started before your application arrives.

Temporary Permits. A temporary permit, as part of the licensure process, may be issued to:

1. Graduates, for 60 days or until the results of the examination are known, who have not previously taken an approved credentialing examination and who meet all of the requirements for licensure as an APRN except having passed an approved examination.
2. Applicants, for 120 days, who are lawfully authorized to practice in an advanced role in another state pending completion of the application process; or
3. Applicants for purposes of completing the clinical portion of a reentry program.

To apply for a temporary permit as a new graduate, you must submit the following:

1. Application for licensure
2. Application fee (this fee also covers the permanent license)
3. Proof of Age
4. Provide proof of lawful presence in the United States
5. An Official Transcript from an approved advanced practice program
6. Verification that you are authorized to take the certification examination (a notarized copy of your authorization will meet this requirement)
7. Verification of an active RN license. If active RN licensure is in Nebraska, no action is required to meet this requirement. 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.
8. Completed criminal background check by fingerprint

To apply for a temporary permit if you have current advanced practice licensure/recognition in another state, you must submit the following:

1. Application for advanced practice licensure
2. Application fee (this fee also covers the permanent license)
3. Proof of Age
4. Provide proof of lawful presence in the United States
5. A notarized copy of active advanced practice licensure/recognition in another state
6. A notarized copy of proof of current national certification
7. Verification of an active RN license. If active RN licensure is in Nebraska, no action is required to meet this requirement. 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.
8. Criminal background check by fingerprint that is currently being processed by the State Patrol

To apply for a temporary permit if you have not graduated or practiced 2080 hours within the past five years and need to complete a reentry program, you must submit:

1. Application for licensure
2. Application fee (this fee also covers the permanent license)
3. Proof of Age
4. Provide proof of lawful presence in the United States
5. An official transcript from an approved advanced practice program
6. Verification of board approval for your reentry program from the APRN Board
7. Verification of an active RN license. If active RN licensure is in Nebraska, no action is required to meet this requirement. 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.
8. Completed criminal background check by fingerprint

APPLICATION COMPLETION REMINDERS

- Have you completed your application?
- Have you submitted proof of age and proof of lawful presence in the United States?
- Have you submitted the required fee?
- Have you requested an official transcript(s)?
- Have you requested verification from your national certification program?
- Have you submitted the appropriate requirements for a temporary permit if you are requesting one?
- Have you had your fingerprints submitted according to the instructions enclosed?

If after carefully reading these instructions you have questions regarding this process, or need assistance in completing the procedure, please call (402) 471-2666.

Determine the month and year in which you plan to be licensed in Nebraska (keeping in mind application processing can take 8-10 weeks). If the month falls in the shaded area of the following chart, the fee for initial licensure is **\$68.00**. If the month falls in the unshaded area, the fee for initial licensure is **\$25.00** (license is issued within 180 days of the renewal). Make checks payable to "DHHS, Licensure Unit".

FEE SCHEDULE

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Year	68.00	68.00	68.00	68.00	25.00	25.00	25.00	25.00	25.00	25.00	68.00	68.00
Odd Year	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00	68.00

EXPIRATION OF LICENSES:

All APRN-NP licenses expire on October 31 of each even-numbered year.

This means that your nursing license may be valid for varying lengths of time, anywhere from 1 day to 24 months, depending on when it is issued, and must be renewed on or before October 31.

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.

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

Mail this application, the appropriate fee and required supporting documentation to the address below. All supporting documentation from outside sources should also be mailed to this address:

**Department of Health & Human Services, Division of Public Health, Licensure Unit
P.O. Box 94986, Lincoln Nebraska 68509-4986**

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.

EFFECTIVE JANUARY 1, 2017 THE FEE FOR BACKGROUND CHECKS IS \$45.25

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 (one "Controlled Substance License" one "Nursing"). 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 fee is **\$45.25** and may be paid by a personal check, money order, or cashier's check made payable to the Nebraska State Patrol. **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 Street STE A, Lincoln NE 68521.**

New payment method available 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" or "Nursing" depending on your profession (see #8). 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.

EFFECTIVE JANUARY 1, 2017 THE FEE FOR BACKGROUND CHECKS IS \$45.25

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
4441 S 108th ST
Omaha, NE 68137
Phone: 402-331-3333

Monday through Friday 8:00 a.m. to 4:30 p.m.
(no appointment necessary)

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 NURSE PRACTITIONER

DEPT. OF HEALTH AND HUMAN SERVICES

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

Do you want a Temporary Permit? YES NO _____ Date Needed.
(Please see requirements for issuance of a temporary permit.)

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>

NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.

