

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



**APPLICATION FOR DENTAL HYGIENIST
PUBLIC HEALTH AUTHORIZATION**

State of Nebraska
 Department of Health and Human Services
 Division of Public Health
 Licensure Unit
 P O Box 94986
 Lincoln NE 68509-4986

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the Department's website (<https://www.nebraska.gov/LISSearch/search.cgi>)**

1	Legal Name	First:	Middle/MI:	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(s):	<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: <i>If you have both a SSN and an A# or I-94 number, you must report both.</i>		SSN#
				A#
				I-94 #
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 #: (optional)		Fax #: (optional)	E-Mail Address: (optional)
6	E-Mail Address (optional):			

SECTION B – PROFESSIONAL LIABILITY COVERAGE (All applicants must complete this section)

- I have submitted proof that I carry professional liability insurance. **You must attach a copy of one of the following forms of documentation:**
- **A copy of your Certificate of Liability Insurance (ACORD form). If you don't have a copy of this certificate, please contact your insurance carrier to obtain a copy.**
 - **If you are using the Certificate of Liability Insurance issued to your employer as proof of professional liability insurance coverage, you must also provide a letter from the insurance company that indicates the insurance policy covers the services you provide under the Public Health Authorization, without the supervision of a licensed dentist, as described in Neb. Rev. Stat. §38-1130(3), without the supervision of a licensed dentist.**

OVER

SECTION C – ATTESTATION (All applicants must complete this section)

Lawful Presence in the United States Attestation:

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).

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.

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 an act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____

Date: _____