

Mandatory Licensed Health Professional Reporting Another Licensed Health Professional

Licensed Health Facilities Reporting Licensed Health Professionals of adverse action 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**)

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

Description of 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: