

**APPLICATION FOR REINSTATEMENT OF  
APRN-CNM**

NAME : FEE: \$103.00  
ADDRESS :  
  
LICENSE NO:

**PROOF OF LAWFUL STATUS REQUIREMENT:**

If you are **NOT** a U.S. Citizen, **you must submit a copy of at least one of the following documents:**

- (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;
- (3) A document showing an Alien Registration Number ("A#") with visa status; or
- (4) A Form I-94 (Arrival-Departure Record) with visa status

**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](http://www.nursys.com). If your primary state of residence is a compact state and you have a multi-state RN license in that state and it is not covered by NURSISYS, please contact the state directly for Verification of Primary State (form enclosed). If your primary state of residence is a non-compact state, you must apply for RN licensure in Nebraska.

**ACTIVE NATIONAL CERTIFICATION.** You must submit documentation of current national certification/re-certification by an official record sent directly from the national certifying body.

**CONTINUED COMPETENCE.**

\_\_\_\_\_ I have practiced as an APRN-CNM for at least 850 hours within the last two years.

\_\_\_\_\_ I have practiced as an APRN-CNM for at least 2080 hours within the last five years.

\_\_\_\_\_ I have graduated from an approved nurse midwifery education program within the past two years.

\_\_\_\_\_ I have successfully completed within the last two years, or am currently enrolled in an approved reentry program, **or** I have passed an approved examination within the past two years and have completed the required supervised clinical practice. (You must have a temporary license to perform the clinical hours of a reentry program).

List all states in which you have ever been authorized to practice as a Nurse  
Midwife: \_\_\_\_\_

**If you answered yes to any of the questions below, please submit a letter of explanation and submit certified court records and disposition. Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.**

- Have you ever been denied a license/certificate to practice in another state or jurisdiction? Yes \_\_\_ No \_\_\_
- Are there any pending complaints or disciplinary action **OR** have disciplinary proceedings ever been instituted against any license/certification by a licensing agency? Yes \_\_\_ No \_\_\_
- Has your nursing license ever been disciplined for any reason? Yes \_\_\_ No \_\_\_
- Have you ever been convicted of or are there now any felony or misdemeanor prosecutions against you in any court?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**AFFIDAVIT OF PRACTICE/NON-PRACTICE**

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	_____ I <b>have not</b> practiced as an APRN-CNM without a license in Nebraska before submitting the application. (Except under the provisions of the Nurse License Compact) _____ I <b>have</b> practiced as an APRN-CNM without a license in Nebraska before submitting the application.	
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____ Name of Business: _____ City: _____ Telephone #: _____

**ATTESTATION**

**Lawful Presence in the United States Attestation:** For the purpose of complying with Neb. Rev. Stat. §§38-129 and 4-108 through 4-114, I attest as follows:

*Please check the appropriate box(s) below:*

- I am a citizen of the United States
- I am an alien lawfully admitted into the United State who is eligible for a credential under the Uniform Credentialing Act
- I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States

Check the appropriate box(s) and provide the information requested:	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	SSN# _____ A# _____ I-94 # _____
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If you have both a SSN and an A# or I-94 number, you must report both.

Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.

**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).

Your credential will **NOT** be reinstated 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.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**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 Neb. Rev. Stat. § 38-178 and/or 38-179.  
If you have committed any act(s), you must provide an explanation of all such act(s).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

