

**NEBRASKA APPLICATION INFORMATION FOR
OCCUPATIONAL THERAPY AND OCCUPATIONAL
THERAPY ASSISTANT LICENSE**

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee and temporary license fee **may be waived**.

1. **Young Worker:** You are between the ages of 19 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.
 - 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, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return
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, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, 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>

APPLICATION PROCESS - To apply for a License:

STEP 1: Get copies of the following documents:

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be and original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. **US Citizenship/Lawful Presence (must be at least 19 years old):**

U.S. Citizens, 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 (Current Immigration Status) 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 one of the following**
 - _____ 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 4-6 weeks.

2. **Education and Transcript:** You must have your school or electronic transcript service submit an Official college or university transcript directly to our office. If sending by e-mail, send to DHHS.RehabOffice@nebraska.gov.

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.

3. **Other State License Information:** If you hold or have held a health related license in any state, you must contact that state and request a verification of your license (**do not send a copy of your license**).

4. **Fingerprints:** Fingerprints are required to be eligible for an Occupational Therapist or Occupational Therapy Assistant credential in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your Occupational Therapist or Occupational Therapy Assistant application. Refer to the attached instructions.

5. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on 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.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none"> • MIP • DUI / DWI • Controlled Substance • 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 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • 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 • Parks Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks • Bad Check • Not Wearing Seat Belt
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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 at 402-471-0175.

- 6. **Examination:** Request the Official NBCOT Score Report be sent directly to our office;
- 7. **Additional Competency Information**, if applicable, documentation that may include: certificates of attendance; course objectives; letters documenting attendance from providers; and/or transcript from education institutions; of completing 50 continuing education hours:
 - 30 hours must relate to the clinical practice of occupational therapy and
 - 20 hours must relate to the practice of occupational therapy
- 8. **Administering PAMS** requires a separate application and certification in addition to the OT/OTA license. <https://dhhs.ne.gov/licensure/Documents/modalityapp.pdf>.

** Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

STEP 2: Complete all pages and questions on the Application

Submit your application to the Licensure Unit	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> NBCOT Examination Information <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). Pay by check/money order; debit or credit card is not accepted.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.



APPLICATION FOR A LICENSE TO PRACTICE OCCUPATIONAL THERAPY

Department of Health and Human Services
 Division of Public Health - Licensure Unit
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986
 Telephone #: 402-471-2299

Please print or type application

Check below the basis for application:

- Occupational Therapist**
 By Examination
 By Licensure/Certification in another State
 List the state: _____

- Occupational Therapist Assistant**
 By Examination
 By Licensure/Certification in another State
 List the state: _____

Be sure to complete Section E

Be sure to complete Section E

LICENSE FEES:

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **may be waived**. **Check only one box:**

- Young Worker:** I am under 26 years old.
- 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; OR
 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, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

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

Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box. If the correct amount is not included with the application, the application will be returned.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$120	\$30	\$30	\$30	\$30	\$30	\$30	\$120	\$120	\$120	\$120	\$120
Odd	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120

Pay by check or money order to: Licensure Unit

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

All OT/OTA licenses expire August 1st of every even year.

SECTION B – PERSONAL INFORMATION

NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI: (Required)	Last:
	List any other names you have ever been known as (AKA), including maiden name and your last name on your birth certificate.			
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(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#"); or	A#	
If you have both a SSN and an A#, 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.				
Phone #: (Required)		**Fax #:(Optional)		
E-Mail Address: (Required)				
Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				

SECTION C – CONVICTION INFORMATION (All applicants must complete this section)

Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action.

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

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you <u>ever</u> been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you have convictions, you must submit:

- (iv) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (v) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (vi) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none"> • MIP • DUI / DWI • Controlled Substance • 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 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • 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 • Parks Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks • Bad Check • Not Wearing Seat Belt
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SECTION D – LICENSURE INFORMATION ALL Applicants must complete this section.