1	Legal Name	First:	Middle:	Maiden Name:	Last Name:
	List any other names by which you have been known				
2	Mailing Address	Street/PO/Route:			
		City:	State or Country:	Zip:	

Additional information requested: (***This information is not displayed on the internet***)

3	Date of Birth (Month/Day/Year):	Place of Birth (City/State or Country):
4	Phone #:	Alternate Phone #: (optional)
5	E-Mail Address:	
6	Social Security Number (SSN):	

SECTION B – PRIMARY STATE OF RESIDENCE

 (All applicants must complete this section)

I declare that my current primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principal home for legal purposes and is my domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc. If you indicated another compact state as your primary state of residence, will you be moving to Nebraska and declaring Nebraska as your primary state of residence? YES NO If yes, date you plan to move _____.

If you have declared Nebraska as your primary state of residence, what date did Nebraska become your primary state of residence?

Are you a military/federal employee? YES NO

<http://dhhs.ne.gov/publichealth/licensure/Documents/APRNNPapp.pdf>

SECTION C – EDUCATION Please note: if you graduated after July 1996, (or July 2007 for the specialties of Women’s Health or Neonatal), you must have a Masters/Doctorate degree in nursing to be eligible for practice in Nebraska.

ADVANCED PRACTICE EDUCATIONAL PROGRAM	
Name of School:	
Location:	(city, state or country)
Date Completed:	Specialty:
Credential:	<input type="checkbox"/> Masters <input type="checkbox"/> Post Masters Certificate <input type="checkbox"/> Certificate <input type="checkbox"/> Doctorate
Do you have at least 30 academic contact hours of pharmacotherapeutics?(check one)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and Location of program granting Masters/Doctorate degree if different than advanced practice program:	
Name of School:	
Location:	(city, state or country)

SECTION D – 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.

Answer each of the following questions and complete the information requested. All ‘yes’ responses MUST be explained in detail and you must submit the requested documentation.

NOTE: 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://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you <u>ever</u> been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			
2	Do you currently have any charges pending which may result in a felony or misdemeanor conviction?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the questions above and have not previously submitted documentation, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;
- A CERTIFIED copy of the Court Record, which includes charges and disposition;
- 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;
- 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;
- A letter from the probation officer addressing probationary conditions and current status

Not submitting all pertinent documentation can significantly delay issuance of your license.

<http://dhhs.ne.gov/publichealth/licensure/Documents/APRNNPapp.pdf>

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

#	Question	Yes	No			
3	Do you hold or have you held a license that was issued by Nebraska, another State, or jurisdiction to provide health care services, health related services or environmental services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, where are you licensed <u>or</u> have been licensed?	What type of license do you hold <u>or</u> have held?	
4	Have any of the licenses listed above 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
5	Are there any disciplinary charges pending against any health profession license?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		
6	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

If you answered YES to #4, #5, or #6, you must request the following documents be sent directly to this office, unless the state is Nebraska:

- Certification of your license in each state that you hold or have held a license
- Official Documents from the State Board in which the disciplinary action was taken

SECTION E – LICENSE ELIGIBILITY INFORMATION. You must hold a current license as a Registered Nurse in Nebraska or hold a multi-state RN license from another compact state under the Nurse Compact Act.			
State:		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.

SECTION F – NATIONAL CERTIFICATION. You must have successfully passed or be scheduled to take a national certifying examination to qualify for licensure in Nebraska. Verification of current national certification, or authorization to test must be submitted from the national certifying organization.	
Name of Certifying Organization:	
Name of Examination:	
Date Scheduled/Year of Examination	
Certification No.	

<p>I have practiced a minimum of 2000 hours as a nurse practitioner.</p> <p>NOTE: If NO, you will need to submit a Transition to Practice Agreement before you can practice as an APRN-Nurse Practitioner.</p>	<p>YES _____ NO _____</p>
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<p>I have current Professional Liability Insurance <u>OR</u> I have a binding agreement that Professional Liability insurance will be effective on the date that I have been issued an APRN-Nurse Practitioner license.</p> <p>NOTE: You may be asked to provide documentation</p>	<p>YES _____ NO _____</p>
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<p>Have you completed the APRN-NP educational program within the previous five years, or have you practiced as an APRN-NP at least 2080 hours within the previous five years? If you answer NO to this question, you will need to submit a reentry plan to the APRN Board.</p>	<p>YES _____ NO _____</p>
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SECTION G – PRACTICE PRIOR TO LICENSURE
 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	<input type="checkbox"/> I have not practiced as an APRN-Nurse Practitioner in Nebraska without a license before submitting the application. <input type="checkbox"/> I have practiced as an APRN-Nurse Practitioner in Nebraska without a license prior to submitting the application.	
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	# of days:
		Name of Business:
		City:
		Telephone #:

SECTION H – CONTROLLED SUBSTANCES REGISTRATION. (Check one that applies.)

