



## MANDATORY LICENSED HEALTH PROFESSIONAL REPORTING ANOTHER LICENSED HEALTH PROFESSIONAL

Licensed Health Professional Mandatory Report of another Licensed Health Professional  
to Division of Public Health-Investigations Unit.

STATE OF NEBRASKA Name and address change eff 7/1/07 per LB296  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH  
 Office of PROFESSIONAL & OCCUPATIONAL INVESTIGATIONS  
 1033 O Street, Suite 500 Lincoln, Nebraska 68508  
 402-471-0175

### IDENTIFYING INFORMATION FOR PERSON I AM REPORTING

Name:	First:	Middle/MI:	Last:	Maiden:	Date of Birth:
Work Address:	Street:				
	City:		State:	Zip:	
Home Address	Street:				
	City:		State:	Zip:	
Telephone	Home:		Work:		
	Field of License:			Nebraska License Number:	

### A. I AM IN THE SAME PROFESSION AND IT IS NECESSARY FOR ME TO REPORT

- A pattern of negligent conduct
- Unprofessional conduct
- Other violations of laws or regulations governing the practice of the profession
- Gross incompetence
- Practicing while his/her ability to practice is impaired by:
  - Controlled substances
  - Alcohol
  - Narcotic drugs
  - Physical disability
  - Mental disability
  - Emotional disability

### B. I AM IN A DIFFERENT PROFESSION AND IT IS NECESSARY FOR ME TO REPORT

- Gross incompetence
- Practicing while impaired **(Check boxes in A above under Practicing while impaired)**

### IDENTIFYING INFORMATION FOR PERSON MAKING THE REPORT

Name:	First:	Middle/MI:	Last:	Maiden:	Date of Birth:
Work Address:	Street:				
	City:		State:	Zip:	
Home Address	Street:				
	City:		State:	Zip:	
Telephone	Home:		Work:		
	E-mail:				

Preferred Contact Number:

**INFORMATION TO REPORT**

Act, omission or conduct being reported

**Date of Occurrence:** \_\_\_\_\_

Statute, or regulation believed to have been violated, if known

Where did it occur?

Description of the facts surrounding it:

The nature of any injury, damage, detriment or loss that resulted from the conduct, act or omission:

Names, addresses and telephone numbers of all persons present

Your relationship to the person you are reporting

Additional Information: