

# Temporary License: Physician Locum Tenens

## Nebraska Admin. Code Title 172, Ch. 88-007

When an emergency declaration is in effect or during a public health emergency or other period of need, an individual who holds an active license to practice medicine and surgery, or osteopathic medicine and surgery in another state can apply for and obtain a physician locum tenens from the Division of Public Health of the Department of Health and Human Services and may practice for up to 90 days per year in Nebraska.

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### LICENSURE OF MEDICINE AND SURGERY AND OSTEOPATHIC MEDICINE AND SURGERY: PHYSICIAN LOCUM TENENS PERMIT

A physician locum tenens permit may be issued by the Department, with the recommendation of the Board, to an individual who holds an active license to practice medicine and surgery or osteopathic medicine and surgery in another state when circumstances indicate a need for the issuance of a physician locum tenens permit in the State of Nebraska.

A physician locum tenens permit may be issued for a period not to exceed 90 days in any 12-month period.

88-007.01 Circumstances for which a physician locum tenens permit may be issued:

1. The unavailability of a Nebraska physician due to vacation, sickness, hospitalization or other similar leaves of absence;
2. A public health emergency in the State of Nebraska such as one arising from incidents of widespread disease, natural or manmade disaster or similar causes;
3. There is a need for a physician as requested by an accredited hospital in a health professional shortage area.

88-007.02 To receive a physician locum tenens permit, an individual must meet the following qualifications:

1. Age and Good Character: Be at least 19 years old and of good character;
2. Citizenship/Lawful Presence: Be a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
3. Hold an active license to practice medicine and surgery or osteopathic medicine and surgery in another state.

88-007.03 Application: To apply for a physician locum tenens permit the individual must submit a complete application to the Department. A complete application includes all required documentation, the required fee, and a written application. The applicant may obtain an application from the Department or construct an application that must contain the following information:

1. Written Application:
  - a. Personal Information:
    - (1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;
    - (2) Date of birth (month, day, and year);
    - (3) Place of birth (city and state or country if not born in the United States);
    - (4) Mailing address (street, rural route, or post office address,; city; state; and zip code or other country information)
    - (5) The applicant's:
      - (a) Social Security Number;
      - (b) Alien Registration Number ("A #"); or
      - (c) Form I-94 (Arrival-Departure Record) number.

Certain applicants may have both a SSN and an A # or I-94 number, and if so, must report both.

(6) The applicant's telephone number including area code (optional);

(7) The applicant's e-mail address (optional);

(8) The applicant's fax number (optional);

b. Indicate applicant's total years of medical practice;

c. Education: name and location of medical college and date of graduation; if the medical college is not accredited indicate the ECFMG number.

d. Practice Before Application: The applicant must state:

(1) That s/he has not practiced medicine and surgery/osteopathic medicine and surgery in Nebraska before submitting the application; or

(2) If s/he has practiced medicine and surgery/osteopathic medicine and surgery in Nebraska before submitting the application, the actual number of days practiced in Nebraska before submitting the application for a credential and the name and location of practice.

e. The applicant must also provide information related to the following, as requested on the application of the Department:

(1) History of charges, complaints, disciplinary actions, adverse actions, or other actions against a professional license or permit in any state or jurisdiction including, but not limited to:

(a) Voluntary surrenders or voluntary limitations;

(b) Currently pending investigations or complaints;

(c) Prior refusals to issue, refusals to renew, or denials of a license or permit;

(2) Information relating to fitness to practice including, but not limited to:

(a) Addiction, dependence upon or chronic impairment by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence;

(b) Physical, mental, or emotional conditions which impair the applicant's ability to practice the profession safely and competently;

(3) History of any remedial or disciplinary actions during medical school or postgraduate training including, but not limited to restrictions, suspensions, terminations, request for voluntary resignation, probation, counseling, and receipt of warnings;

