

**Application Information for
Nebraska Pharmacy Technician Registration**

LICENSE FEE: Use the chart below to determine your applicable licensing fee. The prorated fee is applicable if the Licensure Unit issues your license during those months. **Pay by check/money order (your cancelled check is your proof of receipt).**

Licensure Fee is \$25.00

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license and temporary license fee **is waived.**

1. **Young Worker:** You are between the ages of 18 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 Section A – Personal Information (Provide copies of the following documents)

1. **US Citizenship/Lawful Presence**
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
- _____ Other document that shows current immigration status

*****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. **Proof of being at least 18 years old.** Include with your application a copy of your driver’s license, state identification card, birth certificate, or other acceptable government-issued identification.

Application Section B – Conviction and Licensure Information (Provide copies of the following documents)

1. **Drug Related Conviction:** If you have ever been convicted of a drug-related offense, you are **not** eligible to receive a pharmacy technician registration.
2. **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 <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: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

3. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska**) our office may contact you and request that you contact that state and request a certification/verification of your license (**do not send a copy of your license**).

Application Section C - Education

1. **Proof of High School Graduation or Equivalent:** Submit a copy of your high school diploma or high school transcripts showing date of graduation. We will also accept college transcripts (if they show your date of high school graduation) or a college diploma.

Application Section D – PRACTICE PRIOR TO CREDENTIAL

All applicants must complete this section. An individual who practices prior to the issuance of a credential is subject to an 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 such credential.

Application Section E – Attestation

All applicants are required to complete this section.

OTHER INFORMATION:

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.

Application Review: All applications are reviewed in date order received. If a preliminary review shows that you are missing information, you will be contacted **by e-mail** within approximately 15 days.

- 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 compete 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.

TIME FRAME FOR PROCESSING:

License Decision: 8-10 weeks from receipt of a completed application

Please note:

1. You have 90 days to complete an application. If your application is not completed after 90 days, your application and all supporting documents will be destroyed and a refund will be processed, less a \$25 administrative fee.
2. If an individual other than the applicant pays the licensure fee, refunds will be issued to that individual and their social security number will be required to process the refund.
3. If a business entity will be paying the licensure fee, refunds will be issued to that business entity and a copy of their W-9 is required to process the refund.

Contact Information: Licensure Unit, 301 Centennial Mall South, PO Box 94986, Lincoln NE 68509-4986
Telephone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

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

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

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

BU #25550149

Fee: \$25

**APPLICATION FOR REGISTRATION AS A
PHARMACY TECHNICIAN**

Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary 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.

SECTION A - PERSONAL INFORMATION

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.**

OFFICE USE ONLY

NDEN	Yes__	No__		BOARD	Yes__	No__
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SECTION B – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section, if they hold or have held a license in another state or jurisdiction) Direct source verification to the Licensure Unit is required for all licenses. **Failure to disclose disciplinary action, regardless of when the action occurred, could result in disciplinary action, including but not limited to, censure or civil penalty.**

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)

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

1	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

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held 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"/>				

PLEASE NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigations Unit within 30 days http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175.

SECTION C – EDUCATION	
Mark the Appropriate Box:	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED

SECTION D – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section) An individual who practices prior to the issuance of a credential is subject to an 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 such credential.	
<input type="checkbox"/> NO I have not practiced as a pharmacy technician in Nebraska without a registration.	
<input type="checkbox"/> YES I have practiced as a pharmacy technician in Nebraska without a registration.	
	Name of Business:
	City:
	Telephone #:

SECTION E – 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.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

Contact Information:

Telephone: 402-471-2118
Email: DHHS.medicaloffice@nebraska.gov

Mailing Address:

DHHS, Division of Public Health
Licensure Unit – 1st Floor
P.O. Box 94986
Lincoln, Nebraska 68509-4986

Physical Address:

DHHS, Division of Public Health
Licensure Unit- 1st Floor
301 Centennial Mall South,
Lincoln, Nebraska 68508