

**Application Information for Nebraska Optometrist License**

DEPT. OF HEALTH AND HUMAN SERVICES

**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).** (Please note that this chart below already includes the \$20.00 fee required for the diagnostic and therapeutic certifications.)

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>Even</b>	\$166	\$56.50	\$56.50	\$56.50	\$56.50	\$56.50	\$56.50	\$166	\$166	\$166	\$166	\$166
<b>Odd</b>	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166	\$166

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

**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.

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](http://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 Optometry degree and date of graduation. The transcripts must be submitted directly from your optometry program or the transcript may be in a sealed envelope from the school

**Application Section F – Examination Information**

and submitted with your application.

1.  **Examination Information:** Official Score Reports sent directly to our office from the National Board. You will also need to schedule your jurisprudence examination with the Health Licensing Specialist, which relates to the statutes that govern optometry. Each Applicant is required to take the State jurisprudence examination at <https://www.proprofs.com/quiz-school/story.php?title=nebraska-optometry-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 optometry license by reciprocity, you are required to provide proof that you have been actively engaged in the practice of optometry for at least two (2) years of the three (3) years immediately preceding the date of your application. Acceptable proof of active practice can include:
  - a) A copy of your W-2's; or
  - 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 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** 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

Please note:

1. You have 90 days to complete an application. If your application is not completed after 90 days, your application and all supporting documents will be destroyed and a refund will be processed, less a \$25 administrative fee.
2. If an individual other than the applicant pays the licensure fee, refunds will be issued to that individual and their social security number will be required to process the refund.
3. If a business entity will be paying the licensure fee, refunds will be issued to that business entity and a copy of their W-9 is required to process the refund.

**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](mailto:dhhs.medicaloffice@nebraska.gov)

## 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 the 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.**
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](http://www.ne.gov/go/nsp). Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.  
  
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, 3800 NW 12th ST, STE A, 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.

<b>Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted</b>	
Troop A 4411 S 108th ST <b>Omaha NE 68137</b> Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (walk-in only)
Troop B 1401 Eisenhower AVE <b>Norfolk NE 68701</b> Phone: 402-370-3456	Monday – Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway <b>Grand Island NE 68801</b> Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required)
Troop D 300 West South River Rd <b>North Platte NE 69103</b> Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I <b>Scottsbluff NE 69361</b> Phone: 308-632-1211	Monday – Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 3800 NW 12th ST STE A <b>Lincoln NE 68521</b> Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)

## Where do you send the fingerprint cards?

**You must send all fingerprint cards to the following address:**

Criminal Identification Division (CID)  
3800 NW 12th ST STE A  
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](http://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, a licensed practical nurse, a physical therapist, a physical therapy assistant, a psychologist, an advanced emergency medical technician, an emergency medical technician, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. 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, § 1; Laws 2018, LB731, § 1; Laws 2018, LB1034, § 5.

## **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>

**For Office Use Only**

BU # 25550143

License #

Issue Date:

**NEBRASKA  
Application for a Optometrist  
License**

**Check below how you will be applying for the license:**

- EXAMINATION       RECIPROCITY (proof of practicing for 2 years with the 3 years immediately preceding date of application)

**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			
First:	Middle:	Maiden Name:	Last Name:
List any other names you are or have been Known As (AKA)			
Mailing Address:		Street/PO/Route:	
		City:	State or Country:      Zip:
Date of Birth (mm/dd/yy):		Place of Birth (City/State or Foreign COUNTRY):	
Phone #: (optional)*		Additional Phone #: (optional)*	
E-Mail Address: (optional)*			
<b>*phone number and e-mail are optional, but providing this information will speed up communication w/ you</b>			
Check the correct box(s) and provide your number#:		<input type="checkbox"/> Social Security Number (SSN):	
Providing your SSN is mandatory		<input type="checkbox"/> Alien Registration Number ("A#"):	
Social Security Numbers obtained are not public information but may be shared by the Licensure Unit for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.			
SECTION B – EDUCATION			
Accredited College/School of Optometry Attended:		Name:	
School Address:	City:	State:	
Date of Graduation:		Degree Received:	
<input type="checkbox"/> Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.			

