NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

RN/LPN REINSTATEMENT
from Inactive, Expired, or Lapsed Status
INSTRUCTIONS

Rev.08.11.26

The following information is for persons who currently hold an inactive, expired, or lapsed Nebraska RN or LPN license. Do **not** use the attached application if your RN or LPN license is revoked, suspended, or voluntarily surrendered. Persons with revoked, suspended, or voluntarily surrendered licenses should contact our office to obtain the correct application.

Requirements - To qualify for reinstatement you must meet **one** of the following continuing competency requirements:

- ☐ Practiced nursing for a minimum of 500 hours within the 5 years prior to the date you submit this application **AND** provide proof of completing 20 hours of nursing continuing education from an approved provider within the previous 24 months. Online or home study CE from an approved provider can be used to meet the 20-hour requirement.
- ☐ Graduated from a pre-licensure nursing program within the 24 months prior to submitting application for reinstatement.
- ☐ Graduated from a pre-licensure nursing program within the previous 5 years **and** completed at least 20 hours of nursing continuing education from an approved provider within the previous 24 months.
- ☐ Completed a Board-approved refresher course consisting of at least 75 contact hours within the previous 5 years.

Military Waiver –If you have served in the regular armed forces of the United States or been actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately prior to applying for reinstatement, 1) you can waive the continuing competency requirement and 2) you are not required to pay the renewal/reinstatement fee. You will need to submit a copy of your military orders to qualify for the waiver.

If You Need a Refresher Course – Information is available at https://dhhs.ne.gov/licensure/Pages/Nurse-Licensing-Refresher-Course-RN-LPN.aspx . You must obtain a **temporary license** prior to beginning the clinical component of the course. A temporary license will be issued when the Licensure Unit has received the following:

1. The attached Application for Reinstatement.
2. Reinstatement fee.
3. A letter from the refresher program verifying that you are enrolled in their program. (You can use a photocopy of the acceptance letter that the program sends you.)
4. Verification from the refresher program of the beginning and ending dates for the clinical component of the course.

Multistate and Single-State Licensure

Nebraska belongs to the Nurse Licensure Compact. NE RN and LPN licenses can have either multistate or single-state status. A multistate NE license can be used to practice in other Compact states as long as the nurse maintains Nebraska residency.

Your license will be reinstated with multistate status only if you:

1) If you indicate on your application that your primary state of residence is Nebraska or that you are moving to Nebraska
2) Meet all requirements for multistate status found at https://www.nursecompact.com/.
3) Submit proof of Nebraska residency such as a NE driver's license, NE state ID, NE voter registration, or Military Form 2058 declaring Nebraska your legal state of residency.
4) If your Nebraska license was initially issued prior to August 30, 2015, submit fingerprints to the Nebraska State Patrol for a background check. (Instructions are attached.)

To apply for reinstatement, submit the attached application and the following items:

- ☐ **Reinstatement fee**. Make check or money order payable to DHHS Licensure Unit. See chart on application to determine amount.
- ☐ **Continuing education certificates** verifying completion of 20 hours of nursing CE during the previous two years. (Not required if you plan to complete a refresher course.)

☐ **Documentation of U.S. citizenship or lawful presence**.
U.S. Citizens – Submit a photocopy of one of the following:

- ☐ Birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal. **Hospital-issued birth certificates are not accepted**.
- ☐ U.S. Passport (unexpired or expired)
- ☐ Certificate of Naturalization (N-550 or N-570)
- ☐ Certificate of Citizenship (N-560 or N-561)
- ☐ Certification of Report of Birth (DS-1350)
- ☐ Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)
- ☐ Certification of Birth Abroad (FS-545 or DS-1350;
- ☐ United States Citizen Identification Card (I-197 or I-179)

Non-Citizens – Submit photocopies of documents listed for one of the following options:

- ☐ Green card, also known as a Permanent Resident Card (Copy both the front and back of the card)
- ☐ Visa and passport with an I-551 stamp
- ☐ Form I-94 and an unexpired foreign passport.
- ☐ Employment Authorization Document (EAD) (cannot be expired) and at least one other document issued by USCIS or other government agency verifying your immigrant or non-immigrant status. Examples of acceptable documents include: Form I-94, letter from USCIS indicating your current status, or a Form I-20

☐ If you have had any disciplinary action(s) taken against a health-care related license in another state, you must submit a copy of the disciplinary action(s), including charges and findings

☐ If your Nebraska license was first issued prior to August 30, 2015, submit fingerprints and fee for **criminal background check** to the Nebraska State Patrol in order to qualify for a multistate licensure. (Instructions are attached.)

☐ If you have been convicted of a misdemeanor or felony since the last time you renewed your license**, s**ee attached application for required documentation.

You must report all misdemeanor and felony convictions that have occurred since the last renewal of your Nebraska LPN or RN license. Examples of common misdemeanors can include:	
• MIP • DUI / DWI • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • 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
This is not a complete list. Failure to report can result in delays in the reinstatement process. These items are provided to help you identify misdemeanors that are sometimes mistaken for infractions	

LPN Intravenous Therapy Education Requirement: Nebraska LPNs need to provide evidence of completing an 8-hour didactic course covering the legal aspects of IV therapy, peripheral IVs and central lines. You have already fulfilled the requirement if you meet at least one of the following criteria: 1) you were previously licensed in Nebraska as an LPN-C, 2) you successfully completed a LPN-C course, or 3) you graduated from a practical nursing program after May 1, 2016. If you do not meet one of these three criteria, you will need submit evidence of completion of an 8-hour course in IV therapy topics or equivalent.

To verify license status, go to https://www.nebraska.gov/LISSearch/search.cgi. You can print a license wallet card from this site after your license is reinstated. **We no longer mail wallet cards to licensees**.

Expiration Dates. All Nebraska RN licenses expire on October 31 in even-numbered years. All Nebraska LPN licenses expire on October 31 in odd-numbered years. After your license is reinstated, it will be valid for a varying length of time, anywhere from 1 day to 24 months, depending on when the next expiration date occurs.

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Instructions for Criminal Background Checks

RN and LPN Reinstatement Applications & Requests for Conversion to Multistate Status

Who Needs to Follow These Instructions?

Follow instructions for fingerprinting if:

1) Your Nebraska RN or LPN license was issued before August 30, 2015, and
2) You are a Nebraska resident or plan to establish NE residency in the near future.

Do not submit fingerprints if your RN or LPN license was issued after August 30, 2015. You have already met the fingerprinting requirement. Also, do not submit fingerprints if you are not a Nebraska resident and do not plan to establish NE residency in the near future, or you are otherwise disqualified from holding a multistate license.

DO NOT SUBMIT PRINTS AND PAYMENT UNTIL YOUR APPLICATION HAS BEEN COMPLETED AND SENT TO DHHS.

Fee: **$75.00** This fee is for processing the criminal background check. (The service you use to take your fingerprints may charge an additional fee.) There are two ways to pay:

1. **Credit Card, Debit Card, or eCheck:** Go to **www.ne.gov/go/nsp**. A transaction fee will be added to your payment.

   Select *Nursing* for the *transaction item*. Enter the licensure applicant's name, date of birth and the last 4 digits of social security number underneath the transaction item, even if a company or another person is paying the fee. The payer's information should be entered on the second page.

2. **Check or Money Order:** Write "fingerprinting" and the applicant's name on the memo line. Amount is $75.00. Mail to: Nebraska State Patrol, Attn: CID, 4600 Innovation Drive, Lincoln NE 68521.

Photo ID - You must bring a valid photo ID with you when getting your fingerprints. Acceptable forms of ID include an unexpired driver's license, passport, permanent resident card ("Green Card,") or Employment Authorization Card.

Submitting Fingerprints Using LiveScan - This option is available only if fingerprinting is done in Nebraska.

You can have LiveScan fingerprints taken at all Nebraska State Patrol offices listed below. A list of other public LiveScan locations in Nebraska can be found at https://statepatrol.nebraska.gov/services/fingerprinting. You will need to contact the agencies on that list to determine if they will electronically submit fingerprints for you to the Nebraska State Patrol.

Nebraska State Patrol Fingerprinting Locations

Consult https://statepatrol.nebraska.gov/services/fingerprinting for the most up-to-date information.

To schedule an appointment, go to https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index

Troop	Location	Phone	Hours Fingerprinting Conducted
Omaha	7200 World Communications Dr. Omaha NE 68122	(402) 331-3333	Mon - Fri, 8:00 am to 4:00 pm
Norfolk	1401 W Eisenhower Ave Norfolk NE 68701	(402) 370-3456	M, W, F: 7:45 am to 4:15 pm Tu & Thu: 8:30 am to 4:15 pm
Grand Island	3431 Old Potash Highway Grand Island NE 68801	(308) 385-6000	Mon: 8:30 to 12:30 & 2:00 to 4:30 Tue: 9:00 am to 4:00 pm Wed: 8:30 am to 4:00 pm Thurs: 8:30 am to 4:30 pm Fri: 8:30 to 12:30 & 2:00 to 4:30
North Platte	300 West South River Rd North Platte NE 69103	(308) 535-6604	Mon – Fri, 8:30 am to 4:30 pm
Scottsbluff	4500 Avenue I Scottsbluff NE 69361	(308) 632-1211	Mon – Fri, 8:30 am to 4:00 pm
Lincoln	4600 Innovation Drive Lincoln NE 68521	(402) 479-4971	Mon – Fri, 8:00 am to 12:00 pm & 1:00 pm to 4:00 pm

Submitting Fingerprints by Mail

- Many law enforcement agencies provide fingerprinting services to the public. There are also private companies in many states that provide fingerprinting services.
- Use standard blue-and-white fingerprint cards (Form #FD-258). If the fingerprinting service you wish to use does not have FD-258 cards, you can call the Licensure Unit at (402) 471-4376 and request that cards be mailed to you.
- Complete two (2) cards if the traditional ink method is used to capture your fingerprints. One (1) card is usually sufficient if fingerprints are captured electronically and then printed onto the FD-258 card.
- In the box labeled "**Reason Fingerprinted,**" print "Nursing 38-131".
- Do not write in the field labeled ORI.
- Do not sign the cards until an officer has verified your signature.
- Do not fold the fingerprint cards.
- Mail completed cards to: Nebraska State Patrol
  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; Laws 2018, LB731 § 1, Laws 2018, LB1034, § 5. Effective Date: July 19, 2018.

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-us/cjis/background-checks.

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DEPT. OF HEALTH AND HUMAN SERVICES
Division of Public Health, Licensure Unit
PO Box 94986, Lincoln NE 68509-4986

NURSING
Application for REINSTATEMENT
from Inactive, Expired, or Lapsed Status

Rev 08.11.26

Check the license type for which you are requesting reinstatement:

☐ **RN (Registered Nurse)** **License #** _____

☐ **LPN (Licensed Practical Nurse)** **License #** _____

If license has been revoked, suspended, or voluntarily surrendered, do not use this application. Contact our office for correct form.

☐ Check here if you are an active duty member of the U.S. Armed Forces.

☐ Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.

A. Personal Information				
Legal Name	First	Middle	Last	
	Maiden	List any other names you have used or have been known as:		
Mailing Address	Street Address		PO Box	
	City	State or Country	Zip	
Date of Birth (Month/Day/Year)		**Place of Birth**	(City/State or Country)	
Phone #		Additional Phone #		
Email Address				
Providing your SSN is mandatory	**Social Security Number**			
Neb. Rev. Stat. 38-123 mandates the disclosure of your Social Security Number to DHHS. Your SSN is not public information, but DHHS may disclose it for child support enforcement purposes and to the Department of Revenue, the Department of Labor, and for other administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to the information. Other information supplied is part of the public record				
If you are not a U.S. Citizen provide your:	Alien Number (A#)			
	I-94 #			

FEES: The fee is reduced if the license will expire within six months after being reinstated. To find the correct fee, use charts below to find the month and year when you expect your license to be reinstated. Make check or money order payable to "DHHS Licensure Unit."

RN Fee Schedule RN licenses expire October 31st of even-numbered years

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even-Numbered	$158	$158	$158	$158	**$65.75**	**$65.75**	**$65.75**	**$65.75**	**$65.75**	**$65.75**	$158	$158
Odd Numbered	$158	$158	$158	$158	$158	$158	$158	$158	$158	$158	$158	$158

LPN Fee Schedule LPN licenses expire October 31st of odd numbered years

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even-Numbered	$158	$158	$158	$158	$158	$158	$158	$158	$158	$158	$158	$158
Odd Numbered	$158	$158	$158	$158	**$65.75**	**$65.75**	**$65.75**	**$65.75**	**$65.75**	**$65.75**	$158	$158

Military Waiver: If you have served in the regular armed forces of the United State or have been actively engaged in military service (active duty for at least 30 days) during part of the previous 24 months you can waive the renewal and/or reinstatement fee. To waive the fee, you must submit a copy of your military orders with this application.

B. Licensure Compact

1. **Declare your primary state of residence by checking a box below and completing the requested information**. Your primary state of residence is the state where you have legal residency status. To be reinstated with multistate status, you must submit proof of Nebraska residency such as a current driver's license, current Nebraska state ID, current voter registration card showing a home address, or Military Form 2058.

☐ Nebraska is my primary state of residence.

☐ I am currently residing in _____ and I plan to move and make Nebraska my primary state of residence on _____.

☐ My primary state of residence is _____*. I am applying for a single-state license.

**If your primary state of residence belongs to the Nurse Licensure Compact and you are not moving to Nebraska, why are you applying for reinstatement of your NE license?* ☐ *I am moving to a non-Compact state.* ☐ *I need to reactivate my Nebraska license in order to be eligible for licensure in my home state.* ☐ *I am ineligible for multistate licensure due to _____.*

The following three questions are asked to determine your eligibility for a multistate license. To qualify for a multistate license, you must be a resident of Nebraska and you must meet the Nurse Licensure Compact's Uniform Licensing Requirements. If your Nebraska license was initially issued prior to August 30, 2015, you also need to submit fingerprints to the Nebraska State Patrol.

2.	**Are you a current participant in an alternative program?** An alternative program is a monitoring program approved by a licensing board. Licensees typically participate in alternative programs due to substance use disorders, mental/physical health issues, or because they are in need of practice remediation.	☐ **Yes** ☐ **No**
3.	**Have you <u>ever</u> been convicted of a felony?**	☐ **Yes** ☐ **No**
4.	**Have you <u>ever</u> been convicted of a nursing-related misdemeanor?**	☐ **Yes** ☐ **No**

C. Conviction Information. Failure to disclose misdemeanor and/or felony convictions can lead to disciplinary action.

1.	**Have you been convicted of any misdemeanor or felony in any state or jurisdiction <u>since the date you last renewed your license?</u>**	☐ **Yes** ☐ **No**

If yes, list convictions below. If you need more space, list additional convictions on a separate sheet. For each conviction, you must submit the following:

- Explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors or actions related to the convictions.
- If the conviction occurred in a state other than Nebraska, a copy of the court record that includes the statement of charges and final disposition.
- If you are currently on probation, a letter from your probation officer addressing the terms and current status of the probation.

To aid in the evaluation of drug or alcohol related convictions, you may submit evaluation and discharge summaries of any drug or alcohol treatment obtained. Evaluations and discharge summaries may be submitted by the provider directly to the department.

	Type of Crime	Conviction Date	Name of Court or Jurisdiction
1			
2			
3			
4			

Pending Charges: If you have any pending criminal charges that result in a misdemeanor or felony conviction, you are required to report the conviction to the Investigations Unit within 30 days of the conviction. Reporting forms can be obtained from https://dhhs.ne.gov/Pages/Investigations or by calling (402) 471-0175.

