

SECTION C QUESTIONS:

All applicants for reinstatement must answer the following questions by placing a (✓) in the appropriate box (yes or no).

The questions pertain to the time period since the registration was last active, unless otherwise specified. For any yes answers, explain the circumstances and outcome. The applicant will be notified of any additional documentation which is required by the Board/Department:

SUB-SECTION I	Yes	No
1. Has any credential you hold in the other jurisdiction(s) been denied, refused renewal, or disciplined by another jurisdiction(s) since the credential was last active that has not been previously reported? (If NOT credentialed in another jurisdiction answer "NO".) If "YES", please provide a list of any disciplinary actions taken against your credential and a copy of the disciplinary action(s), including charges and dispositions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever voluntarily surrendered or voluntarily limited in any way a credential issued to you by a licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been asked to and/or permitted to withdraw an application for a credential with any Board or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any state or jurisdiction refused to issue, refused to renew or denied you a credential to practice?	<input type="checkbox"/>	<input type="checkbox"/>
SUB-SECTION II	Yes	No
1. Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have the mental and physical capacity to practice your profession?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you practiced your profession while your ability to do so was impaired by alcohol, controlled substance, drugs, mind-altering substance, physical disability, mental disability, or emotional disability?	<input type="checkbox"/>	<input type="checkbox"/>
SUB-SECTION III	Yes	No
If you answer YES to any question in sub-section III, you must submit the following documents: <ul style="list-style-type: none"> a) The court record, which includes charges and disposition; b) A letter from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions; c) All addiction/mental health evaluations and proof of any treatment obtained; and d) A letter from the probation officer addressing probationary conditions and current status if the applicant is currently on probation. 		
1. Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/>	<input type="checkbox"/>

SUB-SECTION IV	Yes	No
1. Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you practiced your profession: <ul style="list-style-type: none"> • Fraudulently? • Beyond your authorized scope? • With gross incompetence or gross negligence? • In a pattern of incompetent or negligent conduct? 	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you used untruthful, deceptive, or misleading advertising?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you unlawfully distributed intoxication liquors, controlled substances, or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you violated: <ul style="list-style-type: none"> • The Uniform Credentialing Act? • Mandatory Reporting Regulations? • The Uniform Controlled Substances Act? 	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you invaded a field of practice for which you are not credentialed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you committed any acts of unprofessional conduct relating to your profession? (Refer to the Practice Act and Regulations for your profession.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been denied the right to take a Credentialing Examination?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D ATTESTATION		
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.		
1	Have you practiced as a pharmacist intern in the State of Nebraska since your registration was made null and void?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"># of days: _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Name of Business: _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">City: _____</div>

***** SIGNATURE REQUIRED ON NEXT PAGE*****

COLLEGE/SCHOOL OF PHARMACY VERIFICATION

The following needs to be filled out by your College/School Official.

(Month, Day & Year Re-entering Pharmacy School) (Revised Month/Year Expected to Graduate From Pharmacy School)

(School/College of Pharmacy)

(Signature of College/School Official)

(College Seal)

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.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

Application Attestation: I attest that:

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

Print Name: _____

Signature: _____ Date: _____