

Requirements:

If there is a vacancy in the position of licensed administrator of a home for the aged or infirm or nursing home, the owner, governing body, or other appropriate authority of the home for the aged or infirm or nursing home may select a person, not otherwise qualified for licensure as a nursing home administrator, to apply for a provisional license to serve as the administrator of the facility. The license, if issued, will be issued in order to maintain the daily operations of the facility and cannot be renewed. The requirements are:

1. You must be at least 21 years of age and either a U.S. Citizen or lawfully present in the U.S.
2. You must be employed in the position of administrator of not less than 40 hours per week, to perform the duties of the nursing home administrator.
 - a. During this 40 hours per week, the provisional licensee cannot concurrently complete the administrator-in-training program or provide services which require full dedication to the position, except that a person in a mentoring program may obtain a provisional license at the same time s/he is completing the mentoring program.
3. You must have NO history of unprofessional conduct, denial, or disciplinary action against a nursing home administrator license Or a license to practice any other profession by any lawful licensing authority for reasons outlined in 172 NAC 106-016 and Neb. Rev. Stat. §§38-178 and 38-1179.

Duration of License and Extension

1. Expiration Date: The provisional license will be issued for 180 calendar days.
2. Non-Renewal: The provisional license may not be renewed.
3. Extension: The Board may grant an extension not to exceed 90 days you are seeking a provisional license you are currently in a mentoring program.

License Fee Waiver: Starting January 1, 2020, if you meet one of the following waiver options, your license fee **is 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 <http://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 <http://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

To Apply, you must:

STEP 1: Get the following documents:

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

U.S. Citizen, 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, 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**
 - 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 up to 30 days.

2. **Affidavit of Designation:** You must submit Attachment 1, completed by the chairperson of the Board for the Nursing Home facility.

3. **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), the treatment provider must submit all evaluations/discharge summaries directly to the Department.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI / Open Container • Controlled Substance • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Fail to Appear in Court 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • False Information or Reporting • Reckless Driving / Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

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: <http://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

4. **Other State License Information:** You must contact the states in which you are licensed or have held a license and request the State Office complete a certification. **(DO NOT send a copy of your license).**

Disciplinary Action: If you have had any disciplinary actions taken against your credential(s), you must submit a copy of the disciplinary action(s), including charges and disposition.

NON-ENGLISH DOCUMENTS: 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: 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"/> The License Fee (unless you qualified for a fee waiver). See the license application for the fee. Pay by check/money order (your cancelled check is your proof of receipt); 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** your license number.

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.

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
 Telephone: 402-471-2117 / FAX: 402-742-1106 / E-Mail: DHHS.Licensure2117@nebraska.gov

APPLICATION FOR A PROVISIONAL NURSING HOME ADMINISTRATOR LICENSE

Mail this application to the address listed above.

You must complete all sections of this application

LICENSE FEE: \$110

A. Fee Waiver: If you meet one of the following fee waivers, your initial license fee **is waived**.

Check only one waiver:

- 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.

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 A: INFORMATION

1 You must print your Legal Name below			
First:	Middle:	Last Name:	
List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate			
2 Address:			
Street/PO/Route:			
City:	State or Country:	Zip:	
3 Social Security Number (SSN):			
<p>Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</p>			
If you ARE NOT a U.S. Citizen, list your Alien Registration # or I-94 #:	<input type="checkbox"/> A#:	<input type="checkbox"/> I-94 #	
5 Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):	
Phone #: (optional)*		Additional Phone #: (optional)*	
E-Mail Address:			

* phone number and e-mail is optional, but providing this information will speed up communication with you

7	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:	
8	Have you been a provisional licensee prior to this application?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list the name(s) of the nursing home and dates of provisional licensure:	
	Name:	Dates:	
	Name:	Dates:	
	Name:	Dates:	
	Name:	Dates:	

SECTION B: NURSING HOME INFORMATION (where you plan to be the provisional licensee)		
1	Name of Nursing Home:	
2	Address:	Street
		City/State/Zip
3	Name of Previous Administrator:	

<p>SECTION C: 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.</p>
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LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held (such as nursing, EMT, counseling, etc.) in a state **other** than Nebraska.

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

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

2	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • 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 • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential 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: <http://dhhs.ne.gov/Pages/investigations.aspx> or by phone 402-471-0175.

SECTION D: PRACTICE PRIOR TO LICENSE	
An individual who practices prior to being issued a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you practiced as a nursing home administrator in Nebraska without a Nebraska license?	
If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	Number of days:
	Name of Business:
	City:
	Telephone #:

SECTION E: ATTESTATION

For the purpose of meeting 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; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Licensure Unit

P.O. Box 94986, Lincoln, Nebraska 68509-4986

Dhhs.licensure2117@nebraska.gov

402-471-2117

AFFIDAVIT OF DESIGNATION OF A PROVISIONAL NURSING HOME ADMINISTRATOR

To be completed by Chair of the NH Board or Owner

I, _____, Chair of the Board or Owner for

_____, do attest
(Name of Facility)

to the fact that _____ will be designated to fill the position of
(Name of Applicant for Provisional)

nursing home administrator recently vacated by _____.
(Name of Previous Administrator)

The proposed starting date is: (Month/day/year) _____.

This request is due to: (check the appropriate response below and complete question)

<input type="checkbox"/>	Death of the previous administrator	date of death:
<input type="checkbox"/>	Medical emergency	explain:
<input type="checkbox"/>	Resignation of the licensed administrator	date of resignation:
<input type="checkbox"/>	Other	please explain:

Legal Signature of Chair or Owner

Name: _____

Address: _____

License expires 180 calendar days from the date of issuance

Notification of Hiring Licensed Administrator: Upon the hiring of a licensed administrator or expiration of the provisional license in 180 days, whichever occurs first, the owner, governing body or other appropriate authority of the home for the aged or infirm must present written verification to the Department of a licensed Nursing Home Administrator assuming the operation of the home for the aged or infirm or nursing home.