D. License Information.

1. Do you hold or have you held a license or credential to provide health services, health-related services, or environmental services in any state or jurisdiction other than Nebraska? ☐ **Yes** ☐ **No**

If yes, complete the following. If you need more space, list additional licenses on a separate sheet.

Type of License/Credential	State or Jurisdiction	License Number	Date Issued	Expiration Date

2. Has any health care profession credential you hold or have held in another state or jurisdiction ever been denied, refused renewal, limited, suspended, revoked, or had other disciplinary measures taken against it? ☐ **Yes** ☐ **No**

If yes, list all actions below. If you need more room, list additional actions on a separate sheet. You must also submit a copy of the charges and disposition issued by the state that took the action.

License Type	State/Jurisdiction	Type of Action	Date of Action

E. **You must meet one of the following Continuing Competency criteria. Check the option that you meet.**

☐ **I have practiced nursing for at least 500 hours during the past 5 years AND I have completed 20 hours of continuing education during the past 24 months.**

Provide the following information about your nursing practice for the previous 5 years. Only include hours for actual nursing practice during the five years immediately preceding the date you submit this application. Do not list any hours that occurred more than five years ago. For the first start date, enter the date five years immediately preceding the date you submit this application (or a more recent date if you were not employed in nursing five years ago).

Start Date	**End Date**	**Name of Employer**	**Location (City & State)**	**Number of nursing hours worked during timeframe**

☐ **I graduated from an approved nursing education program within the past 24 months**. (The program must be the program you graduated from to receive the license that you are reinstating.)

☐ **I graduated from an approved nursing education program within the past 5 years AND I have completed 20 hours of continuing education during the past 24 months**. (The program must be the program you graduated from to receive the license that you are reinstating.)

☐ **I completed a Board-approved refresher course** consisting of at least 75 contact hours within the previous 5 years.

Name of program _____ Date completed _____

☐ **I plan to complete a refresher course**. (You will need a temporary license to complete the clinical portion of the course.)

Name of program _____ Expected start date _____

☐ I have served in the regular armed forces of the United State or have been actively engaged in military service (active duty for at least 30 days) during part of the previous 24 months, and I am requesting a **Military Waiver of Continuing Competency**. (You must submit a copy of your military orders in order to qualify for the waiver.)

F. An individual who practices after the expiration date and prior to the reinstatement of a license is subject to an Administrative Penalty of $10 per day up to $1,000, or such other action as provided in the statutes and regulations governing nursing.

Have you practiced nursing in Nebraska since your license expired or was placed on inactive status?	☐ **Yes** ☐ **No** (except under the provisions of the Nurse Licensure Compact)
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?	Number of Days:
	Name of Business:
	City:
	Telephone:

G. **Attestation**

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

I attest that:

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act.

☐ I am a nonimmigrant lawfully present in the United States.

☐ Check this box if you are NOT a citizen of the United States, a qualified alien under the Federal Immigration and Nationality Act, nor a nonimmigrant lawfully present in the United State. (You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.)

Criminal Background Check Notification: Applicants for a multistate nursing license are subject to a criminal background check (Neb. Rev. Stat. §71-1795.01 and Neb. Rev. Stat. §38-131).

I understand that I am able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this application, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Department of Health and Human Services (DHHS) with whom I am applying for multistate licensure. I understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report, and that you will provide me a copy of the criminal history background report, if any, you receive on me if I appear at the DHHS in person and present proper identification. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my application for a multistate license.

Application Attestation

I attest that:

1. I have read the application or have had the application read to me, and
2. All statements on this application are true and complete.

Print Name: _____

Signature*: _____ Date: _____

*Sign your name after printing application. Electronic signatures are not accepted.

Mail application, fee, CE certificates, proof of citizenship/lawful presence, and any other required documentation to:

DHHS Licensure Unit
Nursing Section
301 Centennial Mall South
PO Box 94986
Lincoln NE 68509-4986

Contact Information: Telephone: (402) 471-4376 Fax: (402) 742-2360 Email: dhhs.nursingoffice@nebraska.gov