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
Licensed Practical Nurse (LPN)
Expires October 31, 2025

Your renewal application and fee (if applicable) must be postmarked on or before 10-31-2025 to avoid expiration of your license. Mail to address above. 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. Online renewal is available at dhhs.ne.gov/renew.

A. Check Requested Status

☐	**Active**	**$123.00**	**Make check or money order payable to DHHS-Licensure Unit**
☐	Active-Military	No Fee	If you plan to use your NE LPN license to meet military licensing requirements, check with your credentialing office to determine if you can use this status. To be eligible for Active-Military status, you must have served for 30 consecutive days on full-time active duty or approved leave since 11/01/21. 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 in effect at that time.

B. Personal Information

LPN License #			
Legal Name	First	Middle	Last
Address ☐ 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, submit a copy of the marriage certificate, divorce decree, or court order that provides proof of legal name. If not submitted, the license will be renewed in the name currently listed on your license.			

C. Primary State of Residence. Nebraska is a member of the Nurse Licensure Compact. You must declare your primary state of residence during each renewal. Your primary state of residence is the state where you have legal residency status. Proof of legal residency can include a driver's license, voter registration card, or Military Form 2058.

My current primary state of residence is:_____ (name of state).

If you have moved from Nebraska to another state that belongs to the Compact, you must apply for a license in your new home state. Federal employees may be exempt from this requirement.

☐ I am employed exclusively in the US Military or with the US Federal Government.

D. Convictions and Discipline

1	**Were you convicted of a misdemeanor or felony in any state/jurisdiction since 11/01/2023?** If you answer **YES** to this question, you must submit the following documents to the Licensure Unit: • A list of any 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 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 11/01/2023?** If "YES", provide a list of disciplinary actions taken against your license and a copy of the disciplinary action(s).	☐ **Yes** ☐ **No**

E. Enrollment in Nursys e-Notify is now a renewal requirement. Instructions for enrolling can be found after the survey questions.

Have you registered with Nursy e-Notify?	☐ **Yes** ☐ **No**

F. **Continuing Competency –**To renew with <u>active</u> status you must meet one of the continuing competency categories or waivers listed below. (Skip this section if you are requesting inactive status.) Do <u>not</u> submit continuing education certificates with this application **Check one of the following:**

☐	I was first licensed as an LPN in Nebraska after **10/31/2023**. (Continuing education is not required.)
☐	I have graduated from a nursing program after **10/31/2020** AND have completed 20 hours of continuing education from an approved provider in the past 2 years (**11/01/2023 to 10/31/2025**).
☐	I have practiced nursing for at least 500 hours in the last five years **(11/01/2020 to 10/31/2025)** AND completed 20 hours of continuing education from an approved provider in the last two years **(11/01/2023 to 10/31/2025).**
☐	I have completed a board-approved refresher course within the last 5 years **(11/01/2020 to 10/31/2025)**.
☐	I have obtained/maintained current certification in a nursing specialty granted by a nationally recognized certifying organization.
☐	I have developed and maintained a portfolio that includes my goals as a nursing licensee for current continuing competency goals and evidence/verification of professional activities to meet those goals.
☐	I selected Active-Military status and am requesting a waiver of the continuing competency requirement

G. <u>Attestation</u>

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.

☐ I am <u>not</u> 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, employment visa, etc.

☐ I am <u>not</u> 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: _____ E-mail: _____

If you are <u>not</u> a U.S. citizen: Submit evidence of lawful presence with this application. Examples of acceptable documents include a copy of your permanent resident card (front and back), Form I-94, OR an unexpired Employment Authorization Document (EAD) and one other document from a government agency verifying your status.

<u>NOTE:</u> 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://dhhs.ne.gov/Pages/Investigations.aspx

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 <u>not</u> 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. Please take a moment to register at: https://volunteers.ne.gov/ESAR-VHP/faces/jsp/login.jsp

Practical Nursing Workforce Survey 2025

1. What is your license #? _____

2. What is your race?

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other_____

2a. Hispanic origin or descent?

☐ Yes ☐ No

2b. If you speak another language other than English, please indicate.

☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Arabic

☐ Native American Language ☐ Other ☐ None

3. What is your primary state of residence?

_____

4. List all states in which you hold an active single-state license to practice as an LPN:

_____

5. List all states in which you are currently practicing:

_____

6. Where was the location of the basic nursing education program that prepared you to take the LPN licensing examination?

