

**Application Information  
 APRN-CLINICAL NURSE SPECIALIST  
 License**

To apply for a Nebraska APRN-Clinical Nurse Specialist License, you must submit the following:

- APPLICATION**
- FEE** (unless you qualify for a waiver).

The application fee is reduced when a license is issued within six months prior to its expiration date. Use the chart below to find the month and year in which you expect your license to be issued. (Keep in mind that the application process can take 8-10 weeks to complete.) If the month falls in the shaded area of chart, the application fee is **\$68.00**. If the month falls in the unshaded area, the fee is **\$25.00**. Make checks payable to *DHHS, Licensure Unit*.

| YEAR             | Jan   | Feb   | Mar   | Apr   | May   | June  | July  | Aug   | Sep   | Oct   | Nov   | Dec   |
|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>Even Year</b> | 68.00 | 68.00 | 68.00 | 68.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 68.00 | 68.00 |
| <b>Odd Year</b>  | 68.00 | 68.00 | 68.00 | 68.00 | 68.00 | 68.00 | 68.00 | 68.00 | 68.00 | 68.00 | 68.00 | 68.00 |

**License Fee Waiver** The application fee will be waived if you meet one of the following waiver options. (You must still pay for the criminal background check.)

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. The current income guidelines can be found at <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>.
  - 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, submit a copy of your most recent tax return (Form 1040).
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, or an un-remarried surviving spouse of a deceased service member of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, separation documents (DD 214), 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>

- PROOF OF CITIZENSHIP or LAWFUL PRESENCE**

U.S. Citizens – Submit a photocopy of one of the following:

- o Birth certificate issued by a state, county, municipal authority, outlying possession of the United States, or U.S. Dept. of State bearing an official seal. Hospital-issued birth certificates are not accepted.
- o U.S. Passport (unexpired or expired)
- o Certificate of Naturalization (N-550 or N-570) or Certificate of Citizenship (N-560 or N-561)
- o Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)

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

- o Green card, also known as a Permanent Resident Card. (Copy both the front and back of the card.)
- o An unexpired foreign passport with an unexpired I-551 stamp.
- o Form I-94 and an unexpired foreign passport with a valid U.S. visa.
- o 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 listing your current status, or a Form I-20.

- PROOF OF AGE.** A copy of your birth certificate, driver's license, government-issued ID, or other document verifying that you are at least 19 years of age.
- CRIMINAL BACKGROUND CHECK.** Fingerprints must be submitted to Nebraska State Patrol. (See attached instructions.)
- OFFICIAL TRANSCRIPTS.** Submit official transcripts documenting that you hold a graduate degree in a nursing clinical specialty area, or that you have a graduate degree in nursing and have successfully completed a graduate-level clinical nurse specialist education program.

**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.

- NATIONAL CERTIFICATION.** Verification that you passed a national certification examination and that you hold a current national certification must be submitted to our office directly from the national certifying organization. In situations where national certification is not available, you may request that the Nebraska APRN Board approve an alternative method of competency assessment.
- ACTIVE RN LICENSURE.** You need either an active Nebraska RN license or – if you live in a Nurse Licensure Compact state – an active multistate RN license from your home state. A list of Compact states can be found at <https://www.ncsbn.org/nurse-licensure-compact.htm>.
  - If you currently hold an active Nebraska RN license, no action is required to meet this requirement.
  - If you live in Nebraska or a non-Compact state and you have never held a Nebraska RN license, apply for an RN license using the endorsement application found at <https://dhhs.ne.gov/Licensure/Documents/EndorsementRNLPN.pdf>.
  - If you live in Nebraska or a non-Compact state, and your Nebraska RN license is inactive or expired, apply for reinstatement using the reinstatement application found at <https://dhhs.ne.gov/Licensure/Documents/RNLPNReinstatementApp.pdf>.
  - If you hold a *multistate* RN license from your home state, you need to purchase a verification of your RN license at [www.nursys.com](http://www.nursys.com), requesting that the verification be sent to Nebraska. This option only applies to applicants who live in Compact states and are not moving to Nebraska.
- LICENSE VERIFICATION.** Request verifications be sent to our office for all licenses that you hold or have held in any state other than Nebraska to practice as an APRN, RN, LPN, or to practice any other health profession. Purchase a Nurse License Verification for Endorsement at [www.nursys.com](http://www.nursys.com) to verify any RN or LPN license for states that participate in Nursys verifications. For APRN licenses, for RN/LPN licenses from states that do not participate in Nursys verifications, or for non-nursing licenses, contact the state agency that issued the license to request a verification.
- DISCIPLINE.** If any disciplinary actions have been taken against your license in another state, submit a letter of explanation and a copy of the discipline order.

