NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-4376 Fax (402) 742-1163
dhhs.nursingrenewals@nebraska.gov

RENEWAL APPLICATION
APRN-Nurse Practitioner
Expires October 31, 2026

The fastest way to renew is online at dhhs.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. Must be postmarked by 10/31/2026. If you practice after the expiration date, an administrative penalty of $10 per day up to $1,000 will be assessed for each day of practice.

A. Check Requested Status

☐	**Active**	**$68**	**Make check or money order payable to DHHS-Licensure Unit**
☐	Active-Military	No Fee	You must have served for 30 consecutive days on full-time active duty or approved leave since 11/01/2024. 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 NOAA. 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.(Check with your military credentialing office to determine if this status is allowed.)
☐	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	Street Address/PO Box		
☐ Check if this is a new address	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. This application is for APRN renewal only. You must also renew your Nebraska RN license or maintain an active multistate RN license in your home state.

Do you currently hold an active Registered Nurse license in Nebraska or an active multistate RN license in your primary state of residence?	☐ **Yes** ☐ **No**

D. Convictions and Discipline

1	**Were you convicted of a misdemeanor or felony in any state/jurisdiction after 10/31/2024?** If you answer **YES** to this question, you must submit the following documents to the Licensure Unit: • 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.	☐ **Yes** ☐ **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)	☐ **Yes** ☐ **No**
2b	**Has this license been denied, refused renewal, or disciplined since 10/31/2024?** If "YES", provide a list of any disciplinary actions taken against your license and a copy of the disciplinary action(s).	☐ **Yes** ☐ **No**

E. Continuing Competency - Select One Option Below.

☐ I hold current, national certification as a nurse practitioner, AND I have practiced as a nurse practitioner for 2080 hours since 11/01/2021, AND I EITHER do not prescribe controlled substances OR I have completed 3 hours of continuing education since 11/01/2024 on the prescribing of opiates, including at least one-half hour on the prescription drug monitoring program.

☐ I hold current, national certification as a Nurse Practitioner, AND I graduated from a Nurse Practitioner program after 10/31/2021, AND I EITHER do not prescribe controlled substances OR I have completed 3 hours of continuing education since 11/01/2024 on the prescribing of opiates, including at least one-half hour on the prescription drug monitoring program

☐ I was first licensed as an APRN-NP in Nebraska after 10/31/2024.

☐ I am selecting Active-Military status and am requesting waiver of the continuing competency requirement.

☐ I could not complete my continuing competency requirement due to circumstances beyond my control. (Requires Department approval.)

F. Nursys e-Notify – Enrollment in Nursys e-Notify is a renewal requirement. If you do not already have an individual e-Notify account, go to www.nursys.com to create an individual nurse account and enroll.

Are you enrolled in Nursys e-Notify? ☐ **Yes** ☐ **No**

G. 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:

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

Print Name: _____

Signature: _____ **Date**: _____

Phone _____: E-mail:: _____

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.xhtml