☐ Nebraska ☐ Iowa ☐ Kansas ☐ Missouri

☐ South Dakota ☐ Wyoming ☐ Colorado

☐ Other State or US territory ☐ Foreign country

7. Which nursing education programs have you completed? (Mark all that apply)

- ☐ Practical Nursing Program Diploma
- ☐ Vocational/Practical Nursing Certificate

8. Are you currently enrolled in a nursing education program leading to a degree/certificate?

- ☐ Not currently enrolled
- ☐ Associate Degree Program
- ☐ Diploma Program
- ☐ Baccalaureate Degree Program
- ☐ Master's Degree Program
- ☐ Other

9. If you have a non-nursing degree(s), did you earn this degree <u>before</u> entering your basic nursing education program that prepared you for LPN licensure?

☐ Yes ☐ No

10. Which of the following best describes your current primary work situation? (Select one).

☐ **Actively employed in nursing:**

- ☐ Full-time
- ☐ Part-time
- ☐ Per diem

☐ **Actively employed in a field other than nursing:**

- ☐ Full-time
- ☐ Part-time
- ☐ Per diem

☐ **Working in nursing only as a volunteer**

☐ **Unemployed:**

- ☐ Seeking work as a nurse
- ☐ Not seeking work as a nurse

☐ **Retired**

11. If unemployed, please indicate the reasons:

- ☐ Disciplinary conditions
- ☐ Family
- ☐ Inadequate salary
- ☐ Difficulty in finding a nursing position
- ☐ Other
- ☐ Disabled
- ☐ Enrolled in education program
- ☐ Type of position for which I have experience/education is not available

12a. Do you volunteer as a nurse?

☐ Yes ☐ No

12b. If you volunteer, on average how many hours do you volunteer per month?

_____

Please answer questions 13 - 28 only if you are actively employed in nursing.

13. In how many positions are you currently employed as a nurse?

☐ 1 ☐ 2 ☐ 3 or more

14. What is the average number of hours worked during a typical week in nursing positions?

HOURS	

15. Please indicate the zip code, county and state of your PRIMARY EMPLOYER:

ZIP CODE				

_____ _____

County **State**

16. How many miles do you travel one way to get to work at your principal nursing employment?

☐ 0 – 5 miles ☐ 21 – 30 miles
☐ 6 – 10 miles ☐ 31 – 50 miles
☐ 11 – 20 miles ☐ > 50 miles

17. Do you utilize tele-health in your primary or secondary positions?

☐ Yes ☐ No

18. If yes, when utilizing tele-health, are patients ever located in a different state?

☐ Yes ☐ No

19a. If you are a SALARIED employee or practice owner in your PRIMARY nursing employment, what is your current annual salary?

☐ Less than $5,000
☐ 5,000 - $25,000
☐ More than $25,000 but less than $35,000
☐ At least $35,000 but less than $45,000
☐ At least $45,000 but less than $55,000
☐ At least $55,000 but less than $65,000
☐ At least $65,000, but less than $85,000
☐ At least $85,000, but less than $105,000
☐ $105,000 and more

19b. What is your average hourly wage for your primary nursing position?

_____

20. Which setting BEST describes your PRIMARY work/practice site?

☐ Ambulatory Surgical
☐ Assisted Living
☐ Birthing Center
☐ Clinic
☐ College Health
☐ Correctional/Prison Facility
☐ Developmental Disabilities
☐ Dialysis Center
☐ Emergency Dept.
☐ Federally Qualified Health Center (FQHC)
☐ Health Department
☐ Home Health
☐ Hospice/Palliative Care
☐ Hospital
☐ Insurance Claims/Benefits
☐ Industry/Sales/IT
☐ Military /DoD
☐ Nursing Home (SNF/NF)
☐ Occupational/Employee/ Workplace Health
☐ Policy/Planning/Regulatory/ Licensing Agency
☐ Psych-Mental Health
☐ Public Health
☐ Research
☐ Retail Clinic
☐ Rural Health Clinic
☐ School Health Service
☐ Substance Use/Addiction
☐ University/Academic
☐ Urgent Care
☐ VA Facility
☐ Volunteer Clinic
☐ Other_____

