

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

Please note: 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, college diploma or college transcripts).
4. **Proof of citizenship, lawful permanent residence, and/or immigration status information:** 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) .

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); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number		SSN:
			A#:
			I-94 #:

If you have both a SSN and an A# or I-94 number, you must report both.

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.

SECTION B - EDUCATION (All applicants must complete this section)

Mark the Appropriate Box:	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED
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SECTION C - DRUG RELATED CONVICTIONS (All applicants must complete this section)

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

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

- 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 Investigative Unit within 30 days http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175.

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.

The following questions relate to any credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

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? Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	YES	NO
13. Have you ever been convicted of a misdemeanor? Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	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

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

For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am a qualified alien under the Federal Immigration and Nationality Act. I have provided my immigration status and alien number and agree to provide a copy of my United States Citizenship and Immigration Services (USCIS) documentation upon request.

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.

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

Please check the appropriate box 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.

Application Attestation: I further attest that:

- I have read the application or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character; and
- 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: _____