

Division of Public Health, Licensure Unit, Rehab Section  
301 Centennial Mall South  
PO Box 94986  
Lincoln, NE 68509-4986  
402-471-2299

## NEBRASKA PHYSICAL THERAPIST APPLICATION INFORMATION

**Examinations:** All applicants for physical therapist licensure are required to pass the two licensure examinations listed below before being issued a license. Both examinations are administered by the Federation of State Boards of Physical Therapy (FSBPT).

- Pass the National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600.
- Pass the NELAW (Jurisprudence) Examination with a scaled score that is greater than or equal to 600. The NELAW examination covers the laws governing the practice of physical therapy in **Nebraska**. The NELAW (Jurisprudence) Examination Study Materials are located on the Physical Therapy webpage at: <https://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx>

**Examination(s) must be taken and passed prior to submitting the Application for licensure.**

**License Fee Waiver.** Starting January 1, 2020, if you meet one of the following waiver options, your initial licensure fee is waived. This does not waive the fee required by the Nebraska State Patrol to process a criminal background check.

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.
  - a. 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.
  - b. 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 Waiver:** 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, or unremarried 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 cards, 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 Process – To apply for a Physical Therapist license:**

#### **STEP 1: GET COPIES OF THE FOLLOWING DOCUMENTS:**

**Non-English Documents:** Any documents written in a language other than English must be translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own 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. **Education and Transcript:** You must have your school submit an official college or university transcript **directly to our office:** Licensure Unit, P.O. Box 94986, Lincoln, NE 68509. Transcripts must show date of graduation and degree conferred.

**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.

3. **Other State License Information:** If you hold or have held a physical therapist and/or other health related license(s) in any state (**other than Nebraska**), you must contact that state and request verification of your license to be sent directly to our office. **Do not send a copy of your license.**
4. **Criminal Background Check:** Fingerprints are required to be eligible for a Physical Therapist license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and your Physical Therapist application has been received by the Licensure Unit. Refer to Attachment.
5. **Conviction Information:** You are required to list ALL misdemeanor and felony convictions (regardless of where or when they occurred) on the application. 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.

**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 officers 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 Board asks that you request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

<b>The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list</b>	
<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 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.

**STEP 2: COMPLETE ALL PAGES AND QUESTIONS ON THE APPLICATION FORM**

### **STEP 3: SUBMIT YOUR APPLICATION TO THE LICENSURE UNIT**

<input type="checkbox"/> Completed Application	<input type="checkbox"/> License Certifications (if licensed in another state)
<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 for (name of license type). <b>Pay by check/money order; debit or credit card is not accepted.</b>
<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; the e-mail will list the information that is required to complete your application. You have 90 days from the date of the e-mail to complete your application; if not completed within the 90 days, your application will be closed, and all documents destroyed. A new application and criminal background check will then be required.
- If your application **is complete**, you will receive a wall license by mail to the address listed on this application.

**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 for Physical Therapist Licensure

Licensure Unit  
 P.O. Box 94986  
 Lincoln, NE 68509-4986

**Select one of the options below for the basis of your application:**

- Examination:** Applicants who have taken the NPTE and are not licensed in any other jurisdiction.
- Reciprocity:** Applicants who have taken the NPTE and who hold or have held a license in another Jurisdiction/State.

**FEES**

**A. 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.
- 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:**

Review the following chart to determine the fee required based on the month and year in which your license **will be issued**:

**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.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>Even Numbered Year</b>	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133
<b>Odd Numbered Year</b>	\$133	\$133	\$133	\$133	\$33.25	\$33.25	\$33.25	\$33.25	\$33.25	\$33.25	\$133	\$133

**SECTION A: PERSONAL INFORMATION**  
 Enter your **LEGAL NAME** below

First Name:		Middle Name:	
Last Name:		Suffix:	
List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.).			

**APPLICANT DEMOGRAPHICS**

**Mailing Address**

Country:		Zip Code:	
Address Line 1:		City:	
Address Line 2:		State:	
Address Line 3:		County:	
Do you have a social security number?		SSN #:	
Yes <input type="checkbox"/> No <input type="checkbox"/>			

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, may provide it to the Department of Revenue or the Department of Labor, or for other administrative purposes.

Are you a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you are not a U.S. Citizen, list your A# or I-94#:	<input type="checkbox"/> A# <input type="checkbox"/> I-94 #
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Date of Birth:	Place of Birth (City/State or Country):
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E-Mail Address:

Primary Phone Number:

Check box if # Outside U.S.

<b>Military Spouse:</b> 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.
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**SECTION B: EDUCATION Graduates of an approved Physical Therapist Program.** Request submission of your official transcript sent directly to the Department showing degree awarded and date conferred.

Name of Physical Therapy College or University	
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Address	
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Degree Awarded	
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Date Degree Awarded (Month/Day/Year)	
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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 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.

