

Application Information for Nebraska Dental License

LICENSE FEE: Use the chart below to determine your applicable licensing fee. The prorated fee is applicable if the Licensure Unit issues your license during those months. **Pay by check/money order (your cancelled check is your proof of receipt).**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$41.25	\$41.25	\$41.25	\$41.25
Odd	\$41.25	\$41.25	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license and temporary license fee **is waived, (this does not waive** the fee for criminal background checks):

- Young Worker:** You are between the ages of 18 and 25 (under the age of 26). Please note this waiver is based on when the license is issued not when you apply.
- Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
- Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

Application Section A – Personal Information (Provide copies of the following documents)

- US Citizenship/Lawful Presence**
U.S. Citizens, a PHOTOCOPY of one of the following:
 - ___ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted).
 - ___ U.S. Passport (unexpired or expired).
 - ___ Certificate of Naturalization.
 - ___ Other documents that show U.S. Citizenship.

A Driver’s License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND one of the following**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States
- Other document that shows current immigration status

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

2. According to the Uniform Credentialing Act of Nebraska §38-129(1) you must be at least 19 years old.

Application Section B – Conviction and Licensure Information (Provide copies of the following documents)

1. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none">• MIP/ Tobacco Use by Minor• DUI / DWI / Open Container• Controlled Substance• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault / Prostitution• Disorderly Conduct / Disorderly House• Fail to Appear in Court	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• False Information or Reporting• Reckless Driving / Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Park Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action.** Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/licensure/Pages/Complaints-and-Discipline-Index-Page.aspx> or by phone 402-471-0175.

2. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska**) our office may contact you and request that you contact that state and request a certification/verification of your license (**do not send a copy of your license**).

Application Section C – Fingerprints (Please review the instructions found on page 5 for completing this process.)

1. **Fingerprints:** You need to submit 2 full sets of fingerprints.
2. **Fingerprint Fee:** To process your fingerprints, **\$45.25 must be paid directly to the Nebraska State Patrol;** Pay on-line at: www.ne.gov/go/nsp or mail payment to the Nebraska State Patrol (addresses can be found on Page 4).

Application Section D – Controlled Substances Registration

1. **Controlled Substances Registration:** If you are going to be prescribing, administering or dispensing controlled substances in Nebraska, you are required to submit a copy of your Federal Controlled Substances Registration.

Application Section E - Education

1. **Transcripts:** An Official Transcript which shows your Dental degree and date of graduation (date degree was conferred). The transcripts must be submitted directly from your dental program via email (dhhs.medicaloffice@nebraska.gov) or regular mail or submitted with your application in a sealed envelope.

Application Section F – Examination Information

1. **Examination Information:** You are required to submit official score reports for your Joint Commission on National Board Dental Examinations and your practical examination. The score reports must be submitted directly from the testing agencies giving the examinations. **Please note that if you failed on two occasions you are required to complete a remedial course in clinical dentistry approved by the Board before the Department will consider the results of the third examination as valid.**

The Nebraska Board of Dentistry has determined that the following examinations will be accepted* for Dental license applications completed between November 1, 2022 through October 31, 2023 (A passing score for each examination is determined by the respective testing agency) (currently these examinations can be either patient-based or manikin):

- 2022-2023 Central Regional Dental Testing Service (CRDTS) Dental Examination
- 2022-2023 Commission on Dental Competency Assessments (CDCA) Dental Examination with either the CDCA Patient based Periodontal Examination or the CRDTS Patient based Periodontal Examination
- 2022-2023 Council of Interstate Testing Agencies (CITA) Dental Examination
- 2022-2023 Western Regional Examining Board (WREB) Dental Examination with CRDTS Prosthodontic Manikin or patient-based Examination or the WREB Prosthodontic Manikin or patient-based Examination or the CDCA Prosthodontic Manikin or patient-based Examination
- 2022-2023 Southern Regional Testing Agency (SRTA) Dental Examination with CRDTS Periodontal Examination
- 2022-2023 American Dental Examination (ADEX) with a manikin or patient-based periodontal examination (Passing Score is 75)

Note: The Department will retain a list of acceptable licensing examinations for 5 years as an administrative reference for applicants who do not apply for licensure during the same year the examination is completed. *Acceptable examinations will be updated by November 1st of each calendar year.

If you took the CDCA exam you will need to contact them and request that your scores be sent directly to this office. If you took a state exam, request that include in their certification of your license the requirements that you had to meet in order to receive a license in that state. You need to request that the scores for CRDTS be placed on the MASTER SCORE Sheet that is sent to our Department. Scores from the regional exams will be accepted for a period of five years from the date the exam was passed.