OFFICE USE ONLY

<b>NDEN</b>	Yes__	No__		<b>NSP CBC</b>	Yes__	No__
				<b>FBI REC</b>	Yes__	No__
				<b>BOARD</b>	Yes__	No__



**SECTION C – CONVICTION AND LICENSURE INFORMATION** (All applicants must complete this section, if they hold or have held a license in another state or jurisdiction) Direct source verification to the Licensure Unit is required for all licenses. **Failure to disclose disciplinary action, regardless of when the action occurred, could result in disciplinary action, including but not limited to, censure or civil penalty.**

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

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

**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 #
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>If YES,</b> 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"/>				

**PLEASE NOTE:** If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigations Unit within 30 days <https://dhhs.ne.gov/Pages/investigations.aspx> or by telephone at 402-471-0175.

**SECTION D – 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.**

I have taken Parts I, II, III, and the TMOD given by the National Board of Examiners in Optometry (NBEO).

**SECTION E – CONTROLLED SUBSTANCES REGISTRATION** (Check on of the following)

1	I have enclosed a photocopy of my Federal Controlled Substances Registration (DEA Registration).	YES	NO
2	I am currently applying for a Federal Controlled Substances Registration (DEA Registration).	YES	NO
3	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. <b>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.</b>	YES	NO

**SECTION F – 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 optometry for at least two (2) years?	YES	NO
2	Have you submitted proof that the two (2) were within the three (3) years immediately preceding the date of this application.	YES	NO

**SECTION G – 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.

NO. I have not practiced optometry in Nebraska without a license.

YES. I have practiced optometry in Nebraska without a 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 H - ATTESTATION**

**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.

**NOTE:** You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

**Application Attestation: 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: \_\_\_\_\_

**Complete the following information:**

**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

**Contact Information:**

Telephone: 402-471-2118

Email: DHHS.medicaloffice@nebraska.gov

**Mailing Address:**

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

**Physical Address:**

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

Division of Public Health/Licensure Unit  
 PO Box 94986, Lincoln NE 68509-4986  
 This form must be mailed to the address listed above.

Overnight address:  
 DHHS-Licensure Unit  
 301 Centennial Mall South  
 Lincoln NE 68508

**APPLICATION FOR CERTIFICATION TO USE PHARMACEUTICAL AGENTS FOR THERAPEUTIC PURPOSES**  
 (Please print or type application)

# \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Office Use Only

Certification  
 Fee: \$10.00

**SECTION A – PERSONAL INFORMATION**

First:	Middle:	Maiden Name:	Last Name:
List any other names you are or have been Known As (AKA)			
Mailing Address:		Street/PO/Route:	
		City:	State or Country: Zip:
Date of Birth (mm/dd/yy):		Place of Birth (City/State or Foreign COUNTRY):	
Phone #: (optional)*		Additional Phone #: (optional)*	
E-Mail Address: (optional)*			

**\*phone number and e-mail are optional, but providing this information will speed up communication w/ you**

Check the correct box(s) and provide your number#:	<input type="checkbox"/> Social Security Number (SSN):	
Providing your SSN is mandatory	<input type="checkbox"/> Alien Registration Number ("A#"):	

Social Security Numbers obtained are not public information but may be shared by the Licensure Unit for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.

**SECTION B - ATTESTATION**

**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.

**NOTE:** You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

**Application Attestation: 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: \_\_\_\_\_

**SECTION C – EDUCATION**

Accredited College/School of Optometry Attended:	Name:	
School Address:	City:	State:
Date of Graduation:	Degree Received:	

**SECTION D – GRADUATED BEFORE AUGUST 25, 1989:** All applicants who graduated from Optometry College before August 25, 1989, are required to complete this section.

1	<b>Course of Study for use of Pharmaceutical Agents for Therapeutic Purposes</b> Name of Course Taken:
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**CERTIFICATION BY INSTITUTION  
(To be filled out by the Institution)**

Name of Institution: \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No Did the applicant, \_\_\_\_\_ successfully complete a course offered by  
(Name of Applicant)

your institution after January 1, 1984, for use of pharmaceutical agents for therapeutic purposes that, at a minimum, (a) consisted of at least 40 clock hours of didactic education; and (b) consisted of: (1) a review of general pharmacology and therapeutics; (2) a review of ocular therapeutic pharmacology;

(3) diagnosis and treatment of diseases of the lid, lacrimal system, conjunctiva, sclera, and epislera; (4) diagnosis of corneal disease and trauma including corneal foreign bodies; (5) diagnosis and treatment of the eye and adnexa; (7) ocular manifestations of systemic disease; (8) a review of systemic diseases syndromes; (9) ocular therapy including management of acute systemic emergencies; and (10) consultation criteria in ocular disease and trauma?

