

## INSTRUCTIONS TO APPLY FOR LOCUM TENENS

Please be advised that Nebraska statutes provide that some form of Nebraska licensure must be issued before a locums physician can practice in Nebraska in a locality outside of a U.S. Military Base or a federal reservation.

The practice of medicine is governed by the Medicine and Surgery Practice Act Nebraska Revised Statutes 38-2001-2062: <https://dhhs.ne.gov/licensure/Documents/MedSurgPerfusionGenCouns.pdf> ; and the associate Regulations 172 NAC 88: [https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-088.pdf](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-088.pdf)

Locum Tenens may only be granted for a designated shortage area or a physician who is on leave for vacation, medical reason, etc. Locums will not be granted due to an increase in patients and not enough staff. Please contact the office if you have further questions on what qualifies for the Locum license.

The applicant will receive a letter from this office authorizing him/ her to practice for the specified dates for the specified situation. If such a letter is not received prior to the starting date, the physician should not be practicing in Nebraska. If the locums physician begins practice prior to approval to practice as a locum tenens, s/he is in direct violation of the laws of the State of Nebraska.

The Locum Tenens granted will only be granted for the period specified on the application and for the physician requesting such replacement and in no way may exceed 90 days in a 12-month period. However, a physician may serve additional locum tenens, provided he/she does not exceed 90 days of service during the 12-month period from the date of the issuance of the initial locum tenens. The authority to serve **each** locum tenens must be obtained directly from this office for **each** term of service. The fee of \$100 is required with each application.

1. **Fee:** The application for a Locum Tenens License is \$100.00. Submit a check (business or personal) or money order made payable to the Nebraska Licensure Unit.
2. **US Citizenship/Lawful Presence** (must be at **least 19** years old):

**U.S. Citizen, a PHOTOCOPY** of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

**A Driver's License is NOT acceptable.**

**NOT a U.S. Citizen, a PHOTOCOPY** of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
  - An approved deferred action status (DACA);
  - A pending application for asylum in the United States;
  - A pending or approved application for temporary protected status in the United States; or
  - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

**NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

3. **Licensure Information:** Direct source verification/certification of an active license in good standing is required. You will need to request that state or jurisdiction send a verification/certification of your license directly to our office.
4. **Request Form or Shortage Form:** Submit a written request from a hospital in a health professional shortage area signed by the Hospital Administrator or CEO; OR a written request from a duly licensed Nebraska physician or osteopathic physician due to vacation, sickness or hospitalization or other leaves of absence signed by the physician that needs coverage:  
Shortage Area form: <https://dhhs.ne.gov/licensure/Documents/PhysLocumTenensShortageAttB.pdf>  
Requesting Physician form: <https://dhhs.ne.gov/licensure/Documents/PhysLocumTenensRequestingPhysician.pdf>

## **PROCESSING INFORMATION FOR PHYSICIAN LOCUM TENENS APPLICATIONS**

- Locum tenens applicants will now need to abide by specific deadlines for Board review as found on the Deadlines for Board Review document: <https://dhhs.ne.gov/licensure/Documents/ApplicantDeadlines.pdf>
- All locum tenens applicants who may need their application reviewed by the Board (i.e., Dr. who has had malpractice settlements, state discipline, history of alcohol or drug issues, etc), should plan to have the application file completed in our office according to the deadlines as listed. Completed application means all the required documentation as listed in the instructions as well as any additional information that is requested by our office, based on information in the application or otherwise obtained by our office.
- Our criteria for Board review are not public information. Note that many issues which may not necessarily result in license discipline are still issues that may require Board review. Even issues which were resolved some time ago may still require Board review.
- Our office will not be able to determine if an application will need Board review in advance of submission of the application.
- We ask that Locum applications and fees be submitted no later than two weeks in advance of the requested start date. Applications which are not completed or submitted at least two weeks in advance of the start date cannot be guaranteed to be issued in time for the requested start date.

Please have only one contact person to work with our office for each locum tenens application. E-mail is the best form of contact, but phone calls are acceptable. Be assured that our office is working on your application as quickly as possible.

Office Use Only:  
 Date for Locum: \_\_\_\_\_  
 Revised 12/2022

**APPLICATION FOR PHYSICIAN LOCUM TENENS**  
**TO PRACTICE MEDICINE AND SURGERY IN NEBRASKA**  
**BY A PHYSICIAN LICENSED IN ANOTHER STATE**  
 (Please print or type application, original signature required)  
**FEE: \$100**

I hereby apply for a Physician Locum Tenens granting me temporary medical practice rights in the State of Nebraska for a period of time not to exceed 90 days in the twelve-month period commencing on the date of original issuance and submit the following information concerning my qualifications.

<b>SECTION A- PERSONAL INFORMATION</b> (All applicants must complete this section) <b>Items 1 and 2 are public information and will be displayed on the INTERNET <a href="http://www.nebraska.gov/LISSearch/search.cgi">http://www.nebraska.gov/LISSearch/search.cgi</a></b> <i>NOTE: All mailings will be sent to the address you indicate below- if you change your address, you must advise this office.</i>					
1	Legal Name	First:	Middle:	Last:	
	Maiden Name	Name:	Other Names you are known as (AKA):		
2	Mailing Address	Street/PO/Route:			
		City:	State or Country:	Zip:	
3	Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:	
4	Check the Appropriate Box(es)	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number		SSN#	
				A#	
				I-94 #	
				If you have both a SSN and an A# or I-94 number, you must report both.  Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.	
5	Phone	Fax (optional)			
	Licensee E-mail Address	Credentialing contact e-mail Address (optional)			

Office Use Only			Federation		
<b>BOARD</b>	Yes ___	No ___	<b>NPDB</b>	Yes ___	No ___
			<b>NDEN</b>	Yes ___	No ___

**SECTION B – REQUEST FOR LOCUM TENENS ASSIGNMENT – REQUIRED – if left blank or incomplete applications may be returned.**

Beginning date of temporary medical practice:

Ending date of temporary medical practice:

Reason for temporary medical practice:

Full name of licensed Nebraska physician for whom temporary medical practice rights are being requested:

\_\_\_\_\_

Date of last application for a Nebraska Locum Tenens, if any:

**SECTION C – MEDICAL EDUCATION**

Name of Medical School			
City/State/Country			
Attended	From (M/D/Y):	To (M/D/Y):	
Degree Conferred	Date Conferred (M/D/Y):		

**SECTION D – MEDICAL PRACTICE AND STATE LICENSES**

**INDICATE YOUR TOTAL NUMBER OF YEARS OF MEDICAL PRACTICE:**

**LICENSE INFORMATION:** The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska.

	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
1	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>If YES,</b> has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**SECTION E – CONVICTION AND LICENSURE INFORMATION:** Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All ‘yes’ responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

**Section I**

1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Have you ever been requested to appear before any licensing agency?	YES <input type="checkbox"/>	NO <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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Section II**

1	Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	---	---------------------------------	--------------------------------

**Section III**

1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Section IV**

1	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	Have you ever surrendered your state or federal controlled substances registration?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section V			
1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Are you aware of any professional liability claims currently pending against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**CONVICTION INFORMATION:** You must list ALL misdemeanor or felony convictions (regardless of when they occurred).

1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides <b>SOME</b> examples of convictions; this is <b>NOT</b> a complete list	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <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 / Fireworks / Bad Check</li> </ul>

SECTION F – PRACTICE PRIOR TO CREDENTIAL			
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	I have practiced as a physician/osteopathic physician & surgeon in Nebraska before submitting the application.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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:	# of days: _____ Name of Business: _____ City: _____ Telephone #: _____	

**SECTION G: ATTESTATION**

For the purpose of meeting 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

**I further attest that:**

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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>