21. What do you like MOST about your primary nursing employment? (Select one)

- ☐ Autonomy
- ☐ Benefits (insurance, paid vacation, retirement, etc.)
- ☐ Location
- ☐ People with whom I work (co-workers)
- ☐ Work itself
- ☐ There is opportunity for advancement
- ☐ Hours/schedule
- ☐ People for whom I provide service (patients)
- ☐ Salary
- ☐ Other_____

22. What do you like LEAST about your primary nursing employment? (Select one)

- ☐ Lack of autonomy
- ☐ Benefits (insurance, paid vacation, retirement, etc.
- ☐ Location
- ☐ People with whom I work (co-workers)
- ☐ Work itself
- ☐ No opportunity to advance
- ☐ Hours/schedule
- ☐ People for whom I provide service (patients)
- ☐ Salary
- ☐ Nothing, there isn't anything I don't like
- ☐ Other_____

23. How likely are you to leave your principal employment in the next 12 months?

- ☐ Very unlikely
- ☐ Somewhat unlikely
- ☐ Somewhat likely
- ☐ Very likely

24. If very likely or somewhat likely that you will leave your principal employment in the next 12 months, what is the main reason? (Select one)

- ☐ Dissatisfaction with manager/people I work with
- ☐ Dissatisfaction with job
- ☐ Dissatisfaction with salary
- ☐ Family/personal
- ☐ Lack of autonomy
- ☐ Lack of opportunity for advancement
- ☐ Retirement
- ☐ Returning to school
- ☐ Obtaining RN license
- ☐ Other

25a. Have you felt physically unsafe in your current workplace in the last 6 months?

☐ Always ☐ Very often ☐ Sometimes ☐ Rarely ☐ Never

25c. Does your workplace have a system for reporting incivility/bullying?

☐ Yes ☐ No

25b. Do you have resources (i.e., equipment, staffing, training) to provide safe patient care?

☐ Yes ☐ No

25d. Rate your comfort level with reporting incivility/ bullying in your workplace:

☐ Always comfortable ☐ Very often comfortable ☐ Sometimes comfortable ☐ Rarely comfortable ☐ Never comfortable

26a. Have you experienced incivility/bullying in your workplace in the previous 6 months?

☐ Yes ☐ No

27. Are you a traveling nurse?

☐ Yes ☐ No

26b. Rate your ability to control incivility/bullying in your workplace:

- ☐ Always able to control
- ☐ Very often able to control
- ☐ Sometimes able to control
- ☐ Rarely able to control
- ☐ Never able to control

28. How satisfied are you with nursing as a career?

- ☐ Very Satisfied
- ☐ Somewhat Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

PLEASE REMEMBER TO ENTER YOUR LICENSE NUMBER ON PAGE 1.

THANK YOU FOR COMPLETING THE SURVEY!

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New Renewal Requirement!

Enroll in Nursys e-Notify

Legislative Bill 1215 (passed in 2024) requires all Nebraska-licensed nurses to enroll in Nursys e-Notify. **You cannot renew your license unless you are enrolled.**

Nursys is a centralized database operated by the National Council of State Boards of Nursing (NCSBN). Nursys offers primary source verification of nursing credentials and identification of potential issues related to fraudulent credentials or disciplinary actions.

By enrolling in Nursys e-Notify, you will be notified of upcoming renewals and any status changes to your nursing license. Enrolling in e-Notify also helps Nebraska obtain accurate and up to date workforce data so that we can better address nursing shortages.

Enrollment is a two-step process.