2. **Jurisprudence Examination Information:** Each Applicant is required to take the State jurisprudence examination at <https://www.proprofs.com/quiz-school/preview.php?title=nebraska-dental-dental-hygiene-jurisprudence-exam>

Application Section G – Practice Information (This section only needs to be completed by applicants that are applying by reciprocity)

1. **Practice Requirement for Reciprocity Applicants:** If you are applying for a dental license by reciprocity, you are required to provide proof that you have been actively engaged in the practice of dentistry for at least three (3) years with one (1) of those years being within the past three (3) years. Acceptable proof of active practice can include:
 - a) A copy of your W-2's;
 - b) A letter from your employer/practice partner on their letterhead stating the beginning and ending dates of employment and approximate number of hours worked per week.

Application Section H – PRACTICE PRIOR TO CREDENTIAL

All applicants must complete this section. An individual who practices prior to the issuance of a credential is subject to an 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 such credential.

Application Section I – Attestation

All applicants are required to complete this section.

OTHER INFORMATION:

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.

Application Review: All applications are reviewed in date order received. If a preliminary review shows that you are missing information, you will be contacted **by e-mail** within approximately 15 days.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to compete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

TIME FRAME FOR PROCESSING:

<u>Fingerprints:</u>	approximately 6-8 weeks
<u>License Decision:</u>	8-10 weeks from receipt of a completed application

Contact Information: Licensure Unit, 301 Centennial Mall South, PO Box 94986, Lincoln NE 68509-4986
Telephone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

PLEASE NOTE:

- **You are able to administer inhalation analgesia without an additional permit;**
- **If you will be administering minimal, moderate or general anesthesia/deep sedation, you are required to submit a separate application;**
- **If you will be administering minimal sedation at more than one location, then you will need to list all locations on one application and answer the questions regarding the facility for each location; and**
- **If you will be administering moderate or general anesthesia/deep sedation at more than one location, then you will need to submit an application and the required fee for each location. Each location will need to be inspected prior to being issued the permit.**

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a 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 Licensure Unit has received your application.

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

Even if you have recently obtained a criminal background check for another state or another license, you **MUST** obtain a new criminal background check for each license you are currently applying for in Nebraska.

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. You may also contact the Licensure Unit at 402/471-2118 and cards can be mailed to you.
2. **DO NOT FOLD THE FINGERPRINT CARDS. DO NOT SEND in photo copies. You MUST send in the original 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.**

**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.*
 - b. In the box labeled "Reason Fingerprinted" PRINT 'Controlled Substance'.

Photo ID:

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

FEE: \$45.25

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check: Pay \$45.25 by credit card at www.ne.gov/go/nsp.** This is an internet pay site through PayPort. You can pay by echeck (additional fee of \$1.75) or credit card (additional fee of \$.90).

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose "Controlled Substance". You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.
2. **Check or Money Order: Payment of \$45.25 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 4600 Innovation Drive, Lincoln NE 68521.****

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 in other states may charge a fee.

Fingerprinting Process:

There are 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 does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.
- **Ink and Paper Finger Prints:** Applicants outside of Nebraska or at an office other than the below listed State Patrol offices have traditional ink and paper fingerprinting.

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00a – 4:00p To schedule an appointment: https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday – Thursday 8:00 a.m. to 5:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Mondays and Fridays 8:30a – 12:30p and 2:00p – 4:30p Tuesdays 9:00a – 4p Wednesdays 8:30a – 4p Thursdays 8:30a – 4:30p Call to schedule an appointment.
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Monday – Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H Criminal Identification Division (CID) 4600 Innovation Drive Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00a – 4p To schedule an appointment: https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

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

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license to practice as a registered nurse or a licensed practical nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant’s federal report can be found at FBI.gov. To challenge an applicant’s Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131 - **Criminal background check; when required.** (1) An applicant for an initial license to practice as a registered nurse or a licensed practice nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Source: Laws 2005, LB 306, § 2; Laws 2005, LB 382, § 15; Laws 2006, LB 833, § 1; R.S.Supp 2006, § 71-104.01; Laws 2007, LB247, § 60; Laws 2007, LB463, § 31; Laws 2007, LB481, § 2; Laws 2011, LB687, § 1; Laws 2015, LB129. Effective Date: August 30, 2015

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/services/cjis/identity-history-summary-checks>

Division of Public Health /Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986

For Office Use Only	
BU # 25550143	Issue Date:
License #	

NEBRASKA Application for a Dental License

Check below how you will be applying for the license:

- EXAMINATION (taken a practical examination within the last 5 years)
 RECIPROCITY (proof of practicing for 3 yrs and 1 yr must be within the last 3 yrs) RECIPROCITY (NRS 38-129)

Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. **Check only ONE waiver:**

- Young Worker:** I am under 26 years old. *Please note this waiver is based on when the license is issued not when you apply.*
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

You must complete all sections of this application that apply to you.

