NE HEALTH AND HUMAN SERVICES FILE SPECIFICATIONS

NE Health and Human Services Licensure

Version 1.5.0

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General Information

This document describes the data elements collected by the Nebraska Statewide Workforce & Educational Reporting System (NSWERS). Valid values and data validation rules that can be performed prior to data submission are listed where appropriate.

High-Level Data Collection Workflow

Scope

All students enrolled in courses (for credit AND/OR noncredit) at the institution for given academic year.

File Names

File Specification	*File Name*
NE Health and Human Services Licensure	#####_nedhhs_licensure_YYYY_##.csv

Where	Represents
#####	IPEDS Institution ID
YYYY	Academic Year Ending
##	Optional sequence Number

Data Element Names

The following syntax is used throughout this document when referencing data elements.

Format: *NSWERS Field Name [File Specification: Field Name (Field Number)] where:

- An asterisk (*) indicates the data element is a mandatory field. A non-blank or non-null value must be supplied in all mandatory fields for each record, or the data loading process will reject the record.
- NSWERS Field Name represents the name of the data element commonly used by the Nebraska Statewide Workforce & Educational Reporting System (NSWERS).
- File Specification indicates the formal name of the file specification.
- Field Name indicates the formal name of the field within the file specification.
- Field Number indicates the position of the field within the file specification.

Academic Year Ending

The academic year is understood as July 1 – June 30. Postsecondary data will

be organized by academic year using Academic Year Ending. For example, the Academic Year Ending field for 2020 – 2021 will simply read: “2021”.

