

DHHS - Licensure Unit  
 P.O. Box 94986  
 Lincoln NE 68509-4986  
 402-471-2118

## APPLICATION FOR A LICENSE TO PRACTICE AS A PODIATRIC LIMITED RADIOGRAPHER

12/2024

**SECTION A – PERSONAL INFORMATION** (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET <https://www.nebraska.gov/LISSearch/search.cgi> Items 1-2 are displayed on the internet.**

**NOTE: To expedite notification of any pending requirements, the notification will sent to your e-mail address or mailing address you provide. If you change your address, you must advise this office.**

1	Legal Name	First:	Middle:	Last:
	Other Names	Maiden:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth (mm/dd/yyyy):		Place of Birth (City/State or Country):	
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number (“A#”); or	A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	I-94 #	
		<b>NOTE: If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</b>		
5	Phone #:	Fax optional	E-Mail Address:	

### SECTION B - EDUCATION

I have completed the required Podiatric Limited Radiographer study module and have a letter from my supervising podiatrist verifying this.

### SECTION C –LICENSURE INFORMATION

(All applicants must complete this section)

1	Have you ever been licensed in another state or jurisdiction?			YES	NO
	List all other states, jurisdictions, or territories of the U.S. where you have been or are currently licensed, including license type and number, issue date, and expiration date.				
	<b>State</b>	<b>License #</b>	<b>Issue Date</b>	<b>Expiration Date</b>	

**SECTION D – CONVICTION AND LICENSURE INFORMATION** (All applicants must complete this section)  
**Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.**

- 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 Investigative Unit within 30 days <https://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation and you may attach a separate page if needed.

The following questions relate to any credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.			
<b>Section I</b>			
1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	YES	NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	YES	NO
3	Have you ever been requested to appear before any licensing agency?	YES	NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	YES	NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	YES	NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	YES	NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	YES	NO
<b>Section II</b>			
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?	YES	NO
<b>Section III</b>			
1	Have you ever been convicted of a felony? <b>Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.</b>	YES	NO
2	Have you ever been convicted of a misdemeanor? <b>Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.</b>	YES	NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	YES	NO

**SECTION E – PRACTICE PRIOR TO CREDENTIAL**

An individual who practices prior to issuance of a credential is subject to 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 the credential.

1	Have you practiced radiography in Nebraska before submitting the application?	YES	NO
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____	
		Name of Business: _____	
		City: _____	
		Telephone #: _____	

**SECTION F: 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>