1	<input type="checkbox"/>	I have enclosed a photocopy of my current Federal Controlled Substances Registration.	
		Federal Controlled Substances Registration #:	Expiration Date:
2	<input type="checkbox"/>	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.	
3	<input type="checkbox"/>	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 I – 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 nor a qualified alien or nonimmigrant 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.

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.

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131, an applicant for an initial license to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Department of Health and Human Services (DHHS) with whom I am applying for licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for licensure.

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)

Nebraska Department of Health & Human Services System
Division of Public Health, Licensure Unit
PO Box 94986 Lincoln, NE 68509-4986
(402) 471-4376 or fax (402) 742-2360

Advance Practice Licensure verification: Please use this form to contact the state where you were originally licensed as a Nurse Practitioner for official verification of your license. **THIS FORM ONLY APPLIES TO APPLICANTS WHO ARE ALREADY LICENSED AS A NURSE PRACTITIONER IN ANOTHER STATE. THIS DOES NOT APPLY TO NEW GRADUATES.**

PART 1: Complete Part 1 of form and forward to the ORIGINAL board of licensure DO NOT SEND TO NEBRASKA ADVANCED PRACTICE REGISTERED NURSING BOARD

Name (Last, First, Middle, Maiden) _____ Previous Name (s) _____

Current Address _____ City, State, Zip _____

Date of Birth (mo/day/yr) _____ Social Security Number _____ APRN License # _____ Date Issued _____ State _____

Nursing Education Program Completed _____ Location (state) _____ Graduation Date _____

I hereby authorize _____ Board of Nursing to release my licensure data to the Nebraska APRN Board.

Signature _____ Date _____

PART 2: To be completed by ORIGINAL state of licensure and forwarded to NEBRASKA ADVANCED PRACTICE REGISTERED NURSING BOARD

This is to certify that the above named individual was issued license number _____ Date issued _____

To practice as: Nurse Practitioner Certified Registered Nurse Anesthetist

Certified Nurse Midwife Clinical Nurse Specialist

Current Licensure Status: Active Inactive Lapsed _____ Expiration Date _____

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation)?

If yes please explain _____

Signature _____

Title _____

seal

State _____ Date _____

Nebraska Department of Health & Human Services
Division of Public Health
Licensure Unit, PO Box 94986
Lincoln NE 68509-4986
(402) 471-2666 Fax (402) 742-2360

TRANSITION TO PRACTICE AGREEMENT

Nurse Practitioner Name _____ Phone (H) _____ (W) _____
Address _____ Nurse Practitioner License # _____
_____ Specialty _____
Supervising Provider Name _____ Phone _____
Address _____ License Type and # _____
_____ Specialty _____

The above named parties have developed this Transition to Practice Agreement and agree to the following: The Nurse Practitioner and supervising provider shall practice collaboratively within the framework of their respective scopes of practice; and

1. The Nurse Practitioner and supervising provider shall practice collaboratively within the framework of their respective scopes of practice; and
2. The Nurse Practitioner and supervising provider shall be responsible for his or her individual decisions in managing the health care of patients; and
3. The Nurse Practitioner and supervising provider shall have joint responsibility for patient care based upon the scope of practice of each practitioner; and
4. The supervising provider shall be responsible for supervision through ready availability for consultation and direction of the activities of the Nurse Practitioner within the Nurse Practitioner's defined scope of practice to ensure the quality of health care provided to patients.
5. The supervising provider and the Nurse Practitioner have a duty to notify the Department upon termination of this Agreement.

Nurse Practitioner

I _____ attest that I am the person referred to in this Transition to Practice Agreement as an Nurse Practitioner (NP) in the State of Nebraska; that the statements here in are true to the best of my knowledge and belief; and that I have read and understand the agreement.

Signature _____ Date _____
Nurse Practitioner

Supervising Provider

I _____ attest that I am the person referred to in this Transition to Practice Agreement as the supervising provider and that the statements herein are true to the best of my knowledge and belief; and that I have read and understand the agreement.

- I am a Nurse Practitioner who has completed 10,000 hours of practice as a Nurse Practitioner in Nebraska or another jurisdiction.
- I am a Physician licensed in the State of Nebraska.

Signature _____ Date _____
Supervising Provider

NOTE: It is your responsibility to notify the Department in writing when you have practiced 2,000 hours as a nurse practitioner.