

Emergency Care Provider Application

Complete and return this application and all supporting documentation to one of the following:

Email (preferred method):
DHHS.EMSLicensing@nebraska.gov

Fax: (402) 742-2322

Department of Health and Human Services
 Office of Emergency Health Systems
 PO Box 95026
 Lincoln, Nebraska 68509-5026

SECTION A – APPLICATION TYPE:			
	Initial Application as an Emergency Care Provider <i>NOTE: Fingerprints are required to be eligible for an EMT, AEMT or Paramedic license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Office of Emergency Health Systems has received your EMT, AEMT, or Paramedic license application. This requirement does not apply to EMR license applications.</i>		
	Temporary Licensure as an Emergency Care Provider (not common) Attachment B Required		
	Reinstatement of Licensure from expired, inactive status, voluntary surrender NOT related to disciplinary action. <i>NOTE: Reinstatement fee of \$35.00, check or money order, is required before application will be processed. EMT, AEMT, and Paramedic are not eligible for reinstatement if expired for more than three years. EMR is not eligible for reinstatement if expired for more than five years.</i>		
SECTION B – LICENSE TYPE: Select the level of licensure for which you are applying.			
	Emergency Medical Responder		Emergency Medical Technician
	Advanced Emergency Medical Technician		Paramedic
	Check here if your spouse is an active duty member of the U.S. Armed Forces Stationed in Nebraska		
SECTION C – PERSONAL INFORMATION:			
Information in this section is public information and can be viewed at dhhs.ne.gov/lookup			
Legal First Name:		Middle/MI:	
Legal Last Name:		Maiden Name:	
Other Names you are known by (AKA):			
Current Address:	Street/Box/Route:		
	City:	State:	Zip:
This section is NOT public information			
Date of Birth:		Place of Birth:	
Primary Phone Number:		E-Mail Address:	
<i>If you have a SSN and an A#, 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.</i>			
Social Security Number:		Alien Registration Number:	
SECTION D – U.S. CITIZEN/LAWFUL PRESENCE:			
Applicant MUST submit a copy of one of the following for:			
U.S. Citizen:			
<ul style="list-style-type: none"> • Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S bearing official seal • U.S. Passport (unexpired or expired) • Certificate of Naturalization • Other legal documents that show U.S. citizenship • Driver's License and Social Security Card is NOT acceptable 			
Not a U.S. Citizen (current immigration status):			
<ul style="list-style-type: none"> • Green Card (Permanent Resident Card) Form I-551(front and back copy of card) • Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with valid unexpired U.S. Visa 			

- **Employment Authorization Card AND one of the following:**
 - *Approved deferred action status (DACA)*
 - *Pending U.S. asylum application*
 - *Pending or approved application for temporary protected status in the U.S.*
 - *Pending application for adjustment of status to that of alien lawfully admitted for permanent residence in the U.S. or conditional permanent resident status in the U.S.*
 - *Other document showing current immigration status*

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

SECTION E – OTHER LICENSURE OR CERTIFICATION

Are you now, or have you ever been licensed or certified to provide health services, health-related services, or environmental services in Nebraska?	Yes	No
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Are you now, or have you ever been licensed or certified to provide health services, health-related services, or environmental services in another jurisdiction or state?	Yes	No
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If you have been licensed or certified in another jurisdiction or state, provide the following information:

NOTE: If there are multiple states please add additional pages as needed.

Jurisdiction/State:	Credential Number:	Type of Credential:	Issue Date:	Expiration Date:

Certification of all credentials held is required. (See Attachment A)

Have you practiced as an out-of-hospital emergency care provider within the three years preceding this application?	Yes	No
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IF YES, provide the following information:

Name of Service or Employer:	Address:	Start Date:	End Date:

Has any disciplinary action ever been taken against any license/certificate to provide health services, health-related services, or environmental services that you hold now or have held in the past by any licensing agency, or is any currently pending?	Yes	No
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IF YES, list the action(s) and **provide a copy of the record(s)**, including charges and disposition.

Have you ever been denied a credential?	Yes	No
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IF YES, provide an explanation of the basis for the denial.

Have you ever been denied the right to take an examination?	Yes	No
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IF YES, provide an explanation of the basis for the denial.

SECTION F – CONVICTION INFORMATION

Please note that failure to disclose any conviction or disciplinary action, regardless of when it occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

For reinstatement applicants, list convictions in any jurisdiction since your license was last renewed or issued (whenever is later).

Applicant **MUST** provide the following documentation for each conviction:

- A **copy of the court record**, which includes charges and disposition. If a record is no longer available, provide a signed statement from the court to that effect. A printout from JUSTICE does not fulfill our requirements;
- A **letter of explanation** from you detailing the events leading to the conviction (what, when, where, and 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 your probation officer** addressing probationary conditions and current status, if you are currently on probation; and
- Additional information may be requested by the Department after initial review of your application.

Have you ever been convicted of a misdemeanor or a felony?	Yes	No
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IF YES, provide the following information:

NOTE: If there are multiple convictions please add additional pages as needed.

Crime:	Date of Conviction:	Name and Location of Court:

SECTION G – PRACTICE PRIOR TO LICENSURE

An individual who practices prior to issuance of a license is subject to assessment of an administrative penalty in the amount of \$10.00 per day, not to exceed a total of \$1,000 as provided in 38-1,116(1) or such other action as provided in the statutes and regulations governing the licensure.

Have you actively practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which you are applying prior to submitting this application?	Yes	No
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IF YES, provide the name(s) and location(s) of practice and the number of days that you practiced there.

Name:	Location:	Number of Days:

SECTION H – Training

Have you completed a course for the level of licensure for which you are applying?	Yes	No
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IF YES, provide the following information:

Training Agency Name:	If other, specify:

Course Completion Date:

Proof of Training/Education is required.

Applicant MUST submit the following:

- For all applicants, copy of the front and back of your current**, signed (if applicable) Cardiopulmonary Resuscitation Certification (CPR Card). Your CPR Card must be issued by one of the EMS Approved Organizations.
- For **Temporary License** applicants, **a copy of your official course completion certification** completed within 24 months prior to submission of this application.
- **For Reinstatement applicants:**
 - A **copy of your current National Registry Certification** at the level of licensure for which you are applying for reinstatement, **OR**

- A **copy of your refresher course completion** certificate completed within 24 months prior that meets the National Continued Competency Program requirements for the level of licensure for which you are applying for reinstatement.

Military: Did you complete education, training, or service that you believe is substantially similar to the training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state?

Yes No **If yes, MUST include evidence with this Application**

SECTION I – National Registry Information

Initial License applicants must submit a copy of your National Registry Card at the level for which you are applying.

A Temporary License applicant is not eligible if you have failed at least one licensing examination.

National Registry Written Examination	State Where Taken:	Date Taken:
National Registry Practical Examination	State Where Taken:	Date Taken:

SECTION J – Attestation

Subsection 1 – For the purposes of Neb. Rev. Stat. §4-108 through 4-114 and 38-129, (*check **ONE** of the boxes below*):

I attest that I am:

- I am a citizen of the United States.
- I am NOT a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am NOT a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

Subsection 2 – I further attest that:

- I have read the application, or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character; and
- I have not committed any act that would be grounds for denial under UCA 38-178.
If you have committed any act(s), you must provide an explanation of all such act(s).

REMINDER: *Applications are not complete until all supporting documentation is received. Ensure you have included the appropriate copies of documents requested in Sections D, E, F, H, and I. Failure to do so will delay your license from being processed and issued.*

Print Name: _____

Signature: _____ Date: _____

The Department:

- May request additional information as needed;
- Requires 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.

State of Nebraska
 Department of Health and Human Services
 Office of Emergency Health Systems
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 Fax: (402) 742-2322 or Email: DHHS.EMSLicensing@nebraska.gov

SECTION A – To Be Completed By The Applicant If Licensed In Another State Or Jurisdiction.
 Please complete this section and send it to each agency outside of Nebraska that issued you a license or certification to provide health services, health-related services, or environmental services.