SECTION A – PERSONAL INFORMATION				
1	You must provide your Legal Name below			
	First:	Middle:	Maiden Name:	Last Name:
	List any other names you are or have been Known As (AKA)			
2	Mailing Address:	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth (mm/dd/yy):	Place of Birth (City/State or Foreign COUNTRY):		
4	Phone #: (optional)*	Additional Phone #: (optional)*		
5	E-Mail Address: (optional)*			
	*phone number and e-mail are optional, but providing this information will speed up communication w/ you			
6	Check the appropriate box(es) and give the number requested. If you have both a SSN and an A# or I-94 number, you must report both.	<input type="checkbox"/> Social Security Number (SSN):		
		<input type="checkbox"/> Alien Registration Number ("A#"):		
		<input type="checkbox"/> Form I-94 Number:		
Nebraska Revised Statute 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.				

OFFICE USE ONLY

NDEN	Yes__	No__		NSP CBC	Yes__	No__		NPDB	Yes__	No__
AADE	Yes__	No__		FBI REC	Yes__	No__		BOARD	Yes__	No__

SECTION B – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

CONVICTION INFORMATION: You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred).

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides **SOME** examples of convictions; this is **NOT** a complete list

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska.

1	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	License Number
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION C – FINGERPRINTS (All applicants must complete this section)

1	I have had my fingerprints taken.	YES	NO
2	I have paid for my fingerprint processing.	YES	NO

SECTION D – CONTROLLED SUBSTANCES REGISTRATION (Check on of the following)		
I have enclosed a photocopy of my Federal Controlled Substances Registration (DEA Registration).	YES	NO
I am currently applying for a Federal Controlled Substances Registration (DEA Registration).	YES	NO
I do not have nor am I applying for a Federal Controlled Substances Registration (DEA Registration) and I will not be prescribing, administering or dispensing controlled substances in Nebraska. PLEASE NOTE: I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time, I am to supply a photocopy of the registration to the State of Nebraska.	YES	NO

SECTION E – EDUCATION			
Accredited College/School of Dentistry Attended:	Name:		
School Address:	City:	State:	
Date of Graduation:	Degree Received:		

SECTION F – EXAMINATION INFORMATION (All applicants must complete this section) Scores from the practical examinations will be accepted for a period of five years from the date the examination was passed.			
1	I have taken the National Board examination and have requested my scores be sent directly to the Department.	YES	NO
2	I have taken one of the following practical examinations:	<input type="checkbox"/> CRDTS (Licensure Unit can retrieve scores from testing agency website)	<input type="checkbox"/> CDCA (Licensure Unit can retrieve scores from testing agency website)
		<input type="checkbox"/> CITA (Licensure Unit can retrieve scores from testing agency website)	<input type="checkbox"/> WREB (applicant must request individual score report be sent directly to the Licensure Unit from the testing agency)
		<input type="checkbox"/> SRTA (applicant must request score report be sent directly to the Licensure Unit from the testing agency)	<input type="checkbox"/> ADEX (Licensure Unit can retrieve scores from testing agency website)
3	I have failed a practical examination on two occasions.	YES	NO
List what practical examinations, locations and dates that you failed on more than two occasions: Please note that if you failed on two occasions, you are required to complete a remedial course in clinical dentistry approved by the Board before the Licensure Unit will accept the results of the third examination.			
Examination		Location	Dates

SECTION G – PRACTICE INFORMATION (This section only needs to be completed by applicants that are applying by reciprocity). You must provide proof of practicing by submitting a copy of your W-2's or a letter from your employer or practice partner on their letterhead, stating the beginning and ending dates of employment and the approximate number of hours worked per week.

1	Have you submitted proof that you have been actively engaged in the practice of dentistry for at least three (3) years?	YES	NO
2	Have you submitted proof that one (1) of the years has been within the three (3) years immediately preceding the date of this application?	YES	NO

SECTION H – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section) An individual who practices prior to the issuance of a credential is subject to an 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 such credential.

1	<input type="checkbox"/> NO. I have not practiced dentistry in Nebraska without a license. <input type="checkbox"/> YES. I have practiced dentistry in Nebraska without a license.		
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	Number of days:	
Name of Business:			
City:			
Telephone #:			

SECTION I - ATTESTATION

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that:

- I am a citizen of the United States.
- OR**
- I am a qualified alien under the Federal Immigration and Nationality Act.
- I am a nonimmigrant lawfully present in the United States.
- Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

Application Attestation and Signature: I attest that:

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

Print Name: _____

Signature: _____

Date: _____

Contact Information:

Telephone: 402-471-2118
 Email: DHHS.medicaloffice@nebraska.gov

Mailing Address:

DHHS, Division of Public Health
 Licensure Unit – 1st Floor
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986

Physical Address:

DHHS, Division of Public Health
 Licensure Unit- 1st Floor
 301 Centennial Mall South,
 Lincoln, Nebraska 68508