

Application Information for Nebraska Resident Dental License

License Fee: The required licensure fee is \$50.00. Pay by check/money order (your cancelled check is your proof of receipt).

Application Section A – Personal Information (Provide copies of the following documents)

1. **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.

Application Section B – Conviction Information (Provide copies of the following documents)

1. **Conviction Information:** If you have **EVER** had a misdemeanor conviction, 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 misdemeanors/felony convictions.

You must submit:

- a) A copy of the court record;
- b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, a copy of all evaluations/discharge summaries; and
- d) If currently on court ordered probation, a letter from your probation officer addressing the terms and current status of your probation.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none"> • MIP • DUI/DWI/OUI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Bad Check • Disturbing the Peace • Assault • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear • False Information or Reporting • Leaving the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tags • Park Rule Violation / Curfew Violation • Fishing / Hunting without a License • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks
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Application Section C – Fingerprints (Please review the instructions found on page 5 for completing this process.)

- 1. **Fingerprints:** You need to submit 2 full sets of fingerprints.
- 2. **Fingerprint Fee:** To process your fingerprints, **\$45.25 must be paid directly to the Nebraska State Patrol**; Pay on-line at: www.ne.gov/go/nsp or mail payment to the Nebraska State Patrol (addresses can be found on Page 4).

Application Section D – Controlled Substances Registration

1. **Controlled Substances Registration:** If you are going to be prescribing, administering or dispensing controlled substances in Nebraska, you are required to submit a copy of your Federal Controlled Substances Registration.

Application Section E - Education

- 1. **Transcripts:** An Official Transcript which shows your Dental degree and date of graduation (date degree was conferred). The transcripts must be submitted directly from your dental 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. However, you can request that your educational institution submit your transcript directly to the Department by using www.Parchment.com .
- 2. Each Applicant needs to submit a completed and signed Postgraduate/Residency Affidavit (attachment A).

Application Section F – Examination Information

1. **Examination Information:** You are required to submit official score reports for your Joint Commission on National Board Dental Examinations and your practical examination. The score reports must be submitted directly from the testing agencies giving the examinations. *Please note that if you took the CDCA exam you will need to contact them and request that your scores be sent directly to this office. If you took a state exam, request that include in their certification of your license the requirements that you had to meet in order to receive a license in that state. You need to request that the scores for CRDTS be placed on the MASTER SCORE Sheet that is sent to our Department. Scores from the regional exams will be accepted for a period of five years from the date the exam was passed.*
2. **Jurisprudence Examination Information:** Each Applicant is required to take the State jurisprudence examination at <http://www.proprofs.com/quiz-school/preview.php?title=nebraska-dental-dental-hygiene-jurisprudence-exam>

Application Section G – Licensure Information

1. **Other Licensing Information:** If you hold or have held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit verification of the credential that includes whether you have ever been disciplined (do not send a copy of your license card).
2. **Disciplinary Action:** If you have had any disciplinary action(s) taken against your license, you must submit a copy of the disciplinary action(s), including alleged violations and findings.

Application Section H – 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 I – 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 Processing: All application will be processed 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.

TIME FRAME FOR PROCESSING:

<u>Fingerprints:</u>	approximately 6-8 weeks
<u>License Decision:</u>	8-10 weeks from receipt of a complete application

Please note:

1. You have 90 days to complete an application. If your application is not completed after 90 days, your application and all supporting documents will be destroyed and a refund will be processed, less a \$25 administrative fee.
2. If an individual other than the applicant pays the licensure fee, refunds will be issued to that individual and their social security number will be required to process the refund.
3. 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

PLEASE NOTE:

- **You are able to administer inhalation analgesia without an additional permit;**
- **If you will be administering minimal, moderate or general anesthesia/deep sedation, you are required to submit a separate application;**
- **If you will be administering minimal sedation at more than one location, then you will need to list all locations on one application and answer the questions regarding the facility for each location; and**
- **If you will be administering moderate or general anesthesia/deep sedation at more than one location, then you will need to submit an application and the required fee for each location. Each location will need to be inspected prior to being issued the permit.**

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a Dental 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 Dental 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.

FEE: \$45.25

There are 2 ways to pay for fingerprint processing:

Credit Card/E-Check: Pay \$45.25 by credit card at www.ne.gov/go/nsp . This is an internet pay site through PayPort. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

1. The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose "Dental". You will then need to enter the applicant's name, date of birth or the last 4 digits of applicant's social security number (optional). 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 \$45.25 must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, 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.

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.
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 "Dental License".

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.

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 and sent electronically to the CID for processing. If you are out-of-state and Live Scan is available, have them print 2 copies of your prints to be forwarded to the NE CID.
- Ink and Paper Finger Prints: Applicants outside of Nebraska or at an office 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 108 th 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 – Friday, 8:00 a.m. to 4:00 p.m. (appointment required) https://statepatrol.nebraska.gov/services/fingerprinting
Troop C 3431 W Old Potash Highway Grand Island NE 68803 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 69101 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 3800 NW 12 th ST STE A 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 fingerprinting cards?