		Yes	No			
2	Do you hold or have you ever held a license in any other state(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, what State(s) and when?</i>	<i>What type of license?</i>	
3	If yes, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken	<input type="checkbox"/>	<input type="checkbox"/>	<i>Type of Licensure Action</i>	<i>Date of Action</i>	<i>Name of State taking Action</i>

NOTE:

If the state you hold or have held a credential in has a method for online lookup, and that method of online lookup contains all the information required, the office will look up your credential using that online verification system. If the online verification system does not meet the office requirements, you **must** request a certification be sent directly to this office from the other credentialing agency.

Additionally, if you have disciplinary charges pending on your license/registration/certification in another state or if your license/registration/certification has been revoked, suspended, limited, is on probation or disciplined in any way, the following information must **also** be sent directly to this office:

- Certification of your credential in another state to include any disciplinary action.
- All Official Documents from the State Board in which the disciplinary action was taken.

* NOTE: The requested information can be sent electronically to our office email or mailed to our physical mailing address, but **MUST** come from the licensing agency directly

SECTION E - Education and Field Work Requirements. (ALL applicants must complete this section.)

List the college or university where you completed your OT or OTA program. If more space is needed, use an additional sheet. *You must have your educational institution submit an official transcript that documents your graduation date from the OT/OTA program and your fieldwork experience.* Official means issued by and under the original seal of the issuing institution.

Institution Name			
Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:		Major:	
Dates of Supervised Field Experience:		From:	To:
Dates of Supervised Field Experience:		From:	To:

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.

SECTION F – Examination information. (ALL applicants must complete this section.)

Have you passed the OT/OTA licensure examination?	Yes	No
If yes, name of examination		
Date of examination that was passed		
I will notify your office when I am going to take the exam.		
You must have your test scores reported directly to Nebraska.		
Contact NBCOT for score reports or verification of certification at www.nbcot.org or by phone: 301-990-7979		

SECTION G - The following section relates to education and/or practice to meet licensure requirements as an OT/OTA. (All applicants must make one selection from A-D in this section.)

I have met all qualifications (1-5) under 114.003.01.

- A. I am a new graduate and I have passed the NBCOT exam or will be taking the NBCOT exam.
- B. I am licensed in another jurisdiction/state and I am currently practicing in another jurisdiction/state. List employer(s) below.

1.	Employer:			
	Telephone:			
	Program/Department/Division:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Dates of Employment:	From (Month, Year)	To (Month/Year)	
	Position Title:			

2.	Employer:			
	Telephone:			
	Program/Department/Division:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
	Dates of Employment:	From (Month, Year)	To (Month/Year)	
	Position Title:			

- C. I am licensed in another jurisdiction and I am not currently practicing. I am submitting 50 hours of continuing education* that was completed within the three years immediately preceding the application date.
- D. I passed the NBCOT exam more than 3 years prior to this application and I am not currently practicing. I am submitting 50 hours of continuing education* that was completed within the three years immediately preceding the application date.

***Continuing Education includes:**

30 hours related to clinical practice of occupational therapy; and
 20 hours related to the practice of occupational therapy.

Refer to Regulations 172 NAC 114-003.01B or 114-003.01C for acceptable documentation refer to 114-010.05C.

SECTION H – PRACTICE IN NEBRASKA PRIOR TO OBTAINING A		An individual who practices in Nebraska 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 Occupational Therapy in Nebraska, (<u>Do NOT count the days that you were licensed as a temporary OT/OTA.</u>)	<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:	Number of days:	
		Name of Business:	
		City:	
		Name of Supervisor	Telephone #:

SECTION I - OTA applicants must complete this section. Print the name of the Nebraska licensed Occupational Therapist whom you will practice in association with after the issuance of an OTA license is issued. If you are in the process of seeking employment you need to notify our office of your supervisor, as soon as you are employed.			
Occupational Therapist Name:			
License Number:		Phone Number:	
Business Name:			
Address:	Street/PO/Route:		
	City:	State:	Zip:
I am looking for employment and as soon as I am employed, I will notify your office of my supervisor's information.			

SECTION J – Attestation

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.

I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am aware that Physical Agent Modalities requires a separate application for certification.

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>

Administering PAMs in Nebraska requires additional certification

The Nebraska regulations require Occupational Therapists and Occupational Therapy Assistants to obtain certification from the Nebraska Department of Health and Human Services to administer physical agent modalities (PAMs). If you want to administer Superficial Thermal, Deep Thermal, or Electrotherapeutic Agent Modalities you must obtain a certification. Please see our website for more information: <https://dhhs.ne.gov/licensure/Documents/modalityapp.pdf>

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for an Occupational Therapist/Occupational Therapy Assistant license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your application for a license.

Please read and follow these instructions carefully to avoid delays in processing.

Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for the license you are currently applying for in Nebraska.

There are 2 ways to capture your fingerprints:

- **Live Scan:** Live Scan is the preferred method. Live Scan is available at all Nebraska State Patrol locations listed in these instructions. Digital fingerprints are captured via Live Scan and submitted electronically to the Nebraska State Patrol for processing. You do not need to submit additional paper fingerprints if you complete Live Scan with a Nebraska State Patrol office. The Nebraska State Patrol does not accept Live Scan prints electronically from other states at this time. If you are out of state and have Live Scan prints captured, you will need to request that your digital fingerprints be printed out onto paper cards for submission to the Nebraska State Patrol.
- **Ink and Paper Fingerprints:** Applicants outside of Nebraska or at an office other than the State Patrol offices listed here have traditional ink and paper fingerprinting.

Completing the Fingerprint Card:

1. **Fingerprint Cards:** If you are unable to be printed as a Live Scan location, fingerprint cards are available at law enforcement agencies in NEBRASKA. Ink fingerprint submissions must be submitted on FD-258 fingerprint cards. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402-471-2299 and cards can be mailed to you.
2. **DO NOT FOLD THE FINGERPRINT CARDS.**
3. **Information to be completed on the Fingerprint Card:**
 - a. Print your full name, address with zip code, *Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**

**Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*
 - b. In the box labeled "Reason Fingerprinted" PRINT 'OT 38-131'. Each license applied for requires an individual background check

Photo ID:

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legally in the U.S.

FEE: \$45.25

There are 3 ways to pay for fingerprint processing:

1. **Credit Card/E-Check: Pay \$45.25 by credit card via the Nebraska State Patrol online appointment calendar system when scheduling your appointment.** Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose "OT 38-131". You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

2. **Check or Money Order:** Payment of **\$45.25** must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 4600 Innovation Drive, Lincoln NE 68521.** Indicate the name of the applicant and 'OT Licensure' in the memo line of the check.

3. Cash/Check/Credit Card/Money Order: Payment of \$45.25 may be made directly at the NSP Troop Area Office during your scheduled Livescan fingerprint appointment.

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

Fingerprinting Locations:

Visit the Nebraska State Patrol website to schedule a fingerprinting appointment at any Troop Area office statewide. The interactive online appointment calendar link is located here: <https://statepatrol.nebraska.gov/services/fingerprinting>

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday, Wednesday, Friday – 7:45 a.m. to 4:00 p.m. Tuesday, Thursday – 8:30 a.m. – 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Monday, Thursday, Friday - 9:00 a.m. to 4:00 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1225	Monday – Friday - 8:30 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 4600 Innovation Drive Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday - 8:00 a.m. to 4:00 p.m. (appointment required)

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

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.

38-131 (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, an audiologist, a speech-language pathologist, a licensed independent mental health practitioner, an occupational therapist, an occupational therapy assistant, 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 (4) (3) of this section, such an the applicant for an initial license 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 by the Federal Bureau of Investigation to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) The Nebraska State Patrol is authorized to submit the fingerprints of such applicants to the Federal Bureau of Investigation and to issue a report to the department that includes the criminal history record information concerning the applicant. The Nebraska State Patrol shall forward submitted fingerprints to the Federal Bureau of Investigation for a national criminal history record information check. The Nebraska State Patrol shall issue a report to the department that includes the criminal history record information concerning the applicant. (3) (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 physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for veterinarian locum tenens under section 38-3335. (4) (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 such 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. (5) The department and the Nebraska State Patrol may adopt and promulgate rules and regulations concerning costs associated with the fingerprinting and the national criminal history record information check. (6) For purposes of interpretation by the Federal Bureau of Investigation, the term department in this section means the Division of Public Health of the Department of Health and Human Services. Effective Date: June 6, 2023

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.

The FBI Privacy Act Statement can be found at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

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 update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.