**Graduates of a Foreign Trained Physical Therapist Program.** An applicant for a license to practice as a physical therapist on the basis of training as a physical therapist in a foreign country must have completed a physical therapy program of professional instruction that is substantially equivalent to an approved educational program. A substantially equivalent program of professional instruction is one that consists of components specified in one of the Federation of State Boards of Physical Therapy (FSBPT) Coursework tools. The appropriate FSBPT Coursework Tool to be used by the credential agency will be determined by the year you graduated from your foreign program of professional instruction. The Coursework Tools are listed on the FSBPT webpage at:

<https://www.fsbpt.org/>

Request submission of an evaluation of your education credentials by one of the following approved evaluation services:

International Education Research Foundation, Inc.  
Credentials Evaluation Service  
Post Office Box 3665  
Culver City, CA 90231 Phone: 310.258.9451  
<https://www.ierf.org/>

International Consultants of Delaware, Inc  
3600 Market St Ste 450  
Philadelphia PA 19104  
(215)222-8454 ext 603  
<https://www.icdeval.com>

Foreign Credentialing Commission on Physical Therapy (FCCPT)  
124 West Street South 3rd Floor  
Alexandria, VA 2231  
(703)684-8406

<https://www.fccpt.org/>

**PROFICIENCY IN THE ENGLISH LANGUAGE:**

If you graduated from a physical therapy program that is not deemed to be proficient in the English language, you must provide documentation in accordance with regulation of proficiency in the English language. Pursuant to 172 NAC 137.004.01(A)(4)(c): The following applicants are deemed to be proficient in the English language: graduates of physical therapy programs from Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom and the United States; and Graduates from programs accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

**SECTION C: EXAMINATION INFORMATION**

NPTE Date Taken (MM/YYYY)		NE LAW (Jurisprudence) Exam: Date Taken (MM/YYYY):	
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You must request transfer or release of your NPTE scores to Nebraska. You may do so through the FSBPT website at <https://www.fsbpt.org/>

**SECTION D: LICENSES IN A STATE OTHER THAN NEBRASKA**

The following questions relate to a license that you currently hold or have held, to provide health related services in a state **other** than Nebraska.

Have you ever been denied the right to take a license examination in any State?    Yes     No

Explain:

Have you ever been denied the issuance of a license in any state?    Yes     No

If yes, what state(s)?		What type of license?	
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Explain:

Do you hold or have held licenses to provide Physical Therapy, health-related services, health services, professional services, or environmental services in another state(s)?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of License:		State Licensed:	
	Type of License:		State Licensed:	

**If YES**, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?

Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Action	Date of Action	Name of State Taking Action
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**Disciplinary Action:** If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

**Other Licensing Information:** If you currently hold or have held a credential to provide health related services in a state or jurisdiction **other than Nebraska**, you must submit verification of the license(s) even if that license is no longer current.

**Practice History:** Provide your practice history as a physical therapist for the past three (3) years.

Name of Facility	Address	Start Date	End Date

If you have **not** practiced as a physical therapist within the past three years, you must provide documentation of obtaining **fifty (50) hours** of acceptable continuing education within the three years immediately preceding your application. You may list courses taken below to assist the Department in reviewing the documentation you provide.

Name of Course	Date	CE Hours Earned


**SECTION E: CONVICTION INFORMATION**

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

1. Are you currently on court-ordered probation?    Yes     No

(If you marked yes, submit a letter from your probation officer addressing the terms and current status of your probation)

2. Have you **EVER** been convicted of a misdemeanor or felony?    Yes     No

**If yes,** enter **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.

- **You MUST Provide a letter of explanation** for each conviction that you enter below.
- **If your convictions were in a state other than Nebraska,** attach copies of the court documents for each conviction.

Name of Conviction	Date of Conviction	Name of Court Taking Action

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> 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>

**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**.

**SECTION F: PRACTICE PRIOR TO BEING LICENSED BY NEBRASKA**

An individual who practices in Nebraska prior to issuance of a credential is 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 governing body artists.

**YES**    **NO**   Have you practiced Physical Therapy in Nebraska without a Nebraska license or Compact Privilege?

If yes, what are the actual number of days you practiced in Nebraska without a Nebraska license or Compact Privilege and what is the business name, location and telephone number of the practice:

Number of days:

Name of Business:

City:

Telephone #:

**SECTION G: ATTESTATION SECTION**

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.

**OR**

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:** I have read the application or have had the application read to me; and I am of good character and all statements on this application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS**

**Criminal background checks are NOT expedited for any reason.**

**Fingerprints are required to be eligible for a Physical Therapist or Physical Therapy Assistant license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your Physical Therapist or Physical Therapy Assistant application.**

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

*Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for 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 402-471-2299 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 'PT 38-131'. Each license applied for requires an individual background check.

### **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). This is an internet pay site through PayPort. 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.
2. The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose 'PT'. 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.
3. **Check or Money Order:** Payment of \$45.25 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 4600 Innovation Drive, Lincoln NE 68521**. Indicate the name of the applicant and 'PT Licensure' in the memo line of the check.

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. (appointment required)
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 4600 Innovation Drive Lincoln, NE 68521 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)  
4600 Innovation Drive  
Lincoln NE 68521

**Criminal Background Check Notification:** Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license where a criminal background check is required by an interstate licensure compact 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 practice nurse, a psychologist, a physical therapist, a physical therapy assistant, 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. Effective Date: August 30, 2015.

**PRIVACY ACT STATEMENT: Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### **Applicant Notification and Record Challenge**

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-cjis/background-checks>.