

Application Information for Nebraska Pharmacist License

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).**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178	\$178
Odd	\$178	\$178	\$178	\$178	\$178	\$178	\$44.50	\$44.50	\$44.50	\$44.50	\$44.50	\$44.50

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).
- Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <http://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
- Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

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.

3. **Information for Military Spouses:**

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

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

- The license fee and attached application (completed);
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces;
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska;
- A copy of your (license type) from another state or jurisdiction; and
- A copy of the statutes, rules, and regulations governing the license from the other state or jurisdiction which provides the standards that are similar to Nebraska's (license type) requirements.
- The license fee.

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.

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

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

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**).

Section C and D - Education

1. **Transcripts:**
- A. An Official Transcript which shows your pharmacy degree and date of graduation (date degree was conferred). The transcripts must be submitted directly from your pharmacy program or the transcript may be in a sealed envelope from the school and submitted with your application. The Department cannot accept e-mailed transcripts.
 - B. Foreign transcripts need to be translated.

Application Section E – Examination Information

1. **Examination Information:** You are required to explain how you are applying:
- A. Examination – You are taking the NAPLEX for Nebraska and taking the Nebraska MPJE;
 - B. Score Transfer – You are taking the NAPLEX for another state and have chosen to score transfer your NAPLEX score to Nebraska and have taken the Nebraska MPJE; or
 - C. Reciprocity – You have taken the Nebraska MPJE and have requested the Licensure Transfer Document from NABP

Application 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.

Application Section H – 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 Deadlines – When Board Review Required

Some applications must be reviewed by the Board of Pharmacy during scheduled Board meetings. If the Department determines that your application requires, Board review, all application materials - including required supporting documentation - must be received by the deadlines below in order to be reviewed at the next scheduled Board meeting. If your application does not require Board review, your credential will be issued after your application is reviewed and all required materials are received.

APPLICATION/DOCUMENT DEADLINE	MEETING DATE
December 27, 2019	January 13, 2020
March 1, 2020	March 16, 2020
April 19, 2020	May 4, 2020
July 6, 2020	July 20, 2020
September 6, 2020	September 21, 2020
November 1, 2020	November 16, 2020
December 26, 2020	January 11, 2021

1. 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

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.

Division of Public Health /Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986

For Office Use Only	
BU # 25550143	Issue Date:
License #	

NEBRASKA Application for a Pharmacist License
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Check below how you will be applying for the license:

- Taking NAPLEX by Exam for Nebraska; or
- NAPLEX Score Transfer to Nebraska; or
- Reciprocity with the state of _____

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.

You must complete all sections of this application that apply to you.

SECTION A – PERSONAL INFORMATION			
1	You must provide your Legal Name below		
	First:	Middle:	Maiden Name: Last Name:
	List any other names you are or have been Known As (AKA)		
2	Mailing Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3	Date of Birth (mm/dd/yy):	Place of Birth (City/State or Foreign COUNTRY):	
4	Phone #: (optional)*	Additional Phone #: (optional)*	
5	E-Mail Address: (optional)*		
	*phone number and e-mail are optional, but providing this information will speed up communication w/ you		
6	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.			
Military Spouse: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in Nebraska? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If checked yes, are you applying for a temporary license as a military spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> (to apply for a temporary license, you must include all documentation identified in the instructions)			

OFFICE USE ONLY

NDEN	Yes <input type="checkbox"/>	No <input type="checkbox"/>		BOARD	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SECTION B – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction, 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 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

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?	
	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"/>			

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 at <http://dhhs.ne.gov/Pages/Investigations.aspx> or by telephone at 402-471-0175.

SECTION C – EDUCATION			
Accredited College/School of Pharmacy Attended:	Name of College/School:	City:	State:
	Date of Graduation:		
	I have requested a copy of my pharmacy college/school transcript be sent directly to the Department.		YES

SECTION D – FOREIGN PHARMACY GRADUATE			
1	I am a foreign pharmacy graduate and have obtained the FPGEC certificate and provided a copy with this application.	YES	NO
2	I have requested a translated copy of my pharmacy college/school transcript be sent directly to the Department.	YES	NO

SECTION E – EXAMINATION INFORMATION (All applicants must complete this section)			
1	I have taken the NAPLEX for Nebraska and the Nebraska MPJE and have requested my scores be sent directly to the Department.	YES	NO
2	I have taken the NAPLEX for another state and I have requested that my score be transferred to Nebraska.	YES	NO
3	I have taken the Nebraska MPJE and have requested the Licensure Transfer Document be forwarded to Nebraska.	YES	NO

SECTION F – ADDITIONAL INFORMATION			
1	According to Neb Rev Stat 71-2407 , all Mail Service pharmacies are required to employ a full-time pharmacist who holds a current unrestricted Nebraska Pharmacist License. Are you applying for this purpose?	YES	NO
2	Name of Mail Service Pharmacy:	Nebraska Mail Service Pharmacy License #:	
	Address of Pharmacy:	City:	State:

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.			
1	<input type="checkbox"/> NO. I have not practiced as a pharmacist in Nebraska without a license. <input type="checkbox"/> YES. I have practiced as a pharmacist in Nebraska without a license.		
2	If yes, what are the actual number of days you practiced as a pharmacist 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 (All applicants must complete this section)

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.

Application Attestation and Signature: 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: _____

Contact Information:

Telephone: 402-471-2118

Email: DHHS.medicaloffice@nebraska.gov

Mailing Address:

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

Physical Address:

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