Name: _____
 Social Security Number: _____ Date of Birth: _____

SECTION B – To Be Completed and Submitted By The Issuing Agency.

Our records certify that the aforementioned individual was granted License/Certificate Number _____
 in the State/Jurisdiction of _____ to practice as a/an:
 Emergency Medical Responder Advanced Emergency Medical Technician
 Emergency Medical Technician Paramedic Other _____
 Issuance Date: _____ Expiration Date: _____

Has this individual's certification/license ever been:

Suspended:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	
Revoked:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	
Other disciplinary action:	Yes	No	IF YES , explain:
	<input type="checkbox"/>	<input type="checkbox"/>	

Name and Title: _____
 Licensing Agency: _____
 Address: _____
 City/State/Zip: _____
 Signature: _____ Date: _____

State of Nebraska
 Department of Health and Human Services
 Office of Emergency Health Systems
 PO Box 95026 – Lincoln, Nebraska 68509-5026
 Fax: (402) 742-2322 or Email: DHHS.EMSLicensing@nebraska.gov

Documentation of Supervision – TEMPORARY LICENSE ONLY			
Must be completed for every EMS Service the applicant works or volunteers.			
Name of Service:		Nebraska Service License #:	
By printing and signing my name below, I acknowledge that I am the Service Captain/Supervisor responsible for documenting the supervision and training of this temporary licensee for the above named service.			
Printed Name:		EMS Provider License #:	
Signature:		Date:	

NEBRASKA STATE PATROL INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

FINGERPRINTS ARE REQUIRED TO BE ELIGIBLE FOR LICENSURE IN NEBRASKA.

Please read and follow these instructions carefully to avoid delays in processing.

*If you have recently obtained a criminal background check for another state or reason, you **MUST** obtain a new criminal background check for your current application process.*

Completing the Fingerprint Card:

1. **Fingerprint Cards:** Fingerprint cards are available at any State Patrol office or law enforcement agency in NEBRASKA. If you live in another state, contact your local law enforcement agency.
2. **DO NOT FOLD THE FINGERPRINT CARDS.**
3. **Information to be completed on the Fingerprint Card:**
 - a. Print your full name, address with zip code, *Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**
 - b. *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.
 - c. In the box labeled "Reason Fingerprinted" PRINT '**EMS-131**'.
 - d. Each license applied for requires and individual background check.
 - e. Please provide two completed fingerprint cards.

Fingerprinting Process:

There are two (2) ways to capture your fingerprints:

- **Live Scan:** Live Scan is available at all Nebraska State Patrol locations listed below and the fingerprints are captured electronically. The Nebraska State Patrol is not able accept electronic submission of Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, please request that your fingerprints be printed out onto cards and mail them to the address listed below. All in-state Livescan is electronically submitted to Nebraska State Patrol.
- **Ink:** Applicants outside of Nebraska or at an office other than the below listed State Patrol offices may submit traditional ink fingerprint cards. Please provide two completed cards.

Nebraska State Patrol Locations to obtain Livescan fingerprint services

Nebraska State Patrol now offers online calendar scheduling. To schedule a fingerprint appointment, view troop area locations, hours of operation and contact details, please visit the Nebraska State Patrol website at <https://statepatrol.nebraska.gov/services/fingerprinting>.

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or other states may charge a fee.

There is a **\$45.25 fee** for the FBI for a nationwide criminal background check. Payment will need to be done online through [PAYPORT](#) by credit card, debit card or e-check. Failure to make payment will delay processing of background check and your EMS application.

For questions regarding your fingerprint appointment or general assistance, please contact any troop area office.

Troop A Omaha	Troop B Norfolk	Troop C Grand Island	Troop D North Platte	Troop E Scottsbluff	Troop H Lincoln
402-331-3333	402-370-3456	308-385-6000	308-535-6604	308-632-1211	402-479-4971

Photo ID:

Take one form of photo ID to your fingerprint appointment. Acceptable forms of ID include a driver's license, visa, passport or other legal photo document showing that you are legal in the U.S.

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

Nebraska State Patrol
Criminal Identification Division (CID)
4600 Innovation Drive
Lincoln NE 68521

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.