

License Requirements:

In order to qualify as the administrator of a facility operated primarily for caring for persons with head injuries and associated disorders, you must be licensed as a nursing home administrator and meets the requirements of this section. A license issued under this section permits the holder to serve as a nursing home administrator only in a facility operated primarily for caring for persons with head injuries and associated disorders.

To obtain a license to practice nursing home administration for this type of facility, you must:

1. Have at least 4-years of experience working with persons with head injuries or severe physical disabilities, at least 2 of which were spent in an administrative capacity.
2. Hold a Nebraska license as:
 - A psychologist.
 - A physician to practice medicine and surgery or psychiatry.
 - An educator with at least a master's degree in education from an accredited college or university.
 - A certified social worker, a certified master social worker, or a licensed mental health practitioner.
 - A physical therapist, an occupational therapist, or a speech-language pathologist.
 - An administrator or executive of a health care facility as defined in section 71-413 who is a member in good standing with an organization that offers voluntary certification for the purpose of demonstrating managerial knowledge and experience for health care managers.

OR

- Have at least 8-years of experience working with persons with head injuries or severe physical disabilities, at least 5 of which were spent in an administrative capacity in a facility operated primarily for caring for persons with head injuries or severe physical disabilities.

Information for Military Spouses:

Temporary License: If you have an active massage therapy license in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. A temporary license specifically for military spouses is available under Neb. Rev. Stat. 38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a permanent license to determine which process is right for you.

To apply for this temporary license, you need **to be a resident of Nebraska** and submit the following:

- The attached application
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska
- A copy of your massage therapy license from another state or jurisdiction
- A copy of the statutes, rules, and regulations governing your license which indicate standards that are similar to Nebraska's nursing home administrator licensing requirements.
- The permanent license fee (unless you qualified for a fee waiver).

License Fee Waiver: Starting January 1, 2020, if you meet one of the following waiver options, your license fee **is waived**:

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **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 <http://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **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 <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

To apply for a License:

STEP 1: Get the following documents:

1. **US Citizenship/Lawful Presence** (must be at **least 19** years old):

U.S. Citizen, 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, 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**
 - 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.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. **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), the treatment provider must submit all evaluations/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: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

3. **Other State License Information:** You must contact the states in which you are licensed or have held a license and request the State Office complete a certification. **(DO NOT send a copy of your license).**

Disciplinary Action: If you have had any disciplinary actions taken against your credential(s), you must submit a copy of the disciplinary action(s), including charges and disposition.

NON-ENGLISH DOCUMENTS: 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.

STEP 2: Submit your Application to the Licensure Unit	
<input type="checkbox"/> Completed Application	<input type="checkbox"/> License Certifications
<input type="checkbox"/> Citizenship or Lawful Presence Document	<input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). See the license application for a listing of fees. Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.
<input type="checkbox"/> Education Documents	
<input type="checkbox"/> Conviction Records (if you have convictions)	

Application Review: All applications are reviewed in date order received.

- 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 complete 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** your license number.

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.

APPLICATION
Nursing Home Administrator
of a Facility Caring Primarily for Persons
with Head Injuries and Associated Disorders

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE APPLICATION CATEGORY and FEES

- Initial License
- Reciprocity License (licensed in another state)
- Temporary License (only applies to Military Spouses) – no fee

A. Fee Waiver: If you meet one of the following fee waivers, your initial license fee **is waived**.
Check only one waiver:

- Young Worker:** I am under 26 years old.
- 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.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers you must pay the fee listed in the chart below.

Pay by check or money order to: Licensure Unit
 Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

Fee is based on month and year your license will be issued:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Odd Numbered Year	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166
Even Numbered Year	\$166	\$166	\$166	\$166	\$166	\$166	41.50	41.50	41.50	41.50	41.50	41.50

NOTE: All licenses expire 12/31 of even-numbered years

SECTION A: INFORMATION

1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
	City:	State or Country:	Zip:
3	Social Security Number (SSN):		

Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

4	If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	<input type="checkbox"/> A#: <input type="checkbox"/> I-94 #	
5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):	
6	Phone #: (optional)*	Additional Phone #: (optional)*	
	E-Mail Address:		
* phone number and e-mail is optional, but providing this information will speed up communication with you			
7	Have you ever been denied the right to take a license examination in any State?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:
8	Military Spouse: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions.

SECTION B: APPLICANTS CREDENTIALS or EXPERIENCE
 Check the process by which you are applying for Licensure.

1	<input type="checkbox"/>	Psychologist
2	<input type="checkbox"/>	Physician to practice Medicine and Surgery or psychiatry
3	<input type="checkbox"/>	Educator with at least a master's degree in education from an accredited college or university. If applying by this method, you must submit a certified copy of your transcript verifying the master's degree.
4	<input type="checkbox"/>	Certified Social Worker
5	<input type="checkbox"/>	Certified Master Social Worker
6	<input type="checkbox"/>	Licensed Mental Health Practitioner
7	<input type="checkbox"/>	Physical Therapist
8	<input type="checkbox"/>	Occupational Therapist
9	<input type="checkbox"/>	Speech-Language Pathologist
10	<input type="checkbox"/>	Administrator or Executive of a Health Care Facility as defined in Neb. Rev. Stat. §71-413 who is a member in good standing with an organization that offers voluntary certification for the purpose of demonstrating managerial knowledge and experience for health care managers

OR

11	<input type="checkbox"/>	8 Years of Experience working with persons with head injuries or severe physical disabilities, at least 5 of which were spent in an administrative capacity in a facility operated primarily for caring for persons with head injuries or sever physical disabilities
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Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the military, you may submit such evidence with your application for review. Military is defined as the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state.

SECTION C: EXPERIENCE
 You must have at least 4 years of experience working with persons with head injuries or severe physical disabilities, at least 2 of which were spent in an administrative capacity

Briefly describe the experience you have spent in an administrative capacity:

Name of facility or institution in which you completed such experience:			
Address	Street/PO/Route:		
	City:	State:	Zip:
Duration of Experience:	From: M/D/Y		To: M/D/Y

SECTION D: CONVICTION AND LICENSURE INFORMATION
 Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

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

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 |
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NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential 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:** <http://dhhs.ne.gov/Pages/investigations.aspx> or by phone **402-471-0175**.

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held (such as nursing, EMT, counseling, etc.) in a state **other** than Nebraska.

2	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	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 E: PRACTICE PRIOR TO LICENSE	
If you practice prior to being issued a license you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you practiced as a nursing home administrator in Nebraska without a Nebraska license?	
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 F: ATTESTATION
For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (<i>check ONE of the boxes below</i>):
I attest that:
<input type="checkbox"/> I am a citizen of the United States.
<input type="checkbox"/> 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 United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
<input type="checkbox"/> 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, pending refugee, etc.
<input type="checkbox"/> I am NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.
I further attest that:
1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.
Print Name: _____
Signature: _____ Date: _____