

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):

1. **Young Worker:** You are between the ages of 18 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

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

APPLICATION PROCESS - To apply for a License:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must 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 podiatric medical school or electronic transcript service submit an official college or university transcript **directly to our office**. If sending by e-mail, send to dhhs.medicaloffice@nebraska.gov

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) **Examination:** You are required to submit official score reports for your Parts I and II of the National Board Examination in Podiatry. The score reports must be submitted directly from the testing agencies giving the examinations or from the Federation of Podiatric Medical Boards.

Official documentation of passing NBPME Part III (formerly PMLexis) sent directly to our office from the Federation of Podiatric Medical Boards.

Part I, II & III (PMLexis) and Disciplinary reports should be ordered directly from the Federation of Podiatric Medical Boards via their online system at <https://www.fpmbo.org>. Payment can be made with a credit card. Alternatively, online orders can be printed and mailed to the FPMB with a check.

- 4) **Post-Graduate Medical Education:** A verification which indicates completion of at least a one-year postgraduate residency program approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association on the enclosed form.
- 5) **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska**) you need to contact that state and request a certification/verification of your license (**do not send a copy of your license**).
- 6) **Criminal Background Check:** A criminal background check is required for all applicants for an individual license in medicine and surgery or osteopathic medicine and surgery. Standard processing time for background checks can take up to 8-10 weeks. **Background checks will NOT be expedited for any reason.**
- 7) **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:

<https://dhhs.ne.gov/Pages/Investigations.aspx%20%20%20> or by phone 402-471-0175.

- 8) **Active Federal DEA Certificate:** A photocopy of your DEA Registration Card needs to be submitted if controlled substances will be prescribed, administered or dispenses by the licensee. This is not required for licensure. <https://www.deadiversion.usdoj.gov/>

- 9) **Practice Requirement for Reciprocity Applicants:** If you are applying for a podiatry license by reciprocity, you are required to provide proof that you have been actively engaged in the practice of podiatry for at least three (3) years with one (1) of those years being within the past three (3) years. Acceptable proof of active practice can include:
- A copy of your W-2's;
 - 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.
- 10) **Ankle Surgery:** A podiatrist may perform surgery on the ankle only at a licensed hospital or ambulatory surgical center. Additionally, a podiatrist initially licensed in this state on or after September 1, 2001 must have successfully completed an advanced postdoctoral surgical residency program of at least two years duration which is recognized as suitable for that purpose by the Board. If you plan to perform ankle surgery please submit proof of completion of two years of a surgical residency.

STEP 2: Complete all pages and questions on the Application

Temporary License: If you apply for a temporary license, you must submit the temporary application, the license application and pay both fees (unless you qualified for a fee waiver).

STEP 3: Submit your application to the Licensure Unit

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

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 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 a wall credential in the mail.

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.

Contact Information: Licensure Unit, Phone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a Physician/Osteopathic Physician 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 Physician/Osteopathic 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 402/471-2118 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: \$55.00 effective 8/1/2025

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay \$55.00 by credit card at 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 \$55.00 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 4600 Innovation Drive, 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.

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (appointment required) https://statepatrol.nebraska.gov/services/fingerprinting
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday – Thursday 8:30 a.m. to 4:00 p.m. (appointment required) https://statepatrol.nebraska.gov/services/fingerprinting
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Monday 8:30 a.m.-12:30 & 2:00-4:30 p.m. 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 4:30 p.m. Fridays 8:30 a.m.-12:30 & 2:00 – 4:30 p.m. (appointment required) https://statepatrol.nebraska.gov/services/fingerprinting
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required) https://statepatrol.nebraska.gov/services/fingerprinting
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Monday – Thursday 8:00 a.m. to 4:00 p.m. (Mountain time) (appointment required) https://statepatrol.nebraska.gov/services/fingerprinting
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) https://statepatrol.nebraska.gov/services/fingerprinting

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 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. 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>

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE 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**:

Podiatry:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	\$32.75	\$32.75	\$32.75	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$131
Odd Numbered Year	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$131	\$32.75	\$32.75	\$32.75

Podiatry licenses expire 04/01 of even-numbered years

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.

