

APPLICATION INFORMATION

NURSING HOME ADMINISTRATOR PRECEPTOR

Requirements:

1. **License:** Have a current and active Nebraska Nursing Home Administrators license;
2. **Citizenship/Lawful Presence**
3. **Experience:** Have obtained three years of experience as a Nursing Home Administrator in the five years immediately preceding application for certification;
4. **Training:** Have completed at least a 5 hour preceptor training course approved by the Board, as described in 172 NAC 106-011, and said training must have been completed within the 12 months immediately prior to the application for a preceptor certification; and
5. **Disciplinary Action:** Has not had his/her license disciplined, limited, suspended, or placed on probation during the 1 year immediately preceding the application for a preceptor certification. At least 1 year must have elapsed following completion of any disciplinary terms and conditions. If any of these actions are taken by the Department during the AIT/Mentoring training supervisory period, the preceptor must terminate the supervision immediately and notify the Department.

License Fee Waiver: 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 <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.
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 <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

To Apply, you must:

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: <https://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"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). See the license application for the fee. Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.

<p>Application Review: All applications are reviewed in date order received.</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
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**NURSING HOME ADMINISTRATOR
 PRECEPTOR LICENSE APPLICATION**

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE FEE: \$25

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.

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.

All preceptor certificates **shall expire on December 31st of every fourth** year beginning December 31, 2000. You will be notified at least 30 days prior to the expiration date.

SECTION A: INFORMATION				
1	Name:	First:	Middle:	Last:
2	Name of Nursing Home Currently Employed by:			
3	Address:	Street/PO/Route:		
		City:	State:	Zip:
4	Social Security Number (SSN):			
<p><u>Neb. Rev. Stat.</u> §§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.</p>				
5	Telephone Number (Optional)			
6	NHA License Number			

SECTION B: EXPERIENCE

1	Are you currently licensed in Nebraska as a Nursing Home Administrator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Do you have 3 years of experience as a Nursing Home Administrator in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1	Name of Nursing Home where Experience Earned?		
2	Address:	Street/PO/Route:	
		City:	State: Zip:
3	Dates of Experience:	From:	To:

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2	Address:	Street/PO/Route:	
		City:	State: Zip:
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		City:	State: Zip:
3	Dates of Experience:	From:	To:

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 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, you may submit such evidence with your application for review.

SECTION C: PRECEPTOR TRAINING COURSE

1	Name of Preceptor training course:	
2	Sponsor of course:	
3	Date of training course:	

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

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: <https://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: ATTESTATION

For the purpose of meeting 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.
- 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.
- 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.
- 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: _____