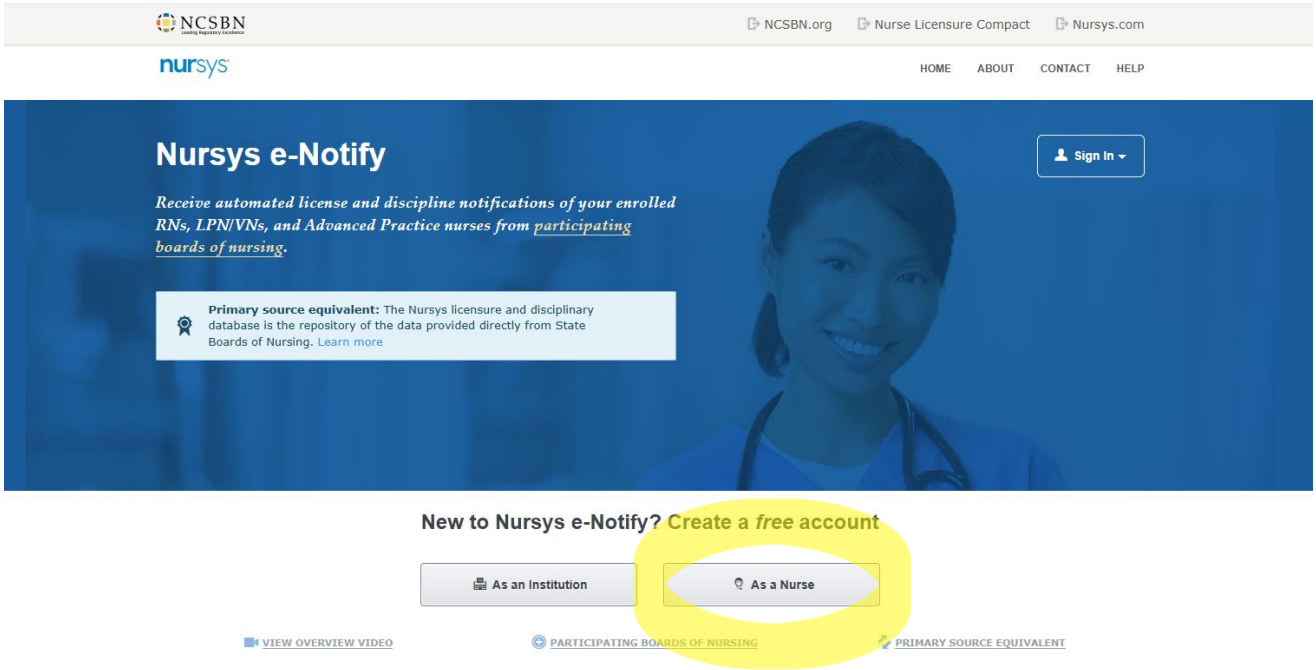
1. Begin by signing up for an account at nursys.com.
2. You will then receive an email with instructions for completing your enrollment.

Video: Watch a step-by-step video of the enrollment process at https://www.nursys.com/Help/HelpVideoPlayer.aspx?VID=EN#hdrNurses

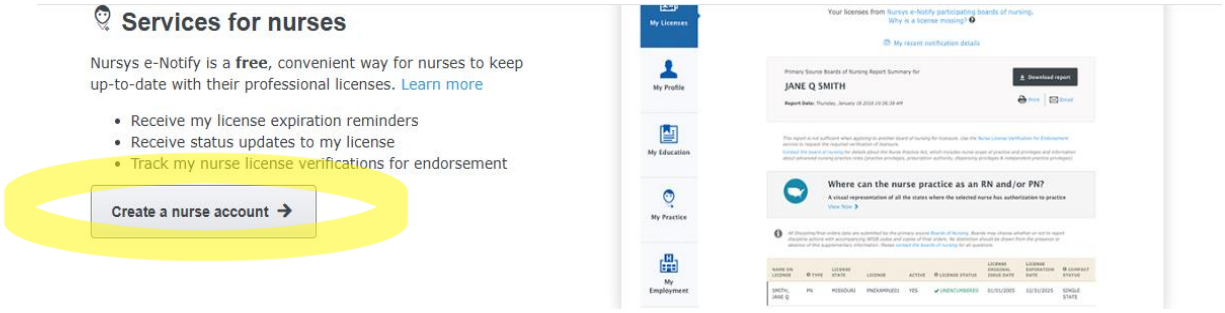
Instructions

1) Go to https://www.nursys.com/EN/ENDefault.aspx or use the QR code below.

2) Select “As a Nurse.”

