

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

TO: Requestor of Professional License Verification/Certification

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

SUBJECT: **FEE FOR VERIFICATION/CERTIFICATION REQUEST**

Mail this form to:
DHHS – Licensure Unit
PO Box 94986
Lincoln NE 68509-4986

There is a statutory fee for written verifications/certifications. There are two options available:

1. \$5.00 **Verification** which verifies the name, license number, license status (Active/Inactive), expiration date and initials of the person making the verification.
2. \$25.00 **Certification** which includes the name, license number, license status (Active/Inactive), expiration date, and whether there has been any disciplinary action taken against the license. This certification includes the DHHS, Licensure Unit Seal.

(IF THE VERIFICATION/CERTIFICATION IS GOING TO ANOTHER STATE BOARD, THIS IS THE ONE YOU NEED.)

Please complete the information below and return your request and this form with one of the above fees. Verification/certification requests are processed within 30 days of receipt of the fee.

If you do not need **written** verification/certification, you may call our office at 402/471-2115 and request a verbal verification/certification, including disciplinary action, at no charge. You can also access our licensing system at <http://www.nebraska.gov/LISSearch/search.cgi>

If you have any questions, please contact our office.

Identifying Information: Name of Credential Holder: _____

DOB: _____ **Profession:** _____ **License #** _____

Current mailing address: _____

Email Address: _____

Name on License to Verify/Certify: _____

Please send written verification/certification to:
