

Department of Health and Human Services Division of Public Health - Licensure Unit P.O. Box 94986 - Lincoln, Nebraska 68509-4986 E-mail: dhhs.medicaloffice@nebraska.gov Telephone #: 402-471-2118

## **Pharmacist Intern Registration Reinstatement Application**

I hereby apply for reinstatement of my registration to practice as a Pharmacist Intern in the State of Nebraska and submit the required fee of \$35.00. REGISTRATION #: Name: City/State/Zip: ☐ CHECK THIS BOX IF YOU HAVE HAD A NAME AND/OR ADDRESS CHANGE NAME & ADDRESS CHANGES: If your name and/or address on your registration are incorrect, print the correct information in the appropriate area above and check the box noting that change. For a name change, you must submit a photocopy of a marriage certificate, court order, etc., to provide proof of legal name change. If not submitted, the registration will be reinstated in the name currently on record. On-line access to licensure information: https://www.nebraska.gov/LISSearch/search.cgi SECTION A PERSONAL INFORMATION (This information is not displayed on the internet) Phone #: Fax #: (optional) E-Mail Address: (optional) (optional) Check the □ Social Security Number (SSN); SSN# Appropriate ☐ Alien Registration Number ("A#"); or A# ☐ Form I-94 (Arrival-Departure Record) number: Box(s): I-94 # NOTE: If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue. SECTION B LICENSURE IN OTHER STATES If you have had any disciplinary actions taken against any credential in another state, you must submit a copy of the disciplinary action(s), including charges and disposition. Do you hold any credentials to provide health services, health-related services, or environmental ☐ YES services in another jurisdiction? If yes, provide the information below. List all other states, jurisdictions, or territories of the U.S. where you have been or are currently credentialed, including credential number, issue date, and expiration date. (Attach additional pages if necessary). State Credential # Issue Date **Expiration Date** 

## SECTION C QUESTIONS: All applicants for reinstatement must answer the following questions by placing a $(\checkmark)$ 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. 2. Have you ever voluntarily surrendered or voluntarily limited in any way a credential issued to you by a licensing or disciplinary authority? 3. Have you ever been requested to appear before any licensing agency? П П 4. Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority? 5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential in any jurisdiction? 6. Have you ever been asked to and/or permitted to withdraw an application for a credential with any Board or jurisdiction? 7. Has any state or jurisdiction refused to issue, refused to renew or denied you a credential to practice? П П **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? 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?		
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?		
4. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?		
5. Do you have the mental and physical capacity to practice your profession?		
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?		
SUB-SECTION III  If you answer YES to any question in sub-section III, you must submit the following documents:  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.	Yes	No
Have you ever been convicted of a felony?		
2. Have you ever been convicted of a misdemeanor?		
3. Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?		

SUB-SECTION IV		Yes	No	
Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?				
2. Have you practiced your profession:  • Fraudulently?  • Beyond your authorized scope?  • With gross incompetence or gross negligence?  • In a pattern of incompetent or negligent conduct?				
3. Have you permitted, aided, or abetted the practice of any profession by a person not credentialed to do so?				
4. Have you used untruthful, deceptive, or misleading advertising?				
5. Have you been convicted of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?				
6. Have you unlawfully distributed intoxication liquors, controlled substances, or drugs?				
<ul> <li>7. Have you violated:</li> <li>The Uniform Credentialing Act?</li> <li>Mandatory Reporting Regulations?</li> <li>The Uniform Controlled Substances Act?</li> </ul>				
8. Have you invaded a field of practice for which you are not credentialed?				
9. Have you committed any acts of unprofessional conduct relating to your profession? (Refer to the Practice Act and Regulations for your profession.)				
10. Have you been denied the right to take a Credentialing Examination?				
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.				
Have you practiced as a pharmacist intern in the State of Nebraska since your registration was made null and void?	□Yes □No			
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:	# of days:			
	Name of Business:			
	City:			

COLLEGE/SC	HOOL 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 <b>ONE</b> of the boxes below):				
I attest that:  □ I am a citizen of the United States.				
OR  □ I am a qualified alien under the Federal Im	migration and Nationality Act.			
□ I am a nonimmigrant lawfully present in the United States.				
Check this box if you are <b>NOT</b> a citizen of under the Federal Immigration and National	the United States, a nonimmigrant, nor a qualified alien ality Act.			
Authorization	if you provide a photocopy of your unexpired Employment on 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.			
Application Attestation: I attest that:				
<ol> <li>I have read the application or have had the application read to me; and</li> <li>All statements on this application are true and complete.</li> </ol>				
Print Name:				
Signature:	Date:			