



## Division of Public Health

Please Reply To: Licensure Unit  
P.O. Box 94986 , Lincoln, NE 68509-4986  
Phone (402) 471-2118  
FAX (402) 471-8614

State of Nebraska  
Dave Heineman, Governor

Dear Applicant:

Thank you for your interest in becoming licensed to practice your profession in the State of Nebraska. Prior to submitting your application for a credential, it is important that you be aware of certain aspects of the application process.

The application form includes a series of questions about an applicant's history regarding licensure, physical and mental health, criminal conduct, and for some professions, malpractice. I encourage you to read these questions carefully. It is expected that applicants answer these questions completely and truthfully. If others are assisting you in the completion of your application, make sure to review the information completely before signing the application. An adverse event in your past is not an automatic disqualification from being issued a credential. The Board will review all of the information surrounding the event in making a determination of your fitness to practice your profession.

It is important that you fully disclose all arrests, charges or convictions. Questions on the application ask about charges or complaints filed against you by any licensing or disciplinary authority and also about charges or complaints filed against you by any criminal prosecution authority. Even if the charges were dropped, dismissed, pled down or settled through diversion or if the sentencing was deferred or the conviction was expunged, set aside or pardoned, you must provide this information on the application. Failure to fully disclose could be considered as misrepresentation on your application which is grounds to deny your application for a credential.

Applicants are asked whether you have ever been convicted of a misdemeanor or felony. Some offenses that most people would consider as minor violations are actually misdemeanors, so it is important that you thoroughly review your history in order to provide accurate information regarding convictions. You may want to contact the court or seek the advice of an attorney to determine whether an event in your past resulted in a misdemeanor or felony conviction.

Applicants should also be aware that it is the policy of the Licensure Unit that applications may not be withdrawn to avoid or circumvent a denial decision or to circumvent public records and reporting requirements. Understand prior to submitting your application that you may not be allowed to withdraw. Applicants who do not meet the requirements for a credential will be denied.

Thank you for taking the time to read this letter. I hope my comments are helpful to you. If you have further questions regarding the application process, please contact me by e-mail at [becky.wisell@nebraska.gov](mailto:becky.wisell@nebraska.gov) or by telephone at 402/471-2118.

Sincerely,

Becky Wisell, Administrator  
Office of Medical and Specialized Health  
Licensure Unit

***You will need to provide the following documentation:***

1.  **Application Fee:** Fee in the amount of \$25.00.
2.  **Proof of age:** You must submit evidence of age of majority (i.e.: a **COPY** of a driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation).
3.  **Proof of High School Education:** You must submit evidence of high school education (ie: a **COPY** of your high school diploma, high school transcripts, and college diploma or college transcripts).
4.  **Proof of citizenship, lawful presence or lawful admission into the United States:** You must submit a **COPY** of at least one of the following documents:
  - (1) A U.S. Passport;
  - (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#"); or
  - (14) A Form I-94 (Arrival-Departure Record).

If you answer "yes" to any of the questions on your Pharmacy Technician application, you must submit the following required documentation to the Board of Pharmacy for review:

**1. Letter of Explanation:**

- Explain the event including the month, year, and your age at that time.
- Explain to the Board how you plan to prevent this situation from recurring and/or what actions you have taken to prevent this from occurring in the future.
- Explain to the Board what you have learned from this experience.

**2. Documentation (Copies are accepted):**

- Copy of official record(s) from the original source (i.e.: court order, ticket, letter from the court stating you met all requirements, letter from probation officer stating probation (if any) was completed successfully, letter of release from your doctor/psychiatrist/therapist/hospital, and any other supporting documentation).
- Documentation can be faxed directly to our office.
- If you experience difficulty in obtaining copies (i.e. Judicial System, doctor/psychiatrist/therapist/hospital), explain that the Board of Pharmacy requires the documentation in order for you to attain a pharmacist intern registration. If you are then unable to obtain the documentation, please state this in your Letter of Explanation.
- If the Judicial System/doctor/psychiatrist/hospital or any other facility does not have any record of your file or your record is no longer available, please have them state this in writing and forward the letter to our office. Please include this also in your Letter of Explanation.

Please mail all documentation to the following address:

Nebraska Department of Health & Human Services  
Licensure Unit  
Attn: Pharmacist Intern Registration  
P.O. Box 94986  
Lincoln, NE 68509-4986

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



**ACCOUNTING**  
Business Unit#25550149  
Fee: \$25

Division of Public Health  
Licensure Unit  
P O Box 94986  
Lincoln NE 68509-4986

**APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN**

**SECTION A - PERSONAL INFORMATION** (All applicants must complete this section) **This section is public information and will be displayed on the Department's website.**

Legal Name:	Last:	First:	Middle/Maiden:
Other Names Known As:			
Mailing Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Birth (mm/dd/yyyy):		Place of Birth (City/State or Country):	
Telephone Number: (Optional)		E-mail/Fax: (Optional)	
Check the appropriate box:	<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 #:

**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 – EDUCATION** (All applicants must complete this section)

Mark the Appropriate Box:  High School Diploma  
 GED

**SECTION C – DRUG RELATED CONVICTIONS** (All applicants must complete this section)

Have you ever been convicted of any non-alcohol, drug-related misdemeanor or felony?	YES	NO	Type of Crime	Date of Action	Name of Court Taking Action (City/County/State)

**SECTION D – CONVICTION AND LICENSURE INFORMATION** (All applicants must complete this section)

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation and you may attach a separate page if needed.

Do you currently hold, or have you ever held a health services, health-related services or environmental services credential in another jurisdiction? <b>If YES, provide a list of credentials and States where they were issued.</b>	YES	NO
1. Have you ever had any disciplinary or adverse action imposed against a credential in any state or jurisdiction?	YES	NO
2. Have you ever voluntarily surrendered or voluntarily limited in any way a credential issued to you by a licensing or disciplinary authority?	YES	NO
3. Have you ever been requested to appear before any licensing agency?	YES	NO
4. Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	YES	NO
5. Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential in any jurisdiction?	YES	NO

6. Have you ever been asked to and/or permitted to withdraw an application for a credential with any Board or jurisdiction?	YES	NO
7. Has any state or jurisdiction refused to issue, refused to renew or denied you a credential to practice?	YES	NO
8. Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	YES	NO
9. 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?	YES	NO
10. 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?	YES	NO
11. Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	YES	NO
12. Have you ever been convicted of a felony?	YES	NO
13. Have you ever been convicted of a misdemeanor?	YES	NO
14. Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	YES	NO
15. Have you ever been denied the right to take a credentialing examination?	YES	NO

**SECTION E – ATTESTATION** (All applicants must complete this section)

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

**Please check ONLY ONE of the boxes below:**

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

**Alien or Non-Immigrant Status:** If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A “Green Card” otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number (“A#”), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

**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 Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of all such act(s).

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

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

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