

**Application Information
Nebraska Nursing License
Endorsement**

Registered Nurse (RN) or Licensed Practice Nurse (LPN) License by Endorsement.

Use this Endorsement Application if you have been issued a nursing license in another state and you are applying for your first Nebraska license. (If you have an expired or inactive Nebraska license, use the reinstatement application.)

Eligibility - To qualify for a license by endorsement, you must:

- Be licensed in another state.
- Have graduated from an approved nursing program.
- Have passed an approved examination (NCLEX, SBTPE, or the Canadian Nurses Association licensure exam)
- Have met one of the following continuing competency requirements:
 - Practiced nursing for at least 500 hours within the previous 5 years,
 - Graduated from an approved nursing program within the previous 5 years,
 - Completed a Board-approved refresher course within the previous 5 years.
- Be a U.S. Citizen, a legal U.S. immigrant, or be able to live and/or work in the U.S. lawfully.
- If your legal state of residence belongs to the Nurse Licensure Compact, you need either to 1) be in the process of moving to Nebraska or a non-Compact state or 2) be ineligible for a multistate license.
- Have passed an English-language proficiency exam if you are from a non-English speaking jurisdiction and have been working in a non-English speaking setting in the past two years.
- Have transcripts evaluated by an approved Credentials Evaluation Service if you did not graduate from a U.S. or Canadian nursing program.

Temporary License. If you have an active license in another state, you may be issued a temporary license prior to completion of all application requirements. Temporary licenses are valid for 60 days or until the expiration of your other state license, whichever occurs first. Additional considerations are available for spouses of active duty military members stationed in Nebraska.

License Fee Waiver: The application fee for an initial license 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 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>

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.

Nurse Licensure Compact

Nebraska belongs to the Nurse Licensure Compact. States that belong to a compact issue two types of licenses: single-state and multistate. A multistate license can be used to practice in other states that belong to the Compact as long as the nurse maintains residency in the state that issued the license. You must be a Nebraska resident and meet additional requirements to have a multistate license. Go to <https://www.ncsbn.org/nurse-licensure-compact.htm> for information and a list of Compact states.

REQUIRED DOCUMENTS

<p>Submit these items with your application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence of citizenship or lawful presence <input type="checkbox"/> Application fee (unless you qualify for a waiver) <input type="checkbox"/> Documentation of fee waiver eligibility (if applicable) <input type="checkbox"/> Conviction records (if applicable) <input type="checkbox"/> Discipline records (if applicable) 	<p>Request that these items be sent to our office:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Criminal background check <input type="checkbox"/> License verification(s). <input type="checkbox"/> English proficiency exam results (if applicable) <input type="checkbox"/> Transcript evaluation (for foreign graduates)
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Citizenship/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)
- Northern Mariana Card (I-873)

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 with a valid U.S. visa.
- 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

Documents submitted by non-citizens will be verified through the Department of Homeland Security. The process can take 3-4 weeks.

Criminal Background Check – You need to submit fingerprints and a processing fee to the Nebraska State Patrol. See attached instructions.

License Verifications

You must purchase a Nurse License Verification for Endorsement at www.nursys.com to verify any nursing license you have held in a state that participates in Nursys verifications. For nursing licenses from states that do not participate in Nursys verifications or for non-nursing licenses, contact the issuing state to request that a verification be sent to Nebraska.

Convictions

The application includes a question about whether you have any misdemeanor or felony convictions. You must answer “yes” if you have ever been convicted of a felony or misdemeanor. You must list all your misdemeanor and felony convictions. It does not matter how long ago the conviction happened or whether or not you reported the conviction on a previous application.

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; and
- 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, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

Examples of Common Misdemeanors	
This list is provided to help you identify misdemeanors that are sometimes mistaken for infractions. This is not a complete list!	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

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.

Discipline Records – 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.