**CONVICTION INFORMATION**

You are required to list **ALL** convictions on the application regardless of when they occurred. You are not required to list infractions, diversions or dismissals. If you have EVER received a ticket from law enforcement or animal control, you should check with the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Ask for a search of both traffic and criminal court records as some traffic court cases can result in misdemeanor convictions.

**If you have misdemeanor or felony convictions, you must submit:**

- An explanation of the events leading to each conviction (what, when, where, why) and a summary of actions that you have taken to address the behaviors or actions related to the conviction.
- If the conviction(s) occurred in a state other than Nebraska, a copy of the court record including 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.

**If you had an alcohol and drug evaluation and/or completed treatment**, you may request that the treatment provider submit all evaluations and discharge summaries directly to the Department to assist the Board and Department in review of any drug and/or alcohol conviction(s).

| <b>Examples of Common Misdemeanors – This is not a complete list!</b>  |  |
|--|--|
| This list is provided to help you identify misdemeanors that are sometimes mistaken for infractions.   |  |
| <ul style="list-style-type: none"> <li>• MIP</li> <li>• DUI / DWI</li> <li>• Open Container</li> <li>• Tobacco Use by Minor</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Reckless Driving</li> <li>• Driving under Suspension / Revocation</li> </ul> | <ul style="list-style-type: none"> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering</li> <li>• Fireworks</li> <li>• Bad Check</li> </ul> |

**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> or by phone 402-471-0175.

**NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must include the original notarized signature of the translator. An individual may not translate his/her own documents.

**INCOMPLETE APPLICATIONS.** If you file a license application and fail to complete all application requirements within 90 days, your application will be destroyed and the application fee will be refunded except for a \$25.00 administrative fee.

**RECORDS RETENTION SCHEDULE.** When your license is issued, your application and documents will be kept by the Department for 5 years. After that date all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**EXPIRATION OF LICENSE.** All APRN licenses expire on October 31 of each even-numbered year. **This means that your nursing license will be valid after issuance for anywhere from 1 day to 24 months.** To keep your license active, it must be renewed on or before October 31<sup>st</sup> of each even-numbered year.

**The attached application, the appropriate fee, and required supporting documentation should be mailed to:**

**Department of Health & Human Services  
Licensure Unit, Nursing Section  
301 Centennial Mall South 1<sup>st</sup> Floor  
P.O. Box 94986  
Lincoln Nebraska 68509-4986**

Contact info: Phone: (402) 471-4376 Fax: (402) 742-2360 Email: [dhhs.nursingoffice@nebraska.gov](mailto:dhhs.nursingoffice@nebraska.gov)

# Instructions for Criminal Background Checks

## RN, LPN, and APRN License Applications

- You must **submit fingerprints and a \$45.25 fee to the Nebraska State Patrol**. Fingerprints can be submitted electronically (LiveScan) or by mail.
- You must obtain a new criminal background check for your current application. You cannot use a criminal background check obtained for a previous application, or another type of license, or a license in another state.
- If you apply for RN and APRN licenses simultaneously, only one background check is required. If the applications are sent separately, you must submit two sets of fingerprints and pay twice for the background check.
- Criminal background checks are not expedited for any reason.
- The Nebraska State Patrol will not process your background check until we receive your license application.

