

This form may be completed online and mailed to the address listed below.

**APPLICATION FOR LICENSURE AS AN OUT-OF-HOSPITAL
EMERGENCY CARE PROVIDER**



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

Check below the basis for application:

(Please print or type application)

SECTION A – APPLICATION FOR INITIAL LICENSURE check the level of license for which you are applying:

<input type="checkbox"/>	First Responder
<input type="checkbox"/>	Emergency Medical Technician
<input type="checkbox"/>	Emergency Medical Technician-Intermediate
<input type="checkbox"/>	Emergency Medical Technician-Paramedic

SECTION B - Personal Information: (All applicants for licensure must complete this section.) **This section is public information and will be displayed on the INTERNET**
<http://www.nebraska.gov/LISSearch/search.cgi>

NOTE: All mailings from this office 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:	Last:
	Maiden Name	Name:	Other names you are known as (AKA)	
2	Present Address	Street/Box/Route:		
		City:	State:	Zip:

Additional information requested: (This information is nt displayed on the internet).

3	Date of Birth:	Month/Day/Year	Place of Birth:	City/State or Country
4	Phone #: (optional)	Fax # (optional)	E-Mail Address: (optional)	

SECTION C – IDENTIFICATION INFORMATION (All applicants for licensure must complete this section.)

5	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#
		<input type="checkbox"/> Alien Registration Number (“A#”); or	A#
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	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.

SEE NOTE – ITEM 5 FOR A LIST OF DOCUMENTATION THAT MUST BE SUBMITTED.

SECTION D – LICENSURE BASED ON TRAINING. Applicants applying for licensure based on training must submit the following:

List the Training Course Completion Date: _____	List the Training Agency Name: _____
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1. A copy of your current Cardiopulmonary Resuscitation Certification; AND
2. ★Evidence of age (**See Note - Item 1**); AND
3. ★Proof of citizenship (**See Note – Item 5**); AND
4. A copy of course completion certificate at the level for which you are applying; AND
5. A copy of your current certification from the National Registry of Emergency Medical Technicians for the level of licensure for which you are applying.
- ★ **A copy of a certified birth certificate or US passport may be sent to show proof for evidence of age and proof of citizenship.**

SECTION E – CERTIFICATION BASED ON ENDORSEMENT

Applicants applying for licensure based on certification/licensure in another jurisdiction must provide the following:

1. A copy of your current Cardiopulmonary Resuscitation Certificate: AND
2. ★Evidence of age (**See Note – Item 1**): AND
3. ★Proof of citizenship (**See Note – Item 5**); AND
4. A copy of certification from the National Registry of Emergency Medical Technicians for the level of licensure for which you are applying; AND
5. List the names of the jurisdiction(s) (state(s)) in which you are/or have been licensed/certified:

6. A copy of certification/license from all jurisdiction(s) (state(s)) where you are currently or previously have been certified or licensed. **Please have each jurisdiction(s) send us a Copy of Attachment A or an equivalent document.**
7. Has any disciplinary action ever been taken against your license/certificate by a state licensing agency, or is any currently pending?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain:

- ★ **A copy of a certified birth certificate or US passport may be sent to show proof for evidence of age and proof of citizenship.**

SECTION F – NATIONAL REGISTRATION INFORMATION

	Yes	No
Have you taken and passed National Registry examination for the level of licensure for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>
National Registry Written Examination:	State where taken: _____	Date: _____
National Registry Practical Examination:	State Where Taken: _____	Date: _____

SECTION G – AMBULANCE SERVICE AFFILIATION

Check here if you are **NOT** affiliated with a service **OR** complete the following:

Name of Service:			
Address	Street/PO/Route:		
	City:	State:	Zip:
<hr/> SIGNATURE OF AN OFFICER FOR YOUR SERVICE			

SECTION H – CONVICTION INFORMATION

Have you ever been convicted of a misdemeanor or a felony: Failure to disclose any such convictions regardless of when the conviction occurred, could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, state what crime, date of conviction, name, location of court (city, county state).		
Crime	Date of Conviction	Name and Location of Court

See Notes – Item 4 - Submit the required documentation.

SECTION I - PRACTICE PRIOR TO LICENSURE – An individual who practices prior to licensure of a credential is subject to assessment of an Administrative Penalty of \$10.00 per day up to \$1,000.00 or such other action as provided in the statutes and regulations governing the credential.

	Yes	No
Have you actively practiced in Nebraska prior to licensure at the level for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many days have you practiced in Nebraska at the level for which you are applying?		

SECTION J – Attestation:

Lawful Presence in the United States Attestation: For the purpose of complying with Neb. Rev. Stat §§38-129 and 4-108 through 4-114. I attest as follows:

Please check the appropriate box(s) below:

- I am a citizen of the United States.
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act.
- I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States.
- I am a qualified alien under the Federal Immigration and Nationality Act.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

SEE NOTE - ITEM 5

Application Attestation: 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 of good character; and
4. I have not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed an act(s) you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____ Date _____

NOTE: The applicant must submit the following documentation:

1. **Age:** Evidence of at least 18 years of age (i.e.: US passport and/or copy of birth certificate) will meet the document requirements for age and citizenship in item number five.;
2. **Other Credentialing Info:** If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;

CONTINUED ON NEXT PAGE:

3. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
4. **Conviction Information:** If you have been convicted of a felony or misdemeanor, **you must submit:**
 - (a) A copy of the court record, which includes charges and disposition;
 - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5. **Citizenship, lawful permanent residence, and/or immigration status Information:** You must submit a copy of at least one of the following documents:
 - (1) A U.S. Passport (unexpired or expired);
 - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - (3) An American Indian Card (I-872);
 - (4) A Certificate of Naturalization (N-550 or N-570);
 - (5) A Certificate of Citizenship (N-560 or N-561);
 - (6) Certification of Report of Birth (DS-1350);
 - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - (8) Certification of Birth Abroad (FS-545 or DS-1350);
 - (9) A United States Citizen Identification Card (I-197 or I-179);
 - (10) A Northern Mariana Card (I-873);
 - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - (13) A document showing an Alien Registration Number ("A#") with visa status; or
 - (14) A Form I-94 (Arrival-Departure Record) with visa status;
6. **Education:** An official college/university transcript or course completion certificate;:
7. Current Cardiopulmonary Resuscitation certification.

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.