APPLYING BY:

- ☐ **Examination (Check this box if you took the practical examination within the last five (5) years.**
- ☐ **Reciprocity (Check this box if you have proof of practicing for 3 years and at least 1 year is required to be within the last 3 years)**

SECTION A: INFORMATION

1	You must print your Legal Name below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3	Social Security Number (SSN):		
4	If you are not a U.S. Citizen, list your A# or I-94#:	Alien Registration Number ("A#"):	
		I-94 #	

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

5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):
6	Phone #:	Additional Phone #:
	E-Mail Address:	
7	Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	
8	<input type="checkbox"/> Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.	

SECTION B: EDUCATION

High School	Name	Location	Date Completed
Pre-Podiatry College	Name	Location	Date Completed
Podiatry College	Name	Location	Date Completed
Indicate which of the following criteria you have met within the two years immediately preceding the application for a Nebraska license. (All applicants must meet one of the following criteria and provide documentation).			
<input type="checkbox"/>	I have been in the active practice of the profession of podiatry under a license in another state or territory of the United States or the District of Columbia for a period of one year. Submit a list professional activities (employment as a podiatrist) for the last two years, including name of business, location, duties and dates of employment.		
<input type="checkbox"/>	I have completed at least one year of a postgraduate residency program approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association. Provide documentation showing postgraduate residency information.		
<input type="checkbox"/>	I have completed continuing competency in podiatry approved by the Board. Provide documentation of completion of continuing competency.		

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

SECTION C: EXAMINATION (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.**

1	I have taken the National Board examination and have requested my scores be sent directly to the Department.	YES	NO
2	I have taken all of the following practical examinations and have requested scores to be sent directly to DHHS Licensure Unit:	<input type="checkbox"/> Parts I	<input type="checkbox"/> Parts II
<input type="checkbox"/> NBPME Part III (formerly known as PMLexis)			

SECTION D: CONVICTION AND LICENSURE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

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

- 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

- 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"/>			

Licensure Information Continued:

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

SECTION I	Yes	No
1. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II	Yes	No
1. Have you had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been requested to voluntarily resign or suspend hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been notified that any action against your hospital or institutional privileges is pending or proposed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been allowed to withdraw your staff privileges from a hospital or institution?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been subject to staff disciplinary action or non-renewal of an employment contract?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III	Yes	No
1. Have you been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been called before any licensing agency or lawful authority concerned with DEA controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you surrendered your state or federal controlled substances registration?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had your state or federal controlled substances registration restricted or disciplined in any way?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV	Yes	No
1. Have you been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: CONTROLLED SUBSTANCES REGISTRATION: (Check one that applies)

<input type="checkbox"/>	I have enclosed a photocopy of my current Federal Controlled Substances Registration.	
	Federal Controlled Substances Registration #:	Expiration Date:
<input type="checkbox"/>	I am currently applying for a Federal Controlled Substances Registration and will send a photocopy of such when I receive the registration.	
<input type="checkbox"/>	I do not have nor am I applying for a Federal Controlled Substances Registration, and I will not be prescribing, administering or dispensing controlled substances in Nebraska. 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.	

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.

Have you submitted proof that you have been actively engaged in the practice of podiatry for at least three (3) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you submitted proof that one (1) of the years has been within the three (3) years immediately preceding the date of this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION G: PRACTICE PRIOR TO LICENSE

If you practice prior to being issued a Nebraska license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, and you may be subject to other disciplinary action as provided in the statutes and regulations.

1	Have you practiced Podiatry in Nebraska without a Nebraska license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are the actual number of days you practiced in Nebraska without a Nebraska 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

For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that:

- ☐ I am a citizen of the United States.
- ☐ I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- ☐ I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- ☐ I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

I further attest that:

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

Print Name: _____

Signature: _____ Date: _____

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>

State of Nebraska
Department of Health and Human Services
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
PO BOX 94986
Lincoln NE 68509-4986
(402) 471-2118

CERTIFICATE OF ADVANCED POSTDOCTORAL EDUCATION

Applicants must have the **current Program Director** of the institution where they completed their advanced postdoctoral education complete the following form and **affix the Official School Seal**. An **original signature** from the Program Director is required. Please mail the form directly to the address printed above.

This certifies that _____ has successfully completed
Name of Applicant

_____ at
Name of Residency

_____ located in _____
Name of Hospital/Teaching Institution City/State/Country

from _____ to _____
(MO/DAY/YR) (MO/DAY/YR)

Signature
(Signature Stamp NOT acceptable)

Date

Print or Type Official's Name

Title

Address

City/State/Zip

Phone number

OFFICIAL SEAL OF THE SCHOOL