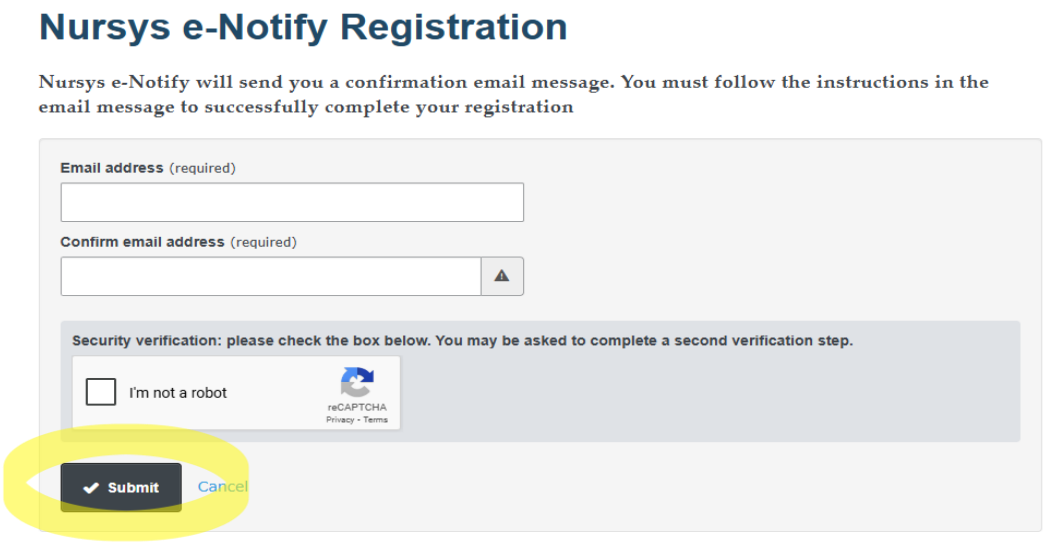


3) Select “Create a nurse account.”

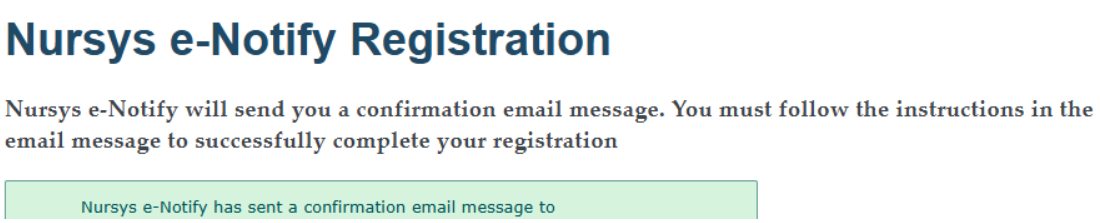


4) Review the terms and conditions page. You must select “I agree” to move on.

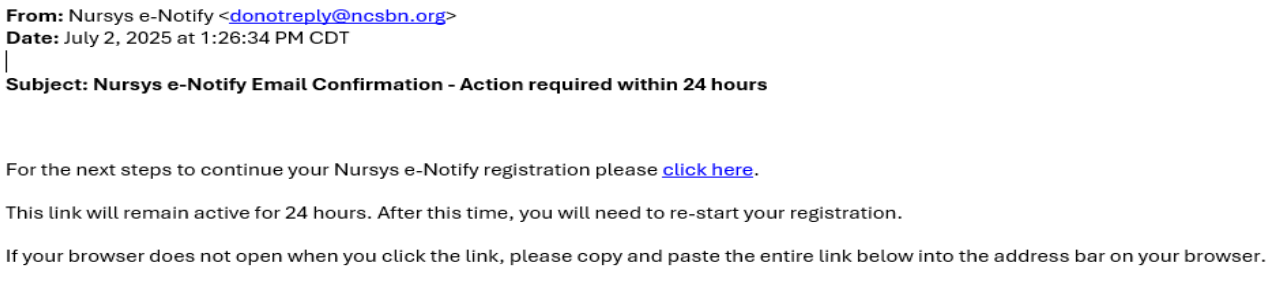
5) Enter and confirm your email address. **Use your personal email address**, not an employer's email address. Check the "I'm not a robot" box and click "Submit."



6) Once submitted, you should see the following message:



7) Check your email. You should receive a time-sensitive email from Nursy e-Notify similar to the one below. The registration link expires after 24 hours.



8) **Click the link in the email and follow instructions for completing your registration.** You can sign up to receive text messages about renewal. Never miss a renewal notification!

Enrolling in e-Notify is not a substitute for renewing your license. After you enroll, you will still need to go to dhhs.ne.gov/renew to renew online or obtain a paper application to renew by mail. Online renewal and application forms are available approximately 60 days prior to your license expiration date.

Questions? For general questions contact the DHHS Licensure Unit's Nursing Section at (402) 471-4376 or DHHS.NursingOffice@nebraska.gov.

If you experience technical difficulties while trying to enroll in e-Notify, you can contact Nursys at (866) 819-1700 or nursysenotify@ncsbn.org.