Transcript Evaluation – if you did not graduate from a U.S. or Canadian nursing program, submit an evaluation of your transcripts from one of the approved credentials evaluation services listed at <https://dhhs.ne.gov/licensure/Pages/Nurse-Licensing-Foreign-Educated-Nurse-Information.aspx>.

English Language Proficiency Examination - If you are from a non-English-speaking jurisdiction and have been working in a non-English speaking setting in the past two years, you must submit evidence that you have obtained at least the minimum score on one of the following exams:

- Test of English as a Foreign Language (TOEFL®) paper version with a minimum score of 560;
- Test of English as a Foreign Language (TOEFL®) computer version with a minimum score of 220;
- Test of English as a Foreign Language Internet-Based Test (TOEFL® iBT) with a minimum score of 84 and a minimum speaking score of 26;
- International English Language Testing System (IELTS) academic version with an overall score of 6.5 and a minimum score of 6.0 on all modules;
- Test of English for International Communication (TOEIC) with a minimum score of 780;
- Michigan English Language Assessment Battery (MELAB) with a passing standard of 81 and speaking section score of 3;
- Michigan English Test (MET) with a minimum overall score of 55 and a minimum speaking section score of 55; or
- Pearson Test of English Academic (PTE Academic) 55 overall with no sub scores lower than 50 in each scored part.

Non-English Documents: Any documents written in a language other than English must include a complete translation into the English language. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

Timeframes for Processing Applications. All applications are reviewed in order of date received.	
Preliminary Review:	Approximately 15 days after receipt of application. You will be notified by email of any items missing from your application file.
Criminal Background Check:	Approximately 4-6 weeks after fingerprints are submitted to Nebraska State Patrol
License Decision:	8-10 weeks from receipt of a complete application
Closing Incomplete Applications:	If you do not submit all required documents within 90 days after your application is received, your application and supporting documents will be destroyed.
Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years. After this date, all documents will be destroyed. We encourage you to keep a copy of your application for your records.	

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

Application Materials Should Be Mailed To:

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

Please do not submit these instructions with your application.

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. 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 https://statepatrol.nebraska.gov/services/fingerprinting for the most up-to-date information.				
Troop	Location	Phone	Hours Fingerprinting Conducted	How to Schedule an Appointment
Omaha	4411 S 108th St 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 Office by using the Nebraska State Patrol's online calendar at: https://www.nebraska.gov/apps-nsp-appointment-calendar/schedule/index
Norfolk	1401 W Eisenhower Ave Norfolk NE 68701	(402) 370-3456	Mon – Thur, 8:00 am to 5:00 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, 8:00 am to 4:00 pm	
Scottsbluff	4500 Avenue I Scottsbluff NE 69361	(308) 632-1211	Mon – Fri, 8:00 am to 4:00 pm	
Lincoln	4600 Innovation Drive 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. 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>.

**Application
Nebraska Nursing License
Endorsement**

Rev 2/11/22

Check the license type you are requesting:

RN (Registered Nurse) **LPN (Licensed Practical Nurse)**

Check here if you also want a Temporary License. Date needed: _____

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 # (optional)		Additional Phone # (optional)	
A valid email address speeds the processing of your application.	Email Address (optional)		
Providing your SSN is mandatory	Social Security Number		
<i>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.</i>			
If you are not a U.S. Citizen provide your:	Alien Number (A#)		
	I-94 #		

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. (You will need to pay the application fee if you turn 26 before license is issued.)
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program. (Documentation required IF you are not enrolled in a NE program)
 - My household adjusted gross income is below 130% of the federal income poverty guideline. (Documentation Required)
- 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. (Documentation Required)

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

Fee is reduced if the license will expire within six months after issuance. Use charts below to find the month and year when you **expect** license to be issued. Submit the fee listed in the corresponding box. Keep in mind that application processing can take 8-10 weeks.