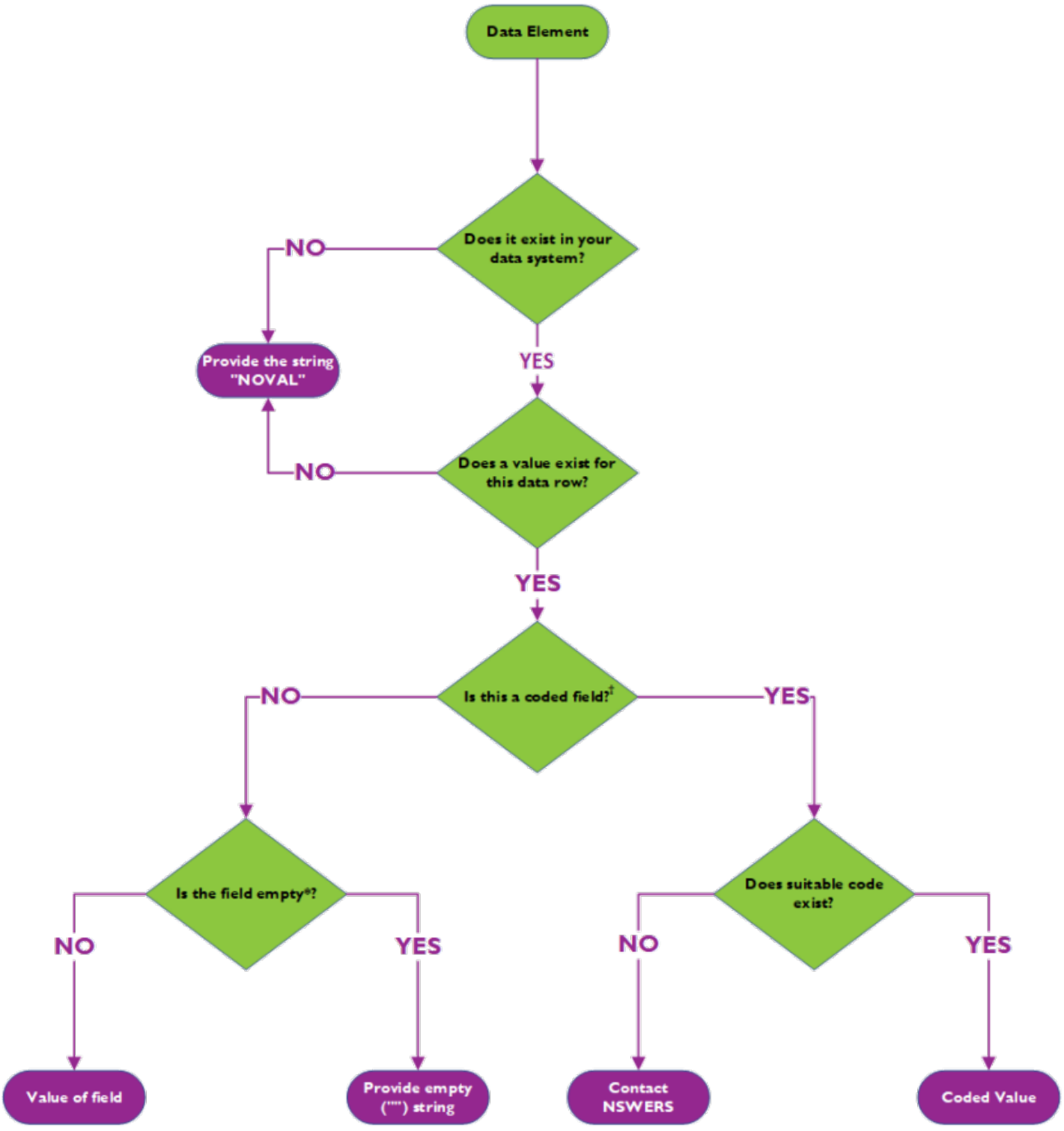
Notes of Importance

- Any values that contain a comma must be enclosed with quotes.
- Data fields should be ordered in the same sequence as identified in this document.

All files should be submitted in .csv format.

To maintain data privacy and security, and to preserve the informational chain of custody, NSWERS staff cannot edit original source data files. It is the responsibility of each data contributing partner to resolve errors discovered during data submission, validation, and certification processes. Corrected data files should be re-uploaded by partners into the NSWERS data system.

Decision Tree: Reporting for Nonmandatory Data Elements



†The field is represented by a code in the data specifications (e.g. gender, GED Status, etc)

*The field is blank or represented by a blank placeholder in your data system

NE Health and Human Services Licensure

Additional details can be found on our website at
https://nswers.orgs/insights/data-dictionary-and-elements/

*Person ID [NE Health and Human Services Licensure:Person ID (1)]

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

*License Type [NE Health and Human Services Licensure:License Type (2)]

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

*License Number [NE Health and Human Services Licensure:License Number (3)]

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

Prefix [NE Health and Human Services Licensure:Prefix (4)]

*First Name [NE Health and Human Services Licensure:First Name (5)]

Provide this student's name given to this individual at birth, baptism, or during another naming ceremony, or through legal change.

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

Verification Details

First name cannot be "NULL". Names must be alpha (a-z) and single quote ('), dash/hyphen(-), and period (.).

Middle Name [NE Health and Human Services Licensure:Middle Name (6)]

Provide the middle name of this student. If full middle name is not available, provide middle initial, where possible.

Verification Details

Names must be alpha (a-z) and single quote (‘), dash/hyphen(-), and period (.).

*Last Name [NE Health and Human Services Licensure:Last Name (7)]

Provide this student’s surname or name borne in common by members of a family.

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

Verification Details
Names must be alpha (a-z) and single quote (‘), dash/hyphen(-), and period (.).

Suffix [NE Health and Human Services Licensure:Suffix (8)]

DOB [NE Health and Human Services Licensure:Date of Birth (9)]

Format
yyyyMMdd

Graduation Year [NE Health and Human Services Licensure:Graduation Year (10)]

Format
yyyyMMdd

*Full Name [NE Health and Human Services Licensure:Full Name (11)]

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

Address [NE Health and Human Services Licensure:Address (12)]

City [NE Health and Human Services Licensure:City (13)]

State [NE Health and Human Services Licensure:State (14)]

*Zipcode [NE Health and Human Services Licensure:Postal Code (15)]

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

County [NE Health and Human Services Licensure:County (16)]

Email [NE Health and Human Services Licensure:Email (17)]

*License Status [NE Health and Human Services Licensure:License Status (18)]

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

*Issue Date [NE Health and Human Services Licensure:Issue Date (19)]

This is a mandatory field; a value must be supplied for each record or the data loading process will reject the record.

Format
yyyyMMdd

Expiration Date [NE Health and Human Services Licensure:Expiration Date (20)]

Format
yyyyMMdd

School Name [NE Health and Human Services Licensure:School Name (21)]

Effective Date [NE Health and Human Services Licensure:Effective Date (22)]

Format
yyyyMMdd

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Key	*Position*	*Name*	*Type*	*Length*	*Format*
Yes	1	Person ID	Integer		
	2	License Type	String	150	
	3	License Number	String	1	
	4	Prefix	String		
	5	First Name	String	25	
	6	Middle Name	String	25	
	7	Last Name	String	50	
	8	Suffix	String	50	
	9	DOB	Date		yyyyMMdd
	10	Graduation Year	Date		yyyyMMdd
	11	Full Name	String	200	
	12	Address	String		
	13	City	String		
	14	State	String	2	
	15	Zipcode	String	10	
	16	County	String		
	17	Email	String		
	18	License Status	String	50	
	19	Issue Date	Date		yyyyMMdd
	20	Expiration Date	Date		yyyyMMdd
	21	School Name	String	50	
	22	Effective Date	Date		yyyyMMdd