You must send all fingerprint cards to the following address:

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 or a licensed practice nurse or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Source: Laws 2005, LB 306, § 2; Laws 2005, LB 382, § 15; Laws 2006, LB 833, § 1; R.S.Supp 2006, § 71-104.01; Laws 2007, LB247, § 60; Laws 2007, LB463, § 31; Laws 2007, LB481, § 2; Laws 2011, LB687, § 1; Laws 2015, LB129. Effective Date: August 30, 2015



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 Resident Dental License

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.			

OFFICE USE ONLY

NDEN	Yes	No		NSP CBC	Yes	No
AADE	Yes	No		FBI REC	Yes	No
NPDB	Yes	No		BOARD	Yes	No

SECTION B – CONVICTION 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.**

1	I have been convicted of a felony?	YES	NO
2	I have been convicted of a misdemeanor?	YES	NO
I have provided the following for Board review (for each conviction)...		Description	
<input type="checkbox"/>	Copy of court records including charges and disposition.		
<input type="checkbox"/>	Letter of explanation which includes events leading to the conviction and a summary of actions taken to address the behaviors/actions related to the conviction.		
<input type="checkbox"/>	If the conviction involved drug/alcohol and you were required to obtain an addiction/mental health evaluation, a copy of the evaluation is required.		
<input type="checkbox"/>	If the above evaluation recommended that you obtain treatment, then you are required to submit a copy of your discharge summary from treatment program.		
<input type="checkbox"/>	If you were placed on criminal probation, a letter from the probation officer addressing the probationary conditions and current status of your probation.		
The Board may request that you to submit additional documents such as police reports.			

SECTION C – FINGERPRINTS (All applicants must complete this section)

1	I have had my fingerprints taken.	YES	NO
2	I have paid for my fingerprint processing.	YES	NO

SECTION D – CONTROLLED SUBSTANCES REGISTRATION (Check on of the following)

I have enclosed a photocopy of my Federal Controlled Substances Registration (DEA Registration).	YES	NO
I am currently applying for a Federal Controlled Substances Registration (DEA Registration).	YES	NO
I do not have nor am I applying for a Federal Controlled Substances Registration (DEA Registration) and I will not be prescribing, administering or dispensing controlled substances in Nebraska. PLEASE NOTE: 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.	YES	NO

SECTION E – EDUCATION

Accredited College/School of Dentistry Attended:	Name:		
School Address:	City:	State:	
Date of Graduation:	Degree Received:		
Postgraduate or residency program:	Name of School:	Location:	

SECTION F – EXAMINATION INFORMATION (All applicants must complete this section)

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 one a practical examination:	YES	NO

SECTION G – LICENSURE INFORMATION (All applicants must complete this section, if they hold or have held a license in another state or jurisdiction) Direct source verification to the Licensure Unit is required for all licenses. **Failure to disclose disciplinary action, regardless of when the action occurred, could result in disciplinary action, including but not limited to, censure or civil penalty.**

1	Have you ever been licensed in another state or jurisdiction?	YES	NO
	List all other states, jurisdictions, or US territories where you have been or are currently licensed.		
	STATE	License #	Issue Date
			Expiration Date
2	Has the licensee listed above ever...	Been Disciplined?	YES
		Received Adverse Action?	YES
		Denied?	YES
		Denied the right to take a credentialing examination?	YES
		Received other actions?	YES
	If you answer YES to any of these questions, you are required to submit documentation and a letter of explanation for Board review.		

SECTION H – 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 dentistry in Nebraska without a license. <input type="checkbox"/> YES. I have practiced dentistry in Nebraska without a license.		
2	If yes, what are the actual number of days you practiced 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 I - 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 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
P.O. Box 94986
Lincoln Nebraska 68509-4986

Physical Address:

DHHS Division of Public Health
Licensure Unit - 3rd Floor
301 Centennial Mall South
Lincoln Nebraska 68508

Attachment A – POSTGRADUATE/RESIDENCY PROGRAM FORM

The institution listed below accepts _____ into a graduate dental education program, a fellowship, or a refresher course.
 (Printed Name of Applicant)

As Dean of the School of Dentistry or other authorized official, I understand that the issuance of this permit does not entitle the holder to engage in the practice of Dentistry outside of the assigned graduate dentistry education program or residency program.

Name of Applicant:		
Name of Institution:		
Mailing Address:	Street:	City/State Zip
Name of Graduate Dental Education Program:		
Is the program Accredited?* (select one)	YES	No *Non-accredited programs will not be accepted.
Type of Program: (select one)	<input type="checkbox"/> Post Graduate Dental	<input type="checkbox"/> Residency
Duration of Program:	Begin Date (MM/YYYY)	End Date (MM/YYYY)
Location of Training Areas:		
Official Signature (Dean/Official):		
Official Title of Signee:		
Please Print Name of Signee:		
INSTITUTIONAL SEAL (required)		