

**RENEWAL APPLICATION
 APRN-Nurse Practitioner**

Per Executive Order 20-10, license renewal is being deferred for APRN licenses. You may continue to defer renewal until the COVID-19 State of Emergency is lifted, or you may choose to renew now. The fastest way to renew is online at www.ne.gov/renew. **To renew by mail, complete this application and mail it to the address above with a check or money order for \$68. If you are not a U.S. citizen, include proof of legal status.**

A. Check Requested Status

- Active** **\$68** **Make check or money order payable to DHHS-Licensure Unit**
- Active-Military** No Fee To be eligible for Active-Military status, you must have served for 30 consecutive days on full-time active duty or approved leave since 11/01/16. Military service is defined as full-time duty in the active military of the United States, a National Guard call to active service for more than 30 consecutive days, or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. You may be required to submit a copy of your military orders to the DHHS Licensure Unit. There is no fee or continuing education requirement for Active-Military status.
- Inactive** No Fee If you choose Inactive status, you cannot practice nursing in Nebraska but you may represent yourself as having an inactive license. To change from Inactive to Active status, you must complete a reinstatement application and meet the reinstatement requirements that are in effect at the time the status change is requested

B. Personal Information

APRN-NP License #			
Legal Name	First	Middle	Last
Address <input type="checkbox"/> Check if this is a new address	Street Address/PO Box		
	City	State	Zip
Social Security Number:			
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 as well as to the Nebraska Department of Revenue, Department of Labor and for other administrative purposes			
If you are not a U.S. Citizen provide your:	Alien #	I-94 #	
NAME CHANGES: If your name has changed, you must submit a photocopy of marriage certificate, court order, etc., to provide proof of legal name. If not submitted, the license will be renewed in the name currently listed on your license.			

C. Registered Nurse Licensure

Do you currently hold an active Registered Nurse license in Nebraska or an active multistate RN license in your primary state of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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D. Convictions and Discipline

1	Were you convicted of a misdemeanor or felony in any state/jurisdiction after 10/31/2018? If you answer YES to this question, you must submit the following documents to the Licensure Unit: <ul style="list-style-type: none"> • A list of all misdemeanor or felony convictions; • An explanation of the events leading to each conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions • If a conviction occurred in a state other than Nebraska, a copy of the court record, including charges and disposition; • If you are currently on probation, a letter from your probation officer addressing probationary conditions and current status. For drug and alcohol-related convictions, you may submit evaluation and discharge summaries if drug or alcohol treatment was obtained. Evaluation and discharge summaries may be submitted by the provider directly to the Department.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a	Have you held a credential that was issued by another state/jurisdiction(s) to provide health-related services or environmental services? (If you answer "no" to 2a, answer "no" to 2b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b	Has this license been denied, refused renewal, or disciplined since 10/31/2018? If "YES", provide a list of any disciplinary actions taken against your license and a copy of the disciplinary action(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. Continuing Competency – Do NOT submit continuing education certificates to this office unless they are requested.

To renew as **active**, you **MUST** meet one of the continuing competency categories or waivers listed below. (This section is not required if you are requesting inactive status.) **Check one of the following:**

<input type="checkbox"/>	I was first licensed as an APRN-NP in Nebraska after 10/31/2018.
<input type="checkbox"/>	I hold current, national certification as a Nurse Practitioner, AND I have practiced as a Nurse Practitioner for 2080 hours since 11/01/2015, AND I EITHER do not prescribe controlled substances OR I have completed 3 hours of continuing education since 11/01/2018 on the prescribing of opiates, including at least one-half hour on the prescription drug monitoring program. .
<input type="checkbox"/>	I am selecting Active-Military status and am requesting a waiver of the continuing competency requirement.
<input type="checkbox"/>	I was not able to complete my continuing competency requirement due to circumstances beyond my control.

F. Attestation

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129, **I attest that:** (Check only **ONE** box below)

- I am a citizen of the United States.

OR

- 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 U.S., 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, etc.

I further attest that:

1. I have read the renewal application or have had the renewal application read to me; and
2. All statements on this renewal application are true and complete.

Print Name: _____

Signature: _____ **Date:** _____

Phone/Fax (Optional): _____ E-mail (Optional): _____

IF YOU ARE NOT A U.S. CITIZEN: Submit proof of lawful presence with this renewal form. Examples of acceptable documents include a copy of your permanent resident card (front and back), current I-94, or copy EAD card with one additional document from a government agency that indicates your current status.

NOTE: If you have any criminal charges or license disciplinary actions pending that result in a misdemeanor or felony conviction or license discipline, you must report these to the Investigative Unit within 30 days of the conviction/action (Neb. Rev. Stat. 38-1,125). Failure to disclose any such convictions/license discipline could result in disciplinary action. Report to <https://phcmplnt-dhhs.ne.gov/SelfComplaint>.

Disaster Response Volunteers Needed: In an emergency event, your skills and abilities could be in great demand. The State of Nebraska Medical and Health Volunteer registry allows you to register as a healthcare volunteer before disaster strikes. This secure system allows disaster response officials to quickly identify those healthcare professionals necessary to meet the needs of a disaster or emergency situation. Your professional skills can then best be put to use in a coordinated and efficient manner, while granting you additional legal protection under the Nebraska Emergency Management Act (see Neb. Rev. Statute 81-829.36).

Registration only takes a moment and does not obligate you to respond to any future disasters; instead, registration allows you to be contacted for your availability during a local, state, or national emergency. Saving lives in an effective response to an emergency or disaster often depends on quickly identifying and contacting volunteer healthcare professionals such as yourself who have the specific skills necessary to care for people who are injured or ill. Please take a moment to register at <https://volunteers.ne.gov/ESAR-VHP/faces/jsp/login.jsp>