How many hours of supervised clinical training in a clinical facility by your institution did the applicant complete?

\_\_\_\_\_ Hours

_____ DATE	_____ (Name of Authorized Representative)
	_____ (Title)
	_____ (Name of Institution)
	_____ (Address of Institution)
	_____ (Signature – <b>NO STAMP</b> )

**Official documentation from the above named institution of passing the examination for this course must be submitted to:**

Nebraska Department of Health and Human Services  
Division of Public Health – Licensure Unit  
PO Box 94986  
Lincoln NE 68509-4986

Division of Public Health/Licensure Unit  
 PO Box 94986, Lincoln NE 68509-4986  
 This form must be mailed to the address listed above.

Overnight address:  
 DHHS-Licensure Unit  
 301 Centennial Mall South  
 Lincoln NE 68508

# _____
<b>Date:</b> _____
Office Use Only

Certification Fee: \$10.00
----------------------------

**APPLICATION FOR CERTIFICATION TO USE PHARMACEUTICAL AGENTS FOR DIAGNOSTIC PURPOSES**  
 (Please print or type application)

**SECTION A – PERSONAL INFORMATION**

First:	Middle:	Maiden Name:	Last Name:	
List any other names you are or have been Known As (AKA)				
Mailing Address:		Street/PO/Route:		
		City:	State or Country:	Zip:
Date of Birth (mm/dd/yy):		Place of Birth (City/State or Foreign COUNTRY):		
Phone #: (optional)*		Additional Phone #: (optional)*		
E-Mail Address: (optional)*				

**\*phone number and e-mail are optional, but providing this information will speed up communication w/ you**

Check the correct box(s) and provide your number#:  Providing your SSN is mandatory	<input type="checkbox"/> Social Security Number (SSN):	
	<input type="checkbox"/> Alien Registration Number ("A#"):	

Social Security Numbers obtained are not public information but may be shared by the Licensure Unit for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.

**SECTION B - ATTESTATION**

**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.

**NOTE:** You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

**Application Attestation: 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: \_\_\_\_\_

**SECTION C – EDUCATION** (All applicants must complete this section) A certified transcript showing graduation must be sent directly from your accredited college/school of optometry to our office.

Accredited College/School of Optometry Attended:	Name:	
School Address:	City:	State:
Date of Graduation:	Degree Received:	

**SECTION D – GRADUATED BEFORE AUGUST 25, 1989:** All applicants who graduated from Optometry College before August 25, 1989, are required to complete this section.

1	<b>Course of Study for use of Pharmaceutical Agents for Therapeutic Purposes</b> Name of Course Taken:
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**CERTIFICATION BY INSTITUTION**  
(To be filled out by the Institution)

**Name of Institution:** \_\_\_\_\_

As an official of the above institution, I certify that \_\_\_\_\_ did successfully pass a course offered by  
(Name of Applicant)

this institution in pharmacology and that such a course, at a minimum, did: (a) consist of at least 100 hours of lectures, clinics and examination, (b) that said course was (at a minimum): (1) a study of ocular anesthetics, mydriatics, and cycloplegics; (2) did include ocular toxicity of pharmaceutical agents; (3) did include allergies of ocular agents; (4) did include pharmacological effects of (at least) all ocular drug substances; (5) did include the consideration of the mechanism of action of anesthetics, cycloplegics and mydriatics in human beings and the uses of such substances in the diagnosis of occurring ocular disorders; and (6) did correlate the utilization of pharmaceutical agents and optical instrumentation and procedures; and I further certify that the examinations given and passed did cover all of the above requirements.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(Name of Authorized Representative)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Address of Institution)

\_\_\_\_\_  
(Signature – **NO STAMP**)

**Official documentation from the above named institution of passing the examination for this course must be submitted to:**

Nebraska Department of Health and Human Services  
Division of Public Health – Licensure Unit  
PO Box 94986  
Lincoln NE 68509-4986