RN Fee Schedule RN licenses expire October 31 st of even-numbered years												
Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even-Numbered	\$123	\$123	\$123	\$123	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$123	\$123
Odd Numbered	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123

LPN Fee Schedule LPN licenses expire October 31 st of odd numbered years												
Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even-Numbered	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123
Odd Numbered	\$123	\$123	\$123	\$123	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$123	\$123

Pay by 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. Licensure Compact	
1.	<p>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. 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 _____. I am applying for a single-state license.</p> <p><i>*If your primary state of residence belongs to the Nurse Licensure Compact and you are not moving to Nebraska, why are you applying for a NE license? <input type="checkbox"/> I am moving to a non-Compact state. <input type="checkbox"/> I am ineligible for multistate licensure due to _____.</i></p>
2.	<p>To be considered for a multistate license, you must disclose whether or not you participate in an alternative program. An alternative program is a non-disciplinary monitoring program approved by a licensing board. Nurses might participate in alternative programs due to substance use disorders, mental/physical health issues, or for remediation. If you decline to answer or leave this question blank, your application will be processed for a single-state license.</p> <p>Are you a current participant in an alternative program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to answer</p>
3.	<p><input type="checkbox"/> Check here if you are an active duty military nurse.</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>

C. Basic Nursing Education: **RN applicants: Enter information for school you attended to receive your first RN license.**
LPN applicants: Enter information for school you attended to receive your first LPN license.

1. Name of School:

2. Graduation Date:

3. Location

City:

State:

Country:

4. Type of Degree Certificate Diploma Associate Degree BSN or other Bachelors Other

5. If you are not a graduate of a U.S. or Canadian nursing program, indicate which credentials evaluation service will submit an evaluation of your transcripts.

- Commission on Graduates of Foreign Nursing Schools (CGFNS)
- (Educational Records Evaluation Service, Inc. (ERES)
- Josef Silny & Associates, Inc.

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. Examination

1. Which licensing exam did you pass? NCLEX SBTPE Canadian Nurses Association Examination

2. Location of Exam:

3. Date of Exam:

4. Are you from a non-English speaking jurisdiction? Yes No

5. Have you been working in a non-English speaking setting in the past two years? Yes No

6. If you answer "yes" to both Question 5 and Question 6 above, you must submit evidence of passing an English Language Proficiency Exam. See instructions for accepted exams and scores.

Name of English Language Proficiency Exam _____ Score _____

E. Practice Requirements

To obtain a license you must meet one of the following requirements. Check the one that you meet:

- I have practiced nursing for a minimum of 500 hours within the previous 5 years.
- I graduated from an approved nursing program within the previous 5 years.
- I completed a board-approved refresher course consisting of a minimum of 75 contact hours within the previous 5 years.

Name of Course Provider _____ Date Course Completed _____

F. License Information					
1. List all nursing licenses and other 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. 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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.					

G. Conviction Information			
Read instructions carefully before completing this section. Failure to disclose all misdemeanor and felony convictions can lead to disciplinary action.			
1.	Have you <u>ever</u> been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

H. 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 nursing.

Have you practiced nursing in Nebraska without a Nebraska license or without a valid, multistate license from another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the actual number of days you practiced in Nebraska without a license or valid license or valid compact privilege and what is the business name, location, and telephone number of the practice?	Number of Days:
	Name of Business:
	City:
	Telephone:

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.
- 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 further 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.

Fingerprints

1. I have had my fingerprints taken and submitted the prints to the Nebraska State Patrol.

Yes No

2. I have paid for fingerprint processing to the Nebraska State Patrol.

Yes No

See instructions for details on required documents.

Submit these items with your application:

- Evidence of citizenship or lawful presence
- Application fee (unless you qualify for a waiver)
- Documentation of fee waiver eligibility (if applicable)
- Conviction records (if applicable)
- Discipline records (if applicable)

Request that these items be sent to our office:

- Criminal background check
- License verification(s).
- Transcript evaluation (for foreign graduates)
- English proficiency exam results (if applicable)

Application Materials Should Be Mailed To:

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

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