(4) History of adverse actions initiated or carried out related to hospital or institutional privileges including, but not limited to, involuntary adverse actions, voluntary resignations or suspensions, or withdrawals;

(5) Any employment disciplinary actions or non-renewal of an employment contract;

(6) Criminal history, including convictions and charges, complaints or other actions that did not result in convictions;

(7) History of adverse actions by the Federal Drug Enforcement Administration (DEA) or a state controlled substances agency including, but not limited to:

(a) Denials of registration;

(b) Calls to come before a licensing agency or other lawful authority in relation to DEA controlled substances;

(c) Surrenders of a state or federal controlled substances registration;

(d) Restrictions or disciplinary actions of a state or federal controlled substances registration;

(8) History of professional liability claims, adverse judgments, settlements, or awards, including any pending professional liability claims.

f. Attestation: The applicant must attest that:

(1) S/he has read the application or has had the application read to him/her; and

(2) All statements on the application are true and complete.

2. Documentation: The applicant must submit the following documentation with the application:

a. Evidence of age, such as:

(1) Driver's license;

(2) Birth certificate;

(3) Marriage license;

(4) Transcript that provides date of birth;

(5) U.S. State identification card;

(6) Military identification; or

(7) Other similar documentation;

b. Evidence of:

(1) Other Credential: If the applicant holds a credential to provide health services or health-related services, in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed.

(2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition sent directly to the Department from the other jurisdiction;

(3) Denial: If the applicant was denied a credential or denied the right to take an examination, an explanation of the basis for the denial;

(4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:

(a) A list of any misdemeanor or felony convictions;

(b) A copy of the court record, which includes charges and disposition;

(c) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address behaviors/actions related to the conviction;

(d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;

(e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and

(f) Any other information as requested by the Board/Department;

c. Evidence that the applicant is a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the

United States who is eligible for a credential under the Uniform Credentialing Act.

d. Evidence of citizenship, lawful presence, and/or immigration status may include a copy of:

(1) A U.S. Passport (unexpired or expired);

(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) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of

the 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 #"). An Employment Authorization

Card/Document is not acceptable; or

(14) A Form I-94 (Arrival-Departure Record);

e. Certification of license from a state in which applicant holds an active license. If there are any disciplinary actions, copies of those actions are to be included;

f. Official Documentation requesting the issuance of a physician locum tenens permit for the purpose of replacing a physician who will be unavailable for a specific period of time, or to provide physician services in a health professional shortage area for a specific period of time.

3. Fee: The applicant must submit the required permit fee along with the application and all required

documentation.

4. A completed profile from the Federation Credentials Verification Service may be submitted. The profile will be reviewed to determine if its components meet the documentation requirements for evidence of age, education, graduate medical education, examination, and equivalency (if applicable).

88-007.04 Department Review: The Department will act within 150 days upon all completed applications for credentialing.

88-007.05 Denial of Credential: If an applicant for an credential does not meet all of the requirements for a credential, the Department will deny issuance of a credential. If the applicant is found to have committed any act which would be grounds for denial of a credential as listed in 172 NAC 88-010, the Department may deny issuance of a credential. To deny a credential, the Department will notify the applicant in writing of the denial and the reasons for the determination. The denial will become final 30 days after mailing the notice unless the applicant, within that 30-day period, requests a hearing in writing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure.

88-007.06 Withdrawn Applications: An applicant for a credential who withdraws his/her application or whose application is rejected by the Department prior to administration of the examination will be allowed the return of his/her fee, except for a \$ 25 administrative fee to be retained by the Department.

88-007.07 Practice Prior to Credential: An individual who practices prior to issuance of a credential is subject to assessment of an administrative penalty under 172 NAC 88-013 or such other action as provided in the statutes and regulations governing the credential.

88-007.08 Confidentiality: Social Security Numbers obtained under this section 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.

88-007.09 Address Information: Each credential holder must notify the Department of any change to the address of record.

88-007.10 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.