**Fee: \$45.25** - 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:

- Credit Card, Debit Card, or eCheck:** Go to [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp). A transaction fee will be added to your payment. You will be asked to select a *transaction item*. Select *Nursing* if you are applying for a RN or LPN license. Select *Controlled Substance* if you are applying for an APRN license or are applying for APRN/RN licenses simultaneously. 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.
- Check or Money Order:** Write "fingerprinting" and the applicant's name on the memo line. Mail payment of **\$45.25** 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 <a href="https://statepatrol.nebraska.gov/services/fingerprinting">https://statepatrol.nebraska.gov/services/fingerprinting</a> for the most up-to-date information. |  |                |   |   |
| Troop  | Location   | Phone          | Hours Fingerprinting Conducted  | How to Schedule an Appointment  |
| Omaha  | 4411 S 108th St<br>Omaha NE 68137                | (402) 331-3333 | Mon - Fri, 8:00 am to 4:00 pm   | You can schedule a fingerprint appointment at any of these State Patrol Offices by using the Nebraska State Patrol's online calendar at:<br><br><a href="https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index">https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index</a> |
| Norfolk  | 1401 W Eisenhower Ave<br>Norfolk NE 68701        | (402) 370-3456 | Mon – Thur, 8:00 am to 5:00 pm  |   |
| Grand Island   | 3431 Old Potash Highway<br>Grand Island NE 68801 | (308) 385-6000 | Mon: 8:30 to 12:30 & 2:00 to 4:30<br>Tue: 9:00 am to 4:00 pm<br>Wed: 8:30 am to 4:00 pm<br>Thurs: 8:30 am to 4:30 pm<br>Fri: 8:30 to 12:30 & 2:00 to 4:30 |   |
| North Platte   | 300 West South River Rd<br>North Platte NE 69103 | (308) 535-6604 | Mon – Fri, 8:00 am to 4:00 pm   |   |
| Scottsbluff  | 4500 Avenue I<br>Scottsbluff NE 69361            | (308) 632-1211 | Mon – Fri, 8:00 am to 4:00 pm   |   |
| Lincoln  | 4600 Innovation Drive<br>Lincoln NE 68521        | (402) 479-4971 | Mon – Fri, 8:00 am 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" if you are applying for a RN or LPN license. Print "Controlled Substance 38-131" if applying for an APRN license or applying for APRN/RN licenses simultaneously.
- 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](http://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>.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health, Licensure Unit
PO Box 94986, Lincoln NE 68509-4986
DHHS.NursingOffice@nebraska.gov (402) 471-4376

Application for
APRN-CLINICAL NURSE SPECIALIST
License

Rev 2-25-22

Form with sections: A. Personal Information, Legal Name (First, Middle, Last, Maiden), Mailing Address (Street Address, PO Box, City, State or Country, Zip), Date of Birth, Place of Birth, Phone #, Email Address, Social Security Number, and Alien Number (A#).

Fee Waiver:

If you meet one of the following fee waivers, your application fee is waived. Check only one waiver. See instructions to find out if you need to submit documentation.

- Young Worker: I am under 26 years old.
Low-income Individual: I am enrolled in a state or federal public assistance program... 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, or un-remarried surviving spouse of a deceased service member of the armed services of the United States.

Fee Required if YOU DO NOT qualify for one of the above fee waivers:

See chart on instructions to determine correct fee. Submit check or money order made payable to DHHS Licensure Unit. Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card payments are not accepted

|                          |  |                         |  |                          |                                      |                 |  |                          |  |  |  |                          |   |                         |  |
|--------------------------|--|-------------------------|--|--------------------------|--------------------------------------|-----------------|--|--------------------------|--|--|--|--------------------------|---|-------------------------|--|
| <b>B. RN Licensure</b>   |  |                         |  |                          |                                      |                 |  |                          |  |  |  |                          |   |                         |  |
| <b>1.</b>                | <p><b>Declare your primary state of residence by checking a box below and completing the requested information.</b> Your primary state of residence is the state where you have legal residency status. Proof of legal residency can include a current driver's license, a current voter registration card showing a home address, a current federal tax return with a primary state of residence declaration, Military Form 2018, or current W2 showing a declared state of residence. You will be notified if you need to submit verification of primary state of residency.</p> <p><input type="checkbox"/> Nebraska is my primary state of residence.</p> <p><input type="checkbox"/> I am currently residing in _____ and I plan to move and make Nebraska my primary state of residence on _____.</p> <p><input type="checkbox"/> My primary state of residence is _____, and I have no current plans to move to Nebraska.</p> |                         |  |                          |                                      |                 |  |                          |  |  |  |                          |   |                         |  |
| <b>2.</b>                | <p><b>Indicate your RN Licensure status by checking the box that applies to you:</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>I hold an active Nebraska RN License</td> <td>NE RN License #</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">I am applying for an initial or reinstated Nebraska RN License</td> </tr> <tr> <td><input type="checkbox"/></td> <td>My primary state of residence belongs to the Nurse Licensure Compact and I have no plans to move to Nebraska. I hold a multistate RN license in my home state.*</td> <td>Home State RN License #</td> <td></td> </tr> </table> <p>*You must request that a verification of your home state RN license be sent to Nebraska by purchasing a License Verification for Endorsement from <a href="http://www.nursys.com">www.nursys.com</a>.</p>  |                         |  | <input type="checkbox"/> | I hold an active Nebraska RN License | NE RN License # |  | <input type="checkbox"/> | I am applying for an initial or reinstated Nebraska RN License |  |  | <input type="checkbox"/> | My primary state of residence belongs to the Nurse Licensure Compact and I have no plans to move to Nebraska. I hold a multistate RN license in my home state.* | Home State RN License # |  |
| <input type="checkbox"/> | I hold an active Nebraska RN License   | NE RN License #         |  |                          |                                      |                 |  |                          |  |  |  |                          |   |                         |  |
| <input type="checkbox"/> | I am applying for an initial or reinstated Nebraska RN License   |                         |  |                          |                                      |                 |  |                          |  |  |  |                          |   |                         |  |
| <input type="checkbox"/> | My primary state of residence belongs to the Nurse Licensure Compact and I have no plans to move to Nebraska. I hold a multistate RN license in my home state.*  | Home State RN License # |  |                          |                                      |                 |  |                          |  |  |  |                          |   |                         |  |
| <b>3.</b>                | <p><input type="checkbox"/> Check here if you are active duty military.</p> <p><input type="checkbox"/> Check here if you are the spouse of an active duty member of the U.S. Armed Forces who has an active-duty assignment in Nebraska.</p>  |                         |  |                          |                                      |                 |  |                          |  |  |  |                          |   |                         |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| <b>C. Clinical Nurse Specialist Educational Program</b>   |                                  |  |  |
| <b>Name of School:</b>  |                                  |  |  |
| <b>Location:</b>  | (city & state or country)        |  |  |
| <b>Date Completed:</b>  |                                  | Specialty:   |  |
| <b>Credential:</b>  | <input type="checkbox"/> Masters | <input type="checkbox"/> Post-Masters Certificate* | <input type="checkbox"/> Certificate* <input type="checkbox"/> Doctorate |
| *If your Clinical Nurse Specialist program was a certificate program, enter information for the program that granted you a master's degree or doctorate in nursing: |                                  |  |  |
| <b>Name of School:</b>  |                                  | Type of Degree                                     |  |
| <b>Location:</b>  | city & state or country          | Date Completed                                     |  |

**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

**D. National Certification.** You must have successfully passed an approved certification examination or completed a Board-approved alternative method of competency assessment.

|   |  |                   |
|---|--|-------------------|
| <b>Name of Certifying Organization:</b> |  |                   |
| <b>Name of Examination:</b>             |  |                   |
| <b>Year of Examination</b>              |  | Certification No. |
| <input type="checkbox"/>                | Check this box if you do not have a national certification but have received approval from the APRN Board to use an alternative method of competency assessment. Attach verification that you have complied with the alternative assessment. |                   |

**E. License Information**

**1. Do you hold or have you held any APRN licenses, RN or LPN licenses, or other credentials to provide health services, health-related services, or environmental services in any state or jurisdiction other than Nebraska?**  **Yes**  **No**

If yes, list all licenses or credentials you hold or have held to provide health services, health-related services, or environmental services in any state or jurisdiction other than Nebraska, including all APRN licenses and all RN and LPN licenses. 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.

| License Type | State/Jurisdiction | Type of Action | Date of Action |
|--------------|--------------------|----------------|----------------|
|              |                    |                |                |
|              |                    |                |                |

**3. Are there any current investigations or pending disciplinary charges against any health care profession credential you hold or have held in another state or jurisdiction?**  **Yes**  **No**

If yes, explain:

NOTE: If you have any disciplinary charges pending that result in disciplinary action being taken against your license, you are required to report such actions to the Investigative Unit within 30 days of occurrence. Reporting forms can be obtained from <https://dhhs.ne.gov/pages/Investigations.aspx> or by calling (402) 471-0175.



F. Conviction Information - Failure to disclose all misdemeanor and/or felony convictions, regardless of when the action occurred, can lead to disciplinary action.

1. Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, you must list ALL misdemeanor or felony convictions regardless of when they occurred or whether you listed them on a prior application. If you need more space, list additional convictions on a separate sheet. See instructions for required documentation.

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

2. Do you currently have any charges pending which may result in a misdemeanor or felony conviction?  Yes  No

|  | If yes, describe type of charge | Date of Offense | Name of County or Jurisdiction |
|--|---------------------------------|-----------------|--------------------------------|
|  |                                 |                 |                                |
|  |                                 |                 |                                |

Note: 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.

G. Practice Prior to Licensure

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 license.

Have you practiced as an APRN-CNS in Nebraska without a Nebraska APRN-CNS license prior to submitting this application?  Yes  No

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:

**H. 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.
- 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.

**Criminal Background Check Notification:** All applicants for an initial license to practice as a registered nurse or a licensed practical nurse are subject to a criminal background check (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 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 licensure.

**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.

**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>

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