

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. **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.

5. **Examination:** Request the official BOC Score Report (bocatc.org) be sent to our office
6. **Verification of Student Athletic Training form** – if applicable

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"/> License Certifications (if licensed in another state) |
| <input type="checkbox"/> Citizenship or Lawful Presence Document | <input type="checkbox"/> BOC Score Report |
| <input type="checkbox"/> Education Documents | <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). |
| <input type="checkbox"/> Conviction Records (if you have convictions) | 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 LICENSURE
 FOR ATHLETIC TRAINER**

Division of Public Health – Licensure Unit
 P.O. Box 94986 – Lincoln, Nebraska 68509-4986
 Phone #: 402-471-2299

Please print or type application

I am applying for a credential in Athletic Training and

- I graduated with a four-year degree and completed at least two years as a student athletic trainer.
- I graduated with a degree in Athletic Training.
- I am licensed in another state and currently working as an athletic trainer. List the state you are currently licensed in:

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	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$29.25	\$29.25
Odd	\$29.25	\$29.25	\$29.25	\$29.25	\$117	\$117	\$117	\$117	\$117	\$117	\$117	\$117

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.

SECTION C – Personal Information –NOTE: All mailings will be sent to the address you indicate below – If you change your address, you must advise this office.

Legal Name	First:	Middle/MI:	Last:
List any other names you have ever been known as (AKA), including maiden name and your last name on your birth certificate.			
Mailing Address	Street/PO/Route:		
	City:	State or Country:	Zip:

Additional information requested - This information will not be displayed on the internet. Submit the required documentation of age, citizenship, etc. as listed on page 6 of this application.

Date of Birth:	Month/Day/Year:	Place of Birth:	City/State or Country:
Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);		SSN#
	<input type="checkbox"/> Alien Registration Number ("A#");		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.
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 #:		**Fax #: (Optional)	
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E-Mail Address:

Have you ever been denied the right to take a license examination in any State?
 Yes No If yes, explain:

SECTION B – EDUCATION – List all colleges from which you received degrees or required course work. If more space is needed, use an additional sheet. Request an official transcript from an accredited institution which awarded the degree.

UNDERGRADUATE:

Institution Name			
Address	Street/PO/Box:		
	City/State:		Zip:
Date of Graduation		Major	
Institution Name			
Address	Street/PO/Box:		
	City/State:		Zip:
Date of Graduation		Major	

GRADUATE:

Institution Name			
Address	Street/PO/Box:		
	City/State:		Zip:
Date of Graduation		Major	

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 C – STUDENT ATHLETIC TRAINING – All applicants applying on the basis of a 4-year degree from an accredited college or university and completion of two years of student athletic training must complete this section and have Attachment A-3 completed by the licensed Athletic Trainer who was responsible for the student training.

List student athletic training information.

Dates	From (M/Y)	To (M/Y)
Institution Name		
Address	Street/PO/Route:	
	City/State:	Zip:
Name of Supervising Athletic Trainer		
Brief Statement of Work		
Dates	From (M/Y)	To (M/Y)
Institution Name		
Address	Street/PO/Route:	
	City/State:	Zip:
Name of Supervising Athletic Trainer		
Brief Statement of Work		

SECTION D – Board of Certification Information – All applicants must complete

- A. I am a new graduate and have taken and passed the BOC exam. Provide the date that you passed the Board of Certification Examination. _____ Contact bocatc.org and request verification of your certification be reported directly to Nebraska. You may request the verification be sent to our office or you may request an electronic verification be emailed to: DHHS.RehabOffice@nebraska.gov.
- B. I passed the BOC exam more than three years prior to this application and am not practicing at this time. I am including:
A copy of documentation showing 25 hours of continuing education **and** a copy of the front and back of current CPR card **OR**
A copy of your current BOC card; **OR**
If the licensure examination was retaken, send in current passing score.
- C. I am (or was) licensed in another jurisdiction (state) and I am not currently practicing. I am including:
A copy of documentation showing 25 hours of continuing education **and** a copy of the front and back of current CPR card **OR**
A copy of your current BOC card; **OR**
If the licensure examination was retaken, send in current passing score. Complete Section E.
- D I am licensed in another jurisdiction/state and I am currently practicing in another jurisdiction/state. Complete section E and Contact bocatc.org and request verification of your certification be reported directly to Nebraska.

SECTION E – Applicants Must Complete this section.

Do you hold or have you ever held a credential that was issued by another state(s) to provide health services, health-related services, or environmental services?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

List all state(s) that you have ever been licensed in.

State(s)	License Number(s)

Give facility name, address, and dates that you were actively engaged in practice of athletic training. (Continue on reverse side or use an additional sheet if space is inadequate.)

Facility	Address	Dates

Have you requested to have certification of your athletic trainer license sent to Nebraska by submitting to the appropriate licensing agency the Certification of Applicant’s License In Athletic Training (Attachment A-2)?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F – ALL Applicants must complete this section.

Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	YES	NO	Type of Credential Action	Date of Action	Name of Entity taking Action
	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to any of the questions above, you must request the following documents be sent directly to this office:

- Certification of your license in each state that you hold or have held a license
- Official Documents from the State Board in which the disciplinary action was taken

SECTION G – CONVICTION AND LICENSURE INFORMATION – Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty. Answer each of the following questions by placing an (X) 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.

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

If you have convictions, you must submit:

- 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;
- 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
- A letter from the applicant’s probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

SECTION H – 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.

Have you actively practiced in Nebraska as an Athletic Trainer prior to licensure?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what are the actual number of days you practiced Athletic Training in Nebraska and what is the business name, location and telephone number of the practice:		# of days:
Name of Business:	City/State	
Name of Supervisor :	Telephone	

Section - 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;

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>

CERTIFICATION OF APPLICANT'S LICENSE IN ATHLETIC TRAINING

(Must be completed by licensing agency)
(Print or Type)

Our records indicate that _____ was licensed as an athletic trainer on _____, 20 ____ .
(Applicant's Name)

The license was issued on the basis of written examination _____ .
(Name of Examination)

The applicant's score was _____. Requirements for licensure in _____
(Issuing State)

At the time this license was issued were:

And are currently:

(Copies of regulations/requirements for licensure at the time of issuance of license and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's license (please mark):

- (a) ____ is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- (b) ____ has been disciplined. **(SEAL)**

Please explain any disciplinary action:

Date: _____

Name and Title : _____

Licensing Agency: _____

Address: _____

City/State/Zip Code: _____

Signature (No Stamp): _____

Phone Number _____

FORWARD THIS COMPLETED FORM TO:

DHHS, Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

VERIFICATION OF STUDENT ATHLETIC TRAINING

Instructions: This form must be completed by the supervising athletic trainer. Please print or type. If student athletic trainer worked for more than one supervising athletic trainer, make a copy of this form and have each supervising trainer complete a separate form.

I hereby certify that _____ worked under my
 (Name of Student Athletic Trainer)

Supervision as a student athletic trainer from _____ to _____
 (Month/Year) (Month/Year)

At: _____
 (Location Name)

 (Address)

 (City) (State) (Zip Code)

Check type facility:

Educational Institution:

Professional Athletic Organization:

Amateur Athletic Organization:

1. Supervising Athletic Trainer Name: _____
 Address _____

2. Are you currently licensed as an Athletic Trainer in Nebraska? Yes No

3. Were you licensed as an Athletic Trainer in Nebraska at the
 Time of supervision of the student athletic trainer? Yes No

4. If you are not licensed as an Athletic Trainer in Nebraska:
 4a. Have you passed an athletic trainer examination? Yes No
 4b. What was the name of the examination? _____
 4c. When was the examination taken? _____

5. Were you present at the site where the student athletic trainer was performing athletic training activities? Yes No

6. Did you complete regular evaluations of the student athletic trainer's performance? Yes No

I, _____, say that I was the supervising athletic trainer of record for
 (Supervising Athletic Trainer)

_____ and that the statements herein are true.
 (Applicant's Name)

 Supervising Athletic Trainer's Signature

 Date

FORWARD THIS COMPLETED FORM TO:

DHHS, Public Health
 Licensure Unit
 P.O. Box 94986
 Lincoln, NE 68509-4986