Dear Requestor:

This letter is being sent to acknowledge receipt of your request for information on listings or mailing labels and to provide you the information that you will need in order for your request to be processed.

You may obtain lists in hardcopy, by electronic means, on diskettes (3 ½") or labels of all individuals who hold an active Nebraska license, certificate, or registration to practice the health professions and occupations, health facilities and services, and child care providers, as indicated on the enclosed fee schedule. While the individuals hold active Nebraska licenses/certificates, we do not maintain information concerning whether they are currently practicing, telephone numbers, e-mail addresses, or practice specialties. The information we maintain can be provided to you in the following formats:

LISTS: This information includes name, license number, mailing address, date of issuance, date of expiration, and Limitation or Probation start date if the license has these disciplinary conditions on it. You may request the list to be sorted in alphabetical or zip code order. This information can be delivered to you by hard copy, diskette, or by electronic means.

Diskettes are saved as text with headers, tab delimited, which is usable with spread sheet programs such as Excel and other types of programs. The information on the diskette may be compressed and when downloaded to your computer, it will automatically expand.

The electronic listing is the same as the diskette, and can be e-mailed to you.

LABELS: Mailing labels are available on pressure sensitive labels, three across, 30 per page or may be in strips.

TO ORDER: If you wish to request a listing or labels of any Health Professionals, Health Facilities or Services, or Child Care Providers, you must complete and submit the enclosed ORDER/INVOICE FORM together **with the correct fee**.

All listing and label requests will be processed and mailed to the requestor within ten working days of receipt of the completed ORDER/INVOICE FORM and **correct fee**. Listings are also available online on our website at www.dhhs.ne.gov/crl/orders.htm If you have any questions please contact the Administrative Staff at (402) 471-2115.

Sincerely,

Department of Health and Human Services
Division of Public Health
Licensure Unit

Enclosures: Fee Schedule
Order/Invoice Form

Nebraska Department of Health and Human Services

Division of Public Health
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986

ORDER/INVOICE FORM

Name and Street Address of Requestor:

_____

_____

_____

_____

Contact person: _____

Phone Number: _____

E-Mail Address:

_____

Indicate the type of list (hard copy, diskette or electronic) or labels you are requesting:

Health Professionals or Occupation	**Health Facilities or Services**	**Early Childhood Programs**
☐ Hardcopy*	☐ Hardcopy*	☐ Hardcopy*
☐ Diskette	☐ Diskette	☐ Diskette
☐ Electronic	☐ Electronic	☐ Electronic
☐ Mailing Labels	☐ Mailing Labels	☐ Mailing Labels
List below Health Professionals or Occupation requested, as indicated on the fee schedule.	List below Health Facilities or Services requested, as indicated on the fee schedule.	List below Early Childhood Programs requested, as indicated on the fee schedule.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Select the order in which you want the hard copy sorted**

☐ Alphabetical ☐ Zip Code

Labels are sorted by Zip Code Only.
E-mail or diskette orders can be sorted as needed on your computer

Select correct amount from the enclosed fee schedule.

Amount Enclosed: $_____
Make check payable to **Licensure Unit**:

_____.

FOR OFFICE USE ONLY
COST OF ORDER:_____

DATE PAYMENT RECEIVED:_____

DATE List/Label/Diskette